

**INDIANA DEPARTMENT OF INSURANCE
PRE-LICENSING EDUCATION PROGRAM APPROVAL APPLICATION**

(Check all that apply)

_____ New Application _____ Renewal Application

_____ Open to the Public _____ In-House _____ Classroom Program _____ Self-Study Program

Provider Name

Federal Tax ID#

Provider's Business Address (Street, city, state, zip code)

Published Phone # (800 # if available)

Published Email (if available)

Website (if available)

Type of pre-licensing course(s) for which you are seeking approval:

NOTE: Must submit separate timed course content outline for each class of insurance. If classroom course will be held at a different address than stated above, attach separate sheet listing facility name and business address for each location. List all additional study aids under Other Materials. Course filings must comply with all other applicable requirements.

_____ **Life Insurance Only** (20 hours)

Title, Publisher/Edition: _____

Other Materials: _____

_____ **Accident & Health Insurance Only** (20 hours)

Title, Publisher/Edition: _____

Other Materials: _____

_____ **Life, Accident & Health Insurance** (40 hours)

Title, Publisher/Edition: _____

Other Materials: _____

_____ **Property & Casualty Insurance** (40 hours)

Title, Publisher/Edition: _____

Other Materials: _____

_____ **Personal Lines Insurance** (20 hours)

Title, Publisher/Edition: _____

Other Materials: _____

_____ **Title Insurance** (10 hours)

Title, Publisher/Edition: _____

Other Materials: _____

_____ **Independent Adjusters** (40 hours)

Title, Publisher/Edition: _____

Other Materials: _____

Certification of Program Director:

I hereby certify that I have read and understand the Commissioner's Administrative Rules, 760 IAC 1-40-1 et seq. regarding agent pre-licensing courses, applicants and instructors, and that the program and its instructors will comply fully with the Commissioner's requirements relating to the conduct of insurance pre-licensing courses. I further certify that the program facilities are designed or equipped to assure full and free access by disabled persons, but failing this, I certify that program personnel will be available before, during and after scheduled classes to assist any handicapped person as may be necessary.

Signature of Program Director

Printed Name of Program Director

Date

The following must be included with application:

One (1) original set of all documents, \$50.00 filing fee (for each course), \$25.00 director fee (for each director), \$10.00 instructor fee (for each instructor)

Must be check or money order made payable to Indiana Department of Insurance

Mail Submission to:

Indiana Department of Insurance
c/o CE Coordinator
311 W. Washington St., Suite 103
Indianapolis, IN 46204

**INDIANA DEPARTMENT OF INSURANCE
APPLICATION FOR PROGRAM DIRECTOR APPROVAL**

New Application Renewal Application

FULL NAME

SOCIAL SECURITY NUMBER*

*This information is to be used by the Commissioner to assist in the positive identification of the applicant where two or more individuals may have similar or identical names. The applicant may refuse to provide a Social Security Number. No applicant shall be refused, denied or otherwise penalized on the basis of refusal to provide a Social Security Number.

RESIDENCE ADDRESS (Street, city, state, zip code)

Residence Phone #

Email

Sponsoring Pre-Licensing Education Program:

Provider Name, Business Address (Street, city, state, zip code)

Qualifications (Check all that apply):

Two or more years experience as an instructor of insurance or an education administrator.

Six or more years experience in the insurance industry with a minimum of two years in insurance management.

Earned the designation of CLU, CFP, CFC, CPCU, CIC, or AAI (A copy of certificate must be attached)

Is a licensed insurance producer (A copy of license must be attached)

Answer each of the following questions (If answer to any question is "Yes", must attach statement and supporting documents showing complete details for all incidents):

YES NO Have you ever been denied an insurance license or had an insurance license or any professional license suspended, revoked, or surrendered in Indiana or elsewhere?

YES NO Have you ever been convicted of any criminal offense (other than minor traffic offenses)?

YES NO Do you presently have any outstanding fines imposed by the Commissioner of Insurance?

YES NO Have you ever been involved or named as a party in an administrative proceeding regarding any professional or occupational license or registration?

YES NO Do you have a delinquent tax obligation with the Indiana Department of Revenue?

YES NO Do you have a child support obligation in arrearage?

EDUCATION:

Did you graduate from high school? YES NO If Yes, Year of Graduation: _____

Name of High School: _____ City: _____ State: _____

Did you graduate from a College or University? YES NO If Yes, Year of Graduation: _____

Name of College/University: _____ City: _____ State: _____

EMPLOYMENT:

CURRENT EMPLOYER: _____

Company Name

Business Address (Street, city, state, zip code)

Name of Immediate Supervisor

Title of position: _____

Detailed description of duties:

Length of employment with current employer in years/months From: _____ To: _____

Signature of Applicant:

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, false statement or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

Signature of Applicant

Printed Name of Applicant

Date

Recommendation of Pre-Licensing School or Chief Academic/Operating Officer (if other than applicant).

I hereby recommend that this applicant be approved as Program Director for the program being conducted by the sponsoring institution/company named above.

Signature of Employer/Supervisor

Printed Name of Employer/Supervisor

Date

The following must be included with Director application:

One (1) set of all documents, \$25.00 director fee (for each director)

Must be check or money order made payable to Indiana Department of Insurance

Mail Submission to:

Indiana Department of Insurance

c/o CE Coordinator

311 W. Washington St., Suite 103

Indianapolis, IN 46204

**INDIANA DEPARTMENT OF INSURANCE
APPLICATION FOR PRE-LICENSING INSTRUCTOR APPROVAL**

New Application Renewal Application

FULL NAME SOCIAL SECURITY NUMBER*

*This information is to be used by the Commissioner to assist in the positive identification of the applicant where two or more individuals may have similar or identical names. The applicant may refuse to provide a Social Security Number. No applicant shall be refused, denied or otherwise penalized on the basis of refusal to provide a Social Security Number.

RESIDENCE ADDRESS (Street, city, state, zip code)

Residence Phone #

Email

Sponsoring Pre-Licensing Education Program:

Provider Name, Business Address (Street, city, state, zip code)

Qualifications (Check all that apply):

Two or more years experience as an instructor of insurance or an education administrator.

Six or more years experience in the insurance industry with a minimum of two years in insurance management.

Earned the designation of CLU, CFP, CFC, CPCU, CIC, or AAI (A copy of certificate must be attached)

Is a licensed insurance producer (A copy of license must be attached)

Answer each of the following questions (If answer to any question is "Yes", must attach statement and supporting documents showing complete details for all incidents):

YES NO Have you ever been denied an insurance license or had an insurance license or any professional license suspended, revoked, or surrendered in Indiana or elsewhere?

YES NO Have you ever been convicted of any criminal offense (other than minor traffic offenses)?

YES NO Do you presently have any outstanding fines imposed by the Commissioner of Insurance?

YES NO Have you ever been involved or named as a party in an administrative proceeding regarding any professional or occupational license or registration?

YES NO Do you have a delinquent tax obligation with the Indiana Department of Revenue?

YES NO Do you have a child support obligation in arrearage?

EDUCATION:

Did you graduate from high school? YES NO If Yes, Year of Graduation: _____

Name of High School: _____ City: _____ State: _____

Did you graduate from a College or University? YES NO If Yes, Year of Graduation: _____

Name of College/University: _____ City: _____ State _____

EMPLOYMENT:

CURRENT EMPLOYER: _____
Company Name

Business Address (Street, city, state, zip code) Name of Immediate Supervisor

Title of position: _____

Detailed description of duties:

Length of employment with current employer: From: _____ (Month/Year) To: _____ (Month/Year)

Signature of Applicant:

I certify that the information provided in this application is true and correct to the best of my knowledge. I understand that any omission, false statement or failure to make full disclosure constitutes grounds for denial of approval or for suspension/revocation of approval if granted.

Signature of Applicant

Printed Name of Applicant Date

Recommendation of Pre-Licensing School or Chief Academic/Operating Officer (if other than applicant).

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Signature of Employer/Supervisor

Printed Name of Employer/Supervisor Date

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