**OFFICIAL STUDENT TRANSCRIPT**

Ace Insurance School of Nevada

1785 E Sahara Ave #390, Las Vegas, Nevada 89104

(702) 418-1936

**Course Catalog:**

PROPERTY & CASUALTY

**Program Name:**

PROPERTY & CASUALTY

**Catalog Effective Date:**

May 1st, 2021

STUDENT FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT ID NUMBER /LAST 4 SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# ACADEMIC RECORDS

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| --- | --- | --- | --- | --- |
| PROPERTY & CASUALTY COURSES | DELIVERY DATE | STUDENT ATTENDED | HOURS EARNED | FINAL GRADE |
|  | START DATE | YES/NO | HOURS |  |
| BASICS OF PROPERTY/CASUALTY INSURANCE |  | Yes | 6.5 HOURS |  |
| DWELLING/HOMEOWNERS INSURANCE |  | Yes | 6.5 HOURS |  |
| PERSONAL AUTO/ MISC. INSURANCE |  | Yes | 5.5 HOURS |  |
| CPP/COMMERCIAL PROPERTY POLICIES |  | Yes | 5 HOURS |  |
| FARM/EQUIPMENT BREAKDOWN/COMMERCIAL LIABILITY/CRIME INS. |  | Yes | 5 HOURS |  |
| COMMERCIAL AUTO/ MISC. COMMERCIAL/BOP/WORKERS COMP. INS. |  | Yes | 6.5 HOURS |  |
| NEVADA STATE LAWS/NEVADA STATE CODES |  | Yes | 5 HOURS |  |
| FINAL EXAM |  | Yes |  |  |
| DATE COURSE WAS COMPLETED | END DATE | TOTAL HOURS | 40 HOURS | NEED 70% TO PASS |

START DATE:

END DATE:

DATE OF GRADUATION:

NAME: OF SCHOOL OFFICIAL: Candace L. Balcom-Paulino

TITLE: Director

SCHOOL OFFICIAL SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: Transcript is Compliance with NAC 394.353