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STATE CORPORATION COMMISSION BUREAU OF INSURANCE

June 1, 1987

Administrative Letter 1987-10

TO: ALL COMPANIES LICENSED TO TRANSACT INSURANCE IN THE COMMONWEALTH OF VIRGINIA
RE: REVISED LAW AND PROCEDURES FOR LICENSING AND APPOINTMENT OF INSURANCE AGENTS

EACH ADDRESSEE OF THIS ADMINISTRATIVE LETTER IS INSTRUCTED TO NOTIFY EACH OF ITS CURRENT VIRGINIA APPOINTEES OF THE CONTENTS HEREOF. EACH ADDRESSEE IS FURTHER INSTRUCTED HENCEFORTH TO INFORM EACH PROSPECTIVE APPOINTEE OF THE REQUIREMENTS SET FORTH HEREIN.

The purpose of this letter is to explain the procedural changes pertaining to the licensing and appointment of insurance agents in Virginia effective July 1, 1987. As was discussed in Administrative Letter 1987-7, Chapter 18 of Title 38.2 was extensively revised by the 1987 General Assembly. Most of the changes become effective on July 1, 1987.

In this letter, the new procedures for obtaining licenses and making appointments will be discussed. It is extremely important that all insurers and all agents and prospective agents be aware of these procedures so as to assure a smooth transition from one system to another.

This letter is presented in nine sections, as follows:

- A. LICENSE AND APPOINTMENT TYPES
- B. RELATIONSHIP BETWEEN AND AMONG LICENSES AND APPOINTMENTS
- C. LICENSING REQUIREMENTS FOR RESIDENTS
- D. LICENSING REQUIREMENTS FOR AGENTS MOVING INTO VIRGINIA
- E. LICENSING REQUIREMENTS FOR NONRESIDENT AGENTS
- F. LICENSING OF AGENCIES
- G. APPOINTMENT PROCEDURES
- H. LICENSING FORMS AND FEES
- I. FORMS REQUESTS AND IMPLEMENTATION

In addition, we have enclosed a detailed set of procedures to be used in applying for each type of license, and a set of the new licensing, appointment, and cancellation forms.

A. LICENSE AND APPOINTMENT TYPES

Effective July 1, 1987, the following license and appointment types will be recognized in Virginia:

1. Burial

License authorizes agent to represent only a company operating pursuant to Chapter 40 of Title 38.2.

Appointment may be made only by a company operating pursuant to Chapter 40 of Title 38.2.

2. Limited Burial

License authorizes agent to sell group life certificates in amounts of \$5,000 or less on behalf of a burial association that is the group policyholder under an association group contract.

Appointment may be made by any appropriately licensed insurer.

3. Cooperative Nonprofit Life Benefit

License authorizes agent to represent only an insurer operating pursuant to Chapter 38 of Title 38.2.

Appointment may be made only by a company operating pursuant to Chapter 38 of Title 38.2.

4. Credit Life and Health

License authorizes agent to sell only Credit Life and Credit Accident and Sickness Insurance as defined in Chapter 37 of Title 38.2.

Appointment may be made by any company authorized to market Credit Life and/or Credit Accident and Sickness Insurance.

5. Dental Services

License authorizes agent to represent only a Dental Services Plan operating pursuant to Chapter 45 of Title 38.2.

Appointment may be made only by a Dental Services Plan.

6. Health

License authorizes agent to represent only a Health Services Plan operating pursuant to Chapter 42 of Title 38.2 or a Health Maintenance Organization operating pursuant to Chapter 43 of Title 38.2.

Appointment may be made only by a Health Services Plan or Health Maintenance Organization.

7. Legal Services

License authorizes agent to represent only a Legal Services Plan operating pursuant to Chapter 44 of Title 38.2.

Appointment may be made only by a Legal Services Plan.

8. Life and Health

License authorizes agent to sell any kind of Life Insurance, Accident and Sickness Insurance, or Annuities, except variable contracts, on behalf of any insurer authorized to market such classes of insurance in Virginia.

Appointment may be made by any insurer with authority to issue Life Insurance, Accident and Sickness Insurance, and/or Annuities.

9. Limited Mutual Assessment Life and Health

License authorizes agent to represent only a Mutual Assessment Life, Accident and Sickness Insurer operating pursuant to Chapter 39 of Title 38.2, and only with respect to those classes of insurance specified in Category A of §38.2-3902.

Appointment may be made only by a Mutual Assessment Life, Accident and Sickness Insurer, and only with respect to those classes of insurance specified in Category A of §38.2-3902.

10. Mutual Assessment Life and Health

License authorizes agent to represent only a Mutual Assessment Life, Accident and Sickness Insurer operating pursuant to Chapter 39 of Title 38.2.

Appointment may be made only by a Mutual Assessment Life, Accident and Sickness Insurer, and may include any class of insurance for which the insurer has authority.

11. Limited Mutual Assessment Property and Casualty

License authorizes agent to represent only a Mutual Assessment Property and Casualty Insurer operating pursuant to Chapter 25 of Title 38.2, and only with respect to those classes of insurance specified in Categories A and B of §38.2-2503.

Appointment may be made only by a Mutual Assessment Property and Casualty Insurer, and only with respect to those classes of insurance specified in Categories A and B of §38.2-2503.

12. Mutual Assessment Property and Casualty

License authorizes agent to represent only a Mutual Assessment Property and Casualty Insurer operating pursuant to Chapter 25 of Title 38.2.

Appointment may be made only by a Mutual Assessment Property and Casualty Insurer, and may include any class of insurance for which the insurer has authority.

13. Mortgage Accident and Sickness

License authorizes agent to sell only Mortgage Accident and Sickness Insurance on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Mortgage Accident and Sickness Insurance.

14. **Mortgage Guaranty**

License authorizes agent to sell only Mortgage Guaranty Insurance on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Mortgage Guaranty Insurance.

15. **Motor Club**

License authorizes agent to sell contracts to assist Automobile Club members in matters relating to motor travel or the operation, use, or maintenance of a motor vehicle by supplying services which may include, but are not limited to, towing service, emergency road service, indemnification service, guaranteed arrest bond certificate service, discount service, financial service, theft service, map service, or touring service only on behalf of licensed Automobile Clubs operating pursuant to Chapter 3.1 of Title 13.1.

Appointment may be made only by a licensed Automobile Club.

16. **Ocean Marine**

License authorizes agent to sell only Ocean Marine Insurance as defined in §38.2-126., except those kinds specifically classified as Inland Marine Insurance, on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurers authorized to market Ocean Marine Insurance.

17. **Optometric Services**

License authorizes agent to represent only an Optometric Services Plan operating pursuant to Chapter 45 of Title 38.2.

Appointment may be made only by an Optometric Services Plan.

18. **Property and Casualty**

License authorizes agent to sell any kind of Property and Casualty Insurance on behalf of any insurer authorized to market Property and Casualty Insurance.

Appointment may be made by any insurer with authority to issue Property and Casualty Insurance.

19. **Surplus Lines Broker**

License authorizes an already licensed Property and Casualty agent to act as a Surplus Lines Broker in Virginia pursuant to Chapter 48 of Title 38.2.

Appointment - None.

20. Title

License authorizes agent to represent only a Title Insurance company operating pursuant to Chapter 46 of Title 38.2.
Appointment may be made only by a title insurer.

21. Travel Accident

License authorizes agent to sell only Travel Accident Insurance at transportation terminal buildings or as ticket selling agent of a railroad, steamship company, air carrier, or public bus carrier, on behalf of any insurer licensed to offer such coverage in Virginia.
Appointment may be made by any insurer authorized to market Travel Accident Insurance.

22. Travel Baggage

License authorizes agent to sell only Travel Baggage Insurance as the ticket selling agent of a railroad or steamship company, air carrier, or public bus carrier, on behalf of any insurer licensed to offer such coverage in Virginia.
Appointment may be made by any insurer authorized to market Travel Baggage Insurance.

23. Variable Life and Annuity

License authorizes already licensed Life and Health agent to sell variable contracts on behalf of any insurer licensed to offer such coverage in Virginia.
Appointment may be made by any insurer authorized to market Variable Life and/or Variable Annuity Insurance.

24. Life and Health Consultant

License authorizes licensee to act as a Life and Health Insurance Consultant in Virginia.
Appointment - None.

25. Property and Casualty Consultant

License authorizes licensee to act as a Property and Casualty Insurance Consultant in Virginia.
Appointment - None.

26. Temporary Life and Health
(Sale of Agency or Death or Disability of Agent)

License authorizes licensee to act as a Life and Health agent for one 90-day period.
Appointment may be made by any authorized insurer.

27. **Temporary Property and Casualty**
(Sale of Agency or Death or Disability of Agent)

License authorizes licensee to act as a Property and Casualty agent for one 90-day period.

Appointment may be made by any authorized insurer.

28. **Temporary Life and Health**
(Debit)

License authorizes licensee to act as an agent for a combination (Home Service) insurer for one 90-day period.

Appointment may be made by only one insurer selling Industrial or Ordinary Life Insurance or Accident and Sickness Insurance on a debit, where the premiums are payable at least monthly directly by the owner of the policy or a person representing the owner to a representative of the insurer.

29. **Lending Institution Credit Life and Health**

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Credit Life and Credit Accident and Sickness Insurance on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Credit Life and/or Credit Accident and Sickness Insurance.

30. **Lending Institution Life and Health**

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Credit Life Insurance, Credit Accident and Sickness Insurance, Mortgage Redemption Insurance, Mortgage Accident and Sickness Insurance, Annuities purchased for the liquidation or partial liquidation of accounts accumulated in financial institutions, Nonconvertible Term Life Insurance rounded up to the next \$1,000 limited to amount and duration of a credit transaction, and Disability Insurance rounded up to the next \$100 of monthly payment limited to amount and duration of a credit transaction on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market insurance of the above types.

31. **Lending Institution Mortgage Redemption**

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Mortgage Redemption Insurance, as defined in §38.2-1800., on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Mortgage Redemption Insurance.

32. Lending Institution Single Interest

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Single Interest Insurance on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Single Interest Insurance.

33. Lending Institution Title

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Title Insurance on behalf of any Title Insurance company operating pursuant to Chapter 46 of Title 38.2.

Appointment may be made by any Title insurer.

B. RELATIONSHIP BETWEEN AND AMONG LICENSES AND APPOINTMENTS

1. No agent may solicit, negotiate, procure, or effect insurance in Virginia unless the agent has obtained a license from the Commission. Such license must include within its scope the line of insurance being solicited, negotiated, procured, or effected, and the line of insurance must also be of a class authorized to be sold by the insurer on whose behalf the agent has solicited, negotiated, procured, or effected it.

2. There are two license types that encompass others within their scope. Possession of one of these "umbrella" licenses precludes the need to obtain any of the more limited licenses falling under the umbrella.

- a. One who has a LIFE AND HEALTH LICENSE does not need to apply for any of the following additional licenses:

- Limited Mutual Assessment Life and Health
- Mutual Assessment Life and Health
- Temporary Life and Health
- Burial
- Limited Burial
- Cooperative Nonprofit Life Benefit
- Travel Accident
- Credit Life and Health
- Mortgage Accident and Sickness
- Health
- Dental Services
- Optometric Services
- Legal Services

An agent with a Life and Health License may be appointed under a Life and Health Appointment, or any of the limited appointment types listed above.

- b. One who has a PROPERTY AND CASUALTY LICENSE does not need to apply for any of the following additional licenses:

- Temporary Property and Casualty
- Limited Mutual Assessment Property and Casualty
- Mortgage Guaranty
- Mutual Assessment Property and Casualty
- Ocean Marine
- Travel Baggage

An agent with a Property and Casualty License may be appointed under a Property and Casualty Appointment, or any of the limited appointment types listed above.

- c. An agent, previously licensed under one of the limited license types, who obtains a more encompassing license, will no longer need the limited license. Appointments under that limited license will continue in effect.

3. Lending Institution Licenses and Appointments, as indicated above, are issued only to lending institutions, bank holding companies, or their subsidiaries or affiliates, including any officer or employee. Lending Institution Licenses and Appointments may be converted to their nearest equivalent ordinary licenses and appointments upon submission of proof that the individual is no longer an officer or employee of a lending institution, bank holding company, or its subsidiaries or affiliates; or, if an agency, that the agency is no longer a lending institution, bank holding company, or subsidiary thereof.

C. LICENSING REQUIREMENTS FOR RESIDENTS

1. Licenses Requiring Prelicensing Study Course and Written Examination

- a. All of the following license types require that the applicant successfully complete a 45 hour Life and Health study course and pass a written examination prescribed by the Commission. Upon successful completion of both, applicants will be issued a LIFE AND HEALTH LICENSE:

LIFE AND HEALTH
BURIAL
COOPERATIVE NONPROFIT LIFE BENEFIT
MUTUAL ASSESSMENT LIFE AND HEALTH
MORTGAGE ACCIDENT AND SICKNESS
LIFE AND HEALTH INSURANCE CONSULTANT

- b. An applicant for a LENDING INSTITUTION LIFE AND HEALTH LICENSE must successfully complete a 45 hour Life and Health study course and pass a written examination prescribed by the Commission.
- c. An applicant for a HEALTH AGENT LICENSE must successfully complete a 25 hour study course and pass a written examination prescribed by the Commission.
- d. The following license types require that the applicant successfully complete a 45 hour Property and Casualty study course and pass a written examination prescribed by the Commission. Upon successful completion of both, applicants will be issued a PROPERTY AND CASUALTY LICENSE:

PROPERTY AND CASUALTY
MUTUAL ASSESSMENT PROPERTY AND CASUALTY
PROPERTY AND CASUALTY INSURANCE CONSULTANT

- e. An applicant for a LENDING INSTITUTION SINGLE INTEREST LICENSE must successfully complete a 45 hour Property and Casualty study course and pass a written examination prescribed by the Commission.

2. Waiver of Study Course Requirements

The Commission may allow an applicant to take the written examination without taking the required study course if the applicant submits proof in a form acceptable to the Commission that he has attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which the

applicant has applied for a license. The applicant shall have completed the employment experience requirement not more than one year before applying for a license.

3. Waiver of Examination Requirement

The Life and Health examination will be waived for those who submit proof that they have been awarded the designation of Chartered Life Underwriter.

The Property and Casualty examination will be waived for those who submit proof that they have been awarded the designation of Chartered Property and Casualty Underwriter.

4. Licenses Requiring Written Examination Only

- a. Applicants for a VARIABLE LIFE AND ANNUITIES LICENSE must submit proof that they have successfully passed the National Association of Security Dealers examination.
- b. Applicants for a TITLE INSURANCE LICENSE or a LENDING INSTITUTION TITLE LICENSE must successfully pass a written examination prescribed by the Commission.

5. Licenses Issued Upon Application Only, With No Prelicensing Requirements

Limited Burial
Credit Life and Health
Dental Services
Legal Services
Limited Mutual Assessment Life and Health
Limited Mutual Assessment Property and Casualty
Mortgage Guaranty
Motor Club - (Licensing and Appointment is a one-step
process done by the Automobile Club)
Ocean Marine
Optometric Services
Travel Accident
Travel Baggage
Temporary Life and Health
Temporary Property and Casualty
Lending Institution Credit Life and Health
Lending Institution Mortgage Redemption

D. LICENSING REQUIREMENTS FOR AGENTS MOVING INTO VIRGINIA

1. All licensing requirements applicable to resident agents must be satisfied by agents moving into Virginia from other states. Waiver of study courses and/or examinations will be considered on the same grounds discussed in paragraphs 2 and 3 of Section C., above.

2. Virginia residence must be established before license applications can be considered.

3. Agents who had been licensed as nonresident Virginia agents will have all such nonresident licenses automatically terminated upon becoming Virginia residents, and no Virginia resident licenses can be issued until all resident agent prelicensing requirements have been met.

4. Agents who had been appointed as nonresident Virginia appointees will have all such nonresident appointments automatically terminated upon becoming Virginia residents. Upon receipt of resident agent licenses, such agents must seek new appointments from each company they wish to represent. Nonresident appointments are not transferable to resident appointments.

E. LICENSING REQUIREMENTS FOR NONRESIDENT AGENTS

1. Any license type that can be issued to a resident agent can also be issued to a nonresident agent.

2. Nonresident applicants may apply for licensing as nonresident agents by providing certification from the insurance department of their state or province of residence:

- a. that the applicant is licensed (or if the state or province does not issue licenses for the classes involved, that the applicant is authorized or permitted) in that state or province to solicit, negotiate, procure, or effect the classes of insurance for which the license is being sought in Virginia;
- b. that the applicant is conducting the business of insurance in that state or province in a satisfactory manner; and
- c. that such state or province will issue a license to a similarly qualified Virginia resident.

3. It is most important to remember that a nonresident license is dependent upon continuation of the agent's authority in his state or province of residence. If the agent's license or authority to act as an agent in his state or province of residence, for the same classes as his nonresident Virginia license, is revoked, suspended, or otherwise terminated, his nonresident Virginia license for such classes of insurance is automatically void.

F. LICENSING OF AGENCIES

1. With the exception of Temporary Licenses, agencies may apply for any license type available to individuals. Although, clearly, an agency cannot be expected to take a study course or pass an examination, it is required that an agency be licensed in order to solicit, negotiate, procure, or effect insurance coverage, and/or to receive commissions.

2. Sole proprietorships are not required to be licensed, but any trade name used by a sole proprietorship should be disclosed by an individual applicant on his license application form.

3. Partnerships and corporations must be licensed. In addition, each active partner and employee in a partnership must be licensed if he or she is to be an agent; and each officer, director, or employee of a corporation must be licensed if he or she is to be an agent. Licensing of a partnership or corporation does not convey any rights to the individuals involved. Each must apply for licensing and appointment in the normal manner.

4. Applicants for resident licenses must show that their formation has been duly recorded in a local court (if a partnership) or that they are duly chartered in Virginia (if a corporation). Further, corporations must submit documentation to show that their charters or articles of incorporation grant them the specific authority to act as an insurance agent or agency.

5. Nonresident applicants must submit with their application a certification from the insurance department of the applicant's state or province of domicile that:

- a. the applicant is licensed or otherwise authorized in that state or province to solicit, negotiate, procure, or effect the classes of insurance for which a Virginia license is being sought;
- b. the applicant is conducting the business of insurance in that state or province in a satisfactory manner;
- c. if the applicant is a corporation, it is authorized in its charter or other papers of incorporation to act as an insurance agent;
- d. if the applicant is a partnership, its existence is properly recorded pursuant to the laws of the state or province of domicile; and
- e. the other state or province will issue a license to a similarly qualified Virginia applicant.

G. APPOINTMENT PROCEDURES

1. No company may appoint an agent unless such agent is licensed in the same classes of insurance for which the appointment is being made.

2. An appointment must be made by a company within 30 days of the date of execution of the first application submitted by the agent. Companies should verify this before filing appointment forms with the Commission. The agent must also be notified of his appointment within the same 30-day period.

3. Upon receipt of an appointment form, the Bureau will verify that the agent holds an appropriate license, and that the appointment is proper. The appointing company will be notified within 5 days of the Bureau's receipt of an appointment either that the appointment is invalid or that the appointment has been recorded and that the agent has been so notified.

4. An agent may continue to solicit, negotiate, procure, and effect insurance on behalf of a company for a period of 45 days from the date of execution of the first application submitted to that company. If he has not received an acknowledgment of appointment from the Bureau within such 45 day period, he must cease soliciting, negotiating, procuring, or effecting insurance on behalf of that company until he receives such acknowledgment.

5. An appointment of an agent or agency will remain valid, so long as the company's authority continues, until terminated, suspended, or revoked by the Commission, or until terminated by the company. When the company terminates the agent's or agency's appointment, it must notify the agent or agency of such action within 5 days, and must file an Appointment Cancellation form with the Commission within 30 days.

H. LICENSING FORMS AND FEES

1. Application Form PIN300A - Fee: \$15.00

This form is to be used for individuals applying for license types requiring a written examination. It may be used to apply for both resident and nonresident licenses.

- a. Apply for license type 01 (LIFE AND HEALTH) if application is for:

LIFE AND HEALTH
BURIAL
COOPERATIVE NONPROFIT LIFE BENEFIT
MUTUAL ASSESSMENT LIFE AND HEALTH
MORTGAGE ACCIDENT AND SICKNESS
LIFE AND HEALTH INSURANCE CONSULTANT (preliminary to
applying for Consultant's License)

- b. Apply for license type 30 (PROPERTY AND CASUALTY) if application is for:

PROPERTY AND CASUALTY
MUTUAL ASSESSMENT PROPERTY AND CASUALTY
PROPERTY AND CASUALTY INSURANCE CONSULTANT (preliminary
to applying for Consultant's License)

- c. Apply for license type 33 (TITLE) if application is for:

TITLE

- d. Apply for license type 40 (HEALTH) if application is for:

HEALTH

2. Application Form PIN405A - Fee: \$15.00

This form is to be used for individuals applying for license types not requiring a written examination administered by the Commission. It may be used to apply for both resident and nonresident licenses. Form PIN405A may be used to request the following license types:

- 03 - TEMPORARY LIFE AND HEALTH (Death or Disability of Agent, Sale of Agency)
- 06 - TEMPORARY LIFE AND HEALTH (Debit)
- 09 - VARIABLE LIFE AND ANNUITY (Proof of passing NASD exam must be submitted)
- 10 - LIMITED BURIAL
- 12 - LIMITED MUTUAL ASSESSMENT LIFE AND HEALTH
- 14 - TRAVEL ACCIDENT
- 15 - CREDIT LIFE AND HEALTH
- 31 - TEMPORARY PROPERTY AND CASUALTY

- 34 - OCEAN MARINE
- 35 - LIMITED MUTUAL ASSESSMENT PROPERTY AND CASUALTY
- 36 - TRAVEL BAGGAGE
- 37 - MORTGAGE GUARANTY
- 41 - LEGAL SERVICES
- 45 - DENTAL SERVICES
- 46 - OPTOMETRIC SERVICES

3. Application Form PIN300C - Fee: \$15.00

This form is to be used for individuals applying for **LENDING INSTITUTION** license types requiring a written examination. It may be used to apply for both resident and nonresident licenses. Form PIN300C may be used to apply for the following license types:

- 17 - LENDING INSTITUTION LIFE AND HEALTH
- 19 - LENDING INSTITUTION TITLE
- 22 - LENDING INSTITUTION SINGLE INTEREST

4. Application Form PIN405C - Fee: \$15.00

This form is to be used for individuals applying for **LENDING INSTITUTION** license types not requiring a written examination. It may be used to apply for both resident and nonresident licenses. Form PIN405C may be used to apply for the following license types:

- 21 - LENDING INSTITUTION MORTGAGE REDEMPTION
- 23 - LENDING INSTITUTION CREDIT LIFE AND HEALTH

5. Individual Appointment Form PIN415A - Fee: \$7.00 - Appointing insurers will be billed quarterly

This form may be used by ALL insurers for appointment of individuals under any appointment type. The appointing company should be careful to make certain that the appointment type is within both the company's and agent's authority.

6. Agency License Application Form PIN405B - Fee: \$15.00

This form may be used by any partnership or corporation, other than banks, lending institutions, bank holding companies, or their subsidiaries. It may be used to apply for both resident and nonresident licenses. Form PIN405B may be used by agencies to apply for the following license types:

- 01 - LIFE AND HEALTH
- 02 - MUTUAL ASSESSMENT LIFE AND HEALTH
- 09 - VARIABLE LIFE AND ANNUITY
- 10 - LIMITED BURIAL
- 11 - BURIAL
- 12 - LIMITED MUTUAL ASSESSMENT LIFE AND HEALTH
- 13 - COOPERATIVE NONPROFIT LIFE BENEFIT
- 14 - TRAVEL ACCIDENT

- 15 - CREDIT LIFE AND HEALTH
- 30 - PROPERTY AND CASUALTY
- 32 - MUTUAL ASSESSMENT PROPERTY AND CASUALTY
- 33 - TITLE
- 34 - OCEAN MARINE
- 35 - LIMITED MUTUAL ASSESSMENT PROPERTY AND CASUALTY
- 36 - TRAVEL BAGGAGE
- 37 - MORTGAGE GUARANTY
- 38 - MORTGAGE ACCIDENT AND SICKNESS
- 40 - HEALTH
- 41 - LEGAL SERVICES
- 45 - DENTAL SERVICES
- 46 - OPTOMETRIC SERVICES

7. Agency Application Form PIN415C - Fee: \$15.00

This form may be used by any partnership or corporation that is a bank, lending institution, bank holding company, or subsidiary thereof, to apply for LENDING INSTITUTION licenses. It may be used to apply for both resident and nonresident licenses. Form PIN415C may be used by such agencies to apply for the following license types:

- 17 - LENDING INSTITUTION LIFE AND HEALTH
- 19 - LENDING INSTITUTION TITLE
- 21 - LENDING INSTITUTION MORTGAGE REDEMPTION
- 22 - LENDING INSTITUTION SINGLE INTEREST
- 23 - LENDING INSTITUTION CREDIT LIFE AND HEALTH

8. Agency Appointment Form PIN415B - Fee: \$7.00 - Appointing insurers will be billed quarterly

This form may be used by ALL insurers for appointment of partnerships and corporations under any appointment type. The appointing company should be careful to make certain that the appointment type is within both the company's and the agency's authority.

9. Appointment Cancellation Form PIN492A

This form may be used to notify the Commission of the cancellation of the appointment of an agent or an agency. A separate form must be submitted for each cancellation.

10. Application For Consultant's License Form PIN370A - Fee: \$50.00

This form may be used by individuals, partnerships, and corporations wishing to apply for either a LIFE AND HEALTH or a PROPERTY AND CASUALTY INSURANCE CONSULTANT'S LICENSE, but not both on one application. It may be used to apply for both resident and nonresident licenses.

I. FORMS REQUESTS AND IMPLEMENTATION

Use of the new forms described above will begin on July 1, 1987. The Bureau will, wherever possible, continue to accept applications and appointments received on the old forms for a period of sixty (60) days from July 1, 1987. If, however, the old form cannot be used for the license type or appointment type being requested, the Bureau will have no choice but to reject the application and require same to be resubmitted in proper form.

We have, due to the numerous law changes and resulting revision of forms, printed only a limited amount of each form until we are certain they will serve our purposes. It is requested, therefore, that those requesting supplies of forms PLEASE LIMIT YOUR REQUESTS TO NO MORE THAN A 30 DAY SUPPLY. The Bureau will reduce the number of forms sent to anyone requesting what the Bureau considers to be an unreasonable number of forms.

As stated earlier, this letter is intended to explain the procedures being implemented for licensing and appointment of agents. Your attention is directed to Title 38.2, Chapter 18 of the Code of Virginia, as amended effective July 1, 1987, for more information concerning other changes as discussed in Administrative Letter 1987-7.

Enclosed herewith you will find step-by-step instructions for obtaining each type of license, as well as copies of each of the forms we have described.

Due to the complexity of the changes described herein, we ask that you refrain from making inquiries concerning these procedures by telephone or in person. Questions or requests for clarification should be submitted, IN WRITING, to:

Agents Licensing Section
Bureau of Insurance
State Corporation Commission of Virginia
Post Office Box 1157
Richmond, Virginia 23209

Sincerely,



Steven T. Foster
Commissioner of Insurance

STF:GAM/csw

Enclosures

PROCEDURES
FOR
BECOMING
LICENSED
AND
APPOINTED
AS
AN
INSURANCE
AGENT
IN
VIRGINIA

STATE CORPORATION COMMISSION OF VIRGINIA
BUREAU OF INSURANCE

JULY 1987

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APPENDIX A - APPROVED SCHOOLS

APPENDIX B - EXAMINATION SITES AND SCHEDULES

I. REQUIREMENTS

1. You must be at least eighteen years of age.
2. You are not required to be a citizen of the United States.
3. You may not solicit, negotiate, procure, or effect insurance in Virginia unless you have obtained a license from the Commission. Such license must include within its scope the line of insurance being solicited, negotiated, procured, or effected, and the line of insurance must also be of a class authorized to be sold by the insurer on whose behalf you have solicited, negotiated, procured, or effected it.
4. Countersignature is not required in Virginia unless another state requires Virginia agents to have a countersignature by a resident agent in that state.
5. If you have been convicted of a violation of law, other than minor traffic violations, you must attach a certified and authenticated copy of the court order regarding any convictions arising from the trial proceedings to any applications that you submit to the Bureau. Your application will then be reviewed by Bureau personnel for approval to be licensed.
6. Sole Proprietorships are not required to be licensed, but any trade name used by a sole proprietorship should be disclosed by an individual applicant on his license application form.
7. Partnerships and corporations must be licensed. In addition, each active partner and employee in a partnership must be licensed if he is to be an agent; and each officer, director, or employee of a corporation must be licensed if he is to be an agent. Licensing of a partnership or corporation does not convey any rights to the individuals involved. Each individual must apply for licensing and appointment in the normal manner.

II. LICENSE AND APPOINTMENT TYPES

Effective July 1, 1987, the following license and appointment types will be recognized in Virginia:

1. Burial

License authorizes agent to represent only a company operating pursuant to Chapter 40 of Title 38.2.

Appointment may be made only by a company operating pursuant to Chapter 40 of Title 38.2.

2. Limited Burial

License authorizes agent to sell group life certificates in amounts of \$5,000 or less on behalf of a burial association that is the group policyholder under an association group contract.

Appointment may be made by any appropriately licensed insurer.

3. Cooperative Nonprofit Life Benefit

License authorizes agent to represent only an insurer operating pursuant to Chapter 38 of Title 38.2.

Appointment may be made only by a company operating pursuant to Chapter 38 of Title 38.2.

4. Credit Life and Health

License authorizes agent to sell only Credit Life and Credit Accident and Sickness Insurance as defined in Chapter 37 of Title 38.2.

Appointment may be made by any company authorized to market Credit Life and/or Credit Accident and Sickness Insurance.

5. Dental Services

License authorizes agent to represent only a Dental Services Plan operating pursuant to Chapter 45 of Title 38.2.

Appointment may be made only by a Dental Services Plan.

6. Health

License authorizes agent to represent only a Health Services Plan operating pursuant to Chapter 42 of Title 38.2 or a Health Maintenance Organization operating pursuant to Chapter 43 of Title 38.2.

Appointment may be made only by a Health Services Plan or Health Maintenance Organization.

7. Legal Services

License authorizes agent to represent only a Legal Services Plan operating pursuant to Chapter 44 of Title 38.2.

Appointment may be made only by a Legal Services Plan.

8. Life and Health

License authorizes agent to sell any kind of Life Insurance, Accident and Sickness Insurance, or Annuities, except variable contracts, on behalf of any insurer authorized to market such classes of insurance in Virginia.

Appointment may be made by any insurer with authority to issue Life Insurance, Accident and Sickness Insurance, and/or Annuities.

9. Limited Mutual Assessment Life and Health

License authorizes agent to represent only a Mutual Assessment Life, Accident and Sickness Insurer operating pursuant to Chapter 39 of Title 38.2, and only with respect to those classes of insurance specified in Category A of §38.2-3902.

Appointment may be made only by a Mutual Assessment Life, Accident and Sickness Insurer, and only with respect to those classes of insurance specified in Category A of §38.2-3902.

10. Mutual Assessment Life and Health

License authorizes agent to represent only a Mutual Assessment Life, Accident and Sickness Insurer operating pursuant to Chapter 39 of Title 38.2.

Appointment may be made only by a Mutual Assessment Life, Accident and Sickness Insurer, and may include any class of insurance for which the insurer has authority.

11. Limited Mutual Assessment Property and Casualty

License authorizes agent to represent only a Mutual Assessment Property and Casualty Insurer operating pursuant to Chapter 25 of Title 38.2, and only with respect to those classes of insurance specified in Categories A and B of §38.2-2503.

Appointment may be made only by a Mutual Assessment Property and Casualty Insurer, and only with respect to those classes of insurance specified in Categories A and B of §38.2-2503.

12. Mutual Assessment Property and Casualty

License authorizes agent to represent only a Mutual Assessment Property and Casualty Insurer operating pursuant to Chapter 25 of Title 38.2.

Appointment may be made only by a Mutual Assessment Property and Casualty Insurer, and may include any class of insurance for which the insurer has authority.

13. Mortgage Accident and Sickness

License authorizes agent to sell only Mortgage Accident and Sickness Insurance on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Mortgage Accident and Sickness Insurance.

14. **Mortgage Guaranty**

License authorizes agent to sell only Mortgage Guaranty Insurance on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Mortgage Guaranty Insurance.

15. **Motor Club**

License authorizes agent to sell contracts to assist Automobile Club members in matters relating to motor travel or the operation, use, or maintenance of a motor vehicle by supplying services which may include, but are not limited to, towing service, emergency road service, indemnification service, guaranteed arrest bond certificate service, discount service, financial service, theft service, map service, or touring service only on behalf of licensed Automobile Clubs operating pursuant to Chapter 3.1 of Title 13.1.

Appointment may be made only by a licensed Automobile Club.

16. **Ocean Marine**

License authorizes agent to sell only Ocean Marine Insurance as defined in §38.2-126., except those kinds specifically classified as Inland Marine Insurance, on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurers authorized to market Ocean Marine Insurance.

17. **Optometric Services**

License authorizes agent to represent only an Optometric Services Plan operating pursuant to Chapter 45 of Title 38.2.

Appointment may be made only by an Optometric Services Plan.

18. **Property and Casualty**

License authorizes agent to sell any kind of Property and Casualty Insurance on behalf of any insurer authorized to market Property and Casualty Insurance.

Appointment may be made by any insurer with authority to issue Property and Casualty Insurance.

19. **Surplus Lines Broker**

License authorizes an already licensed Property and Casualty agent to act as a Surplus Lines Broker in Virginia pursuant to Chapter 48 of Title 38.2.

Appointment - None.

20. **Title**

License authorizes agent to represent only a Title Insurance company operating pursuant to Chapter 46 of Title 38.2.
Appointment may be made only by a title insurer.

21. **Travel Accident**

License authorizes agent to sell only Travel Accident Insurance at transportation terminal buildings or as ticket selling agent of a railroad, steamship company, air carrier, or public bus carrier, on behalf of any insurer licensed to offer such coverage in Virginia.
Appointment may be made by any insurer authorized to market Travel Accident Insurance.

22. **Travel Baggage**

License authorizes agent to sell only Travel Baggage Insurance as the ticket selling agent of a railroad or steamship company, air carrier, or public bus carrier, on behalf of any insurer licensed to offer such coverage in Virginia.
Appointment may be made by any insurer authorized to market Travel Baggage Insurance.

23. **Variable Life and Annuity**

License authorizes already licensed Life and Health agent to sell variable contracts on behalf of any insurer licensed to offer such coverage in Virginia.
Appointment may be made by any insurer authorized to market Variable Life and/or Variable Annuity Insurance.

24. **Life and Health Consultant**

License authorizes licensee to act as a Life and Health Insurance Consultant in Virginia.
Appointment - None.

25. **Property and Casualty Consultant**

License authorizes licensee to act as a Property and Casualty Insurance Consultant in Virginia.
Appointment - None.

26. **Temporary Life and Health**
(Sale of Agency or Death or Disability of Agent)

License authorizes licensee to act as a Life and Health agent for one 90-day period.
Appointment may be made by any authorized insurer.

27. **Temporary Property and Casualty**
(Sale of Agency or Death or Disability of Agent)

License authorizes licensee to act as a Property and Casualty agent for one 90-day period.

Appointment may be made by any authorized insurer.

28. **Temporary Life and Health**
(Debit)

License authorizes licensee to act as an agent for a combination (Home Service) insurer for one 90-day period.

Appointment may be made by only one insurer selling Industrial or Ordinary Life Insurance or Accident and Sickness Insurance on a debit, where the premiums are payable at least monthly directly by the owner of the policy or a person representing the owner to a representative of the insurer.

29. **Lending Institution Credit Life and Health**

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Credit Life and Credit Accident and Sickness Insurance on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Credit Life and/or Credit Accident and Sickness Insurance.

30. **Lending Institution Life and Health**

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Credit Life Insurance, Credit Accident and Sickness Insurance, Mortgage Redemption Insurance, Mortgage Accident and Sickness Insurance, Annuities purchased for the liquidation or partial liquidation of accounts accumulated in financial institutions, Nonconvertible Term Life Insurance rounded up to the next \$1,000 limited to amount and duration of a credit transaction, and Disability Insurance rounded up to the next \$100 of monthly payment limited to amount and duration of a credit transaction on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market insurance of the above types.

31. **Lending Institution Mortgage Redemption**

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Mortgage Redemption Insurance, as defined in §38.2-1800., on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Mortgage Redemption Insurance.

32. Lending Institution Single Interest

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Single Interest Insurance on behalf of any insurer licensed to offer such coverage in Virginia.

Appointment may be made by any insurer authorized to market Single Interest Insurance.

33. Lending Institution Title

License authorizes a lending institution, bank holding company, or their subsidiaries or affiliates, including any officer or employee thereof, to sell only Title Insurance on behalf of any Title Insurance company operating pursuant to Chapter 46 of Title 38.2.

Appointment may be made by any Title insurer.

III. RELATIONSHIP BETWEEN AND AMONG LICENSES AND APPOINTMENTS

1. No agent may solicit, negotiate, procure, or effect insurance in Virginia unless the agent has obtained a license from the Commission. Such license must include within its scope the line of insurance being solicited, negotiated, procured, effected, and the line of insurance must also be of a class authorized to be sold by the insurer on whose behalf the agent has solicited, negotiated, procured, or effected it.

2. There are two license types that encompass others within their scope. Possession of one of these "umbrella" licenses precludes the need to obtain any of the more limited licenses falling under the umbrella.

- a. One who has a LIFE AND HEALTH LICENSE does not need to apply for any of the following additional licenses:

- Limited Mutual Assessment Life and Health
- Mutual Assessment Life and Health
- Temporary Life and Health
- Burial
- Limited Burial
- Cooperative Nonprofit Life Benefit
- Travel Accident
- Credit Life and Health
- Mortgage Accident and Sickness
- Health
- Dental Services
- Optometric Services
- Legal Services

An agent with a Life and Health License may be appointed under a Life and Health Appointment, or any of the limited appointment types listed above.

- b. One who has a PROPERTY AND CASUALTY LICENSE does not need to apply for any of the following additional licenses:

- Temporary Property and Casualty
- Limited Mutual Assessment Property and Casualty
- Mortgage Guaranty
- Mutual Assessment Property and Casualty
- Ocean Marine
- Travel Baggage

An agent with a Property and Casualty License may be appointed under a Property and Casualty Appointment, or any of the limited appointment types listed above.

- c. An agent, previously licensed under one of the limited license types, who obtains a more encompassing license, will no longer need the limited license. Appointments under that limited license will continue in effect.

3. Lending Institution Licenses and Appointments, as indicated above, are issued only to lending institutions, bank holding companies, or their subsidiaries or affiliates, including any officer or employee. Lending Institution Licenses and Appointments may be converted to their nearest equivalent ordinary licenses and appointments upon submission of proof that the individual is no longer an officer or employee of a lending institution, bank holding company, or its subsidiaries or affiliates; or, if an agency, that the agency is no longer a lending institution, bank holding company, or subsidiary thereof.

IV. LICENSING REQUIREMENTS FOR RESIDENTS

1. Licenses Requiring Prelicensing Study Course and Written Examination

- a. All of the following license types require that the applicant successfully complete a 45 hour Life and Health study course and pass a written examination prescribed by the Commission. Upon successful completion of both, applicants will be issued a LIFE AND HEALTH LICENSE:

LIFE AND HEALTH
BURIAL
COOPERATIVE NONPROFIT LIFE BENEFIT
MUTUAL ASSESSMENT LIFE AND HEALTH
MORTGAGE ACCIDENT AND SICKNESS
LIFE AND HEALTH INSURANCE CONSULTANT

- b. An applicant for a LENDING INSTITUTION LIFE AND HEALTH LICENSE must successfully complete a 45 hour Life and Health study course and pass a written examination prescribed by the Commission.
- c. An applicant for a HEALTH AGENT LICENSE must successfully complete a 25 hour study course and pass a written examination prescribed by the Commission.
- d. The following license types require that the applicant successfully complete a 45 hour Property and Casualty study course and pass a written examination prescribed by the Commission. Upon successful completion of both, applicants will be issued a PROPERTY AND CASUALTY LICENSE:

PROPERTY AND CASUALTY
MUTUAL ASSESSMENT PROPERTY AND CASUALTY
PROPERTY AND CASUALTY INSURANCE CONSULTANT

- e. An applicant for a LENDING INSTITUTION SINGLE INTEREST LICENSE must successfully complete a 45 hour Property and Casualty study course and pass a written examination prescribed by the Commission.

2. Waiver of Study Course Requirements

The Commission may allow an applicant to take the written examination without taking the required study course if the applicant submits proof in a form acceptable to the Commission that he has attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which the

applicant has applied for a license. The applicant shall have completed the employment experience requirement not more than one year before applying for a license.

3. Waiver of Examination Requirement

The Life and Health examination will be waived for those who submit proof that they have been awarded the designation of Chartered Life Underwriter.

The Property and Casualty examination will be waived for those who submit proof that they have been awarded the designation of Chartered Property and Casualty Underwriter.

4. Licenses Requiring Written Examination Only

- a. Applicants for a VARIABLE LIFE AND ANNUITIES LICENSE must submit proof that they have successfully passed the National Association of Security Dealers examination.
- b. Applicants for a TITLE INSURANCE LICENSE or a LENDING INSTITUTION TITLE LICENSE must successfully pass a written examination prescribed by the Commission.

5. Licenses Issued Upon Application Only, With No Prelicensing Requirements

Limited Burial
Credit Life and Health
Dental Services
Legal Services
Limited Mutual Assessment Life and Health
Limited Mutual Assessment Property and Casualty
Mortgage Guaranty
Motor Club - (Licensing and Appointment is a one-step
process done by the Automobile Club)
Ocean Marine
Optometric Services
Travel Accident
Travel Baggage
Temporary Life and Health
Temporary Property and Casualty
Lending Institution Credit Life and Health
Lending Institution Mortgage Redemption

Y. LICENSING OF AGENCIES

1. With the exception of Temporary Licenses, agencies may apply for any license type available to individuals. Although, clearly, an agency cannot be expected to take a study course or pass an examination, it is required that an agency be licensed in order to solicit, negotiate, procure, or effect insurance coverage, and/or to receive commissions.

2. Sole proprietorships are not required to be licensed, but any trade name used by a sole proprietorship should be disclosed by an individual applicant on his license application form.

3. Partnerships and corporations must be licensed. In addition, each active partner and employee in a partnership must be licensed if he or she is to be an agent; and each officer, director, or employee of a corporation must be licensed if he or she is to be an agent. Licensing of a partnership or corporation does not convey any rights to the individuals involved. Each must apply for licensing and appointment in the normal manner.

4. Applicants for resident licenses must show that their formation has been duly recorded in a local court (if a partnership) or that they are duly chartered in Virginia (if a corporation). Further, corporations must submit documentation to show that their charters or articles of incorporation grant them the specific authority to act as an insurance agent or agency.

5. Nonresident applicants must submit with their application a certification from the insurance department of the applicant's state or province of domicile that:

- a. The applicant is licensed or otherwise authorized in that state or province to solicit, negotiate, procure, or effect the classes of insurance for which a Virginia license is being sought;
- b. The applicant is conducting the business of insurance in that state or province in a satisfactory manner;
- c. If the applicant is a corporation, it is authorized in its charter or other papers of incorporation to act as an insurance agent;
- d. If the applicant is a partnership, its existence is properly recorded pursuant to the laws of the state or province of domicile; and
- e. The other state or province will issue a license to or otherwise authorize a similarly qualified Virginia applicant.

VI. APPOINTMENT PROCEDURES

1. No company may appoint an agent unless such agent is licensed in the same classes of insurance for which the appointment is being made.

2. An appointment must be made by a company within 30 days of the date of execution of the first application submitted by the agent. Companies should verify this before filing appointment forms with the Commission. The agent must also be notified of his appointment within the same 30-day period.

3. Upon receipt of an appointment form, the Bureau will verify that the agent holds an appropriate license, and that the appointment is proper. The appointing company will be notified within five days of the Bureau's receipt of an appointment either that the appointment is invalid or that the appointment has been recorded and that the agent has been so notified.

4. An agent may continue to solicit, negotiate, procure, and effect insurance on behalf of a company for a period of 45 days from the date of execution of the first application submitted to that company. If he has not received an Acknowledgement Of Appointment from the Bureau within such 45 day period, he must cease soliciting, negotiating, procuring, or effecting insurance on behalf of that company until he receives such acknowledgment.

5. An appointment of an agent or agency will remain valid, so long as the company's authority continues, until terminated, suspended, or revoked by the Commission, or until terminated by the company. When the company terminates the agent's or agency's appointment, it must notify the agent or agency of such action within 5 days, and must file an Appointment Cancellation form with the Commission within 30 days.

**VII. PROCEDURES FOR LICENSING AND APPOINTING AS AGENTS
INDIVIDUALS WHO ARE NOT EMPLOYEES OF A LENDING
INSTITUTION, BANK HOLDING COMPANY, OR SUBSIDIARY THEREOF**

A. BURIAL
(Appointment Type 11)

In order to be authorized to solicit, negotiate, procure, or effect Burial Insurance other than group life certificates in amounts of \$5,000 or less on behalf of a burial association that is the group policyholder under an association group contract:

NOTE: If you are already a licensed Life and Health agent, go to Step 7.

1. **YOU** must complete an approved 45 hour Life and Health study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which you have applied for a license. You must have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300A form for Type 01 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. **YOU** may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Life Underwriter (CLU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **LIFE AND HEALTH LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **BURIAL SOCIETY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 11 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **BURIAL SOCIETY** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Burial Society an Acknowledgement of Appointment within five days of receipt of the properly completed Appointment Form from the Burial Society. Return to Step 7 and repeat through Step 9 for each Burial Society you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Burial Society until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

B. COOPERATIVE NONPROFIT LIFE BENEFIT

(Appointment Type 13)

In order to be authorized to solicit, negotiate, procure, or effect insurance on behalf of a Cooperative Nonprofit Life Benefit Insurance Company:

NOTE: If you are already a licensed Life and Health agent, go to Step 7.

1. **YOU** must complete an approved 45 hour Life and Health study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which you have applied for a license. You must have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300A form for Type 01 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. **YOU** may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Life Underwriter (CLU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **LIFE AND HEALTH LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 13 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 7 and repeat through Step 9 for each Company you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

C. CREDIT LIFE AND HEALTH
(Appointment Type 15)

In order to be authorized to solicit, negotiate, procure, or effect Credit Life and Credit Accident and Sickness Insurance:

NOTE: If you are already a licensed Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 15 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **CREDIT LIFE AND HEALTH LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 15 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

D. DENTAL SERVICES
(Appointment Type 45)

In order to be authorized to solicit, negotiate, procure, or effect Dental Services Plan contracts:

NOTE: If you are already a licensed Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 45 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **DENTAL SERVICES LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Dental Services Plan at the time the plan accepts your first application for a policy.
4. The **DENTAL SERVICES PLAN** you wish to represent must appoint you by submitting a PIN415A Form for a Type 45 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **PLAN** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Plan an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Plan. Return to Step 3 and repeat through Step 5 for each Plan you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Dental Services Plan until you receive such acknowledgment.

E. HEALTH
(Appointment Type 40)

In order to be authorized to solicit, negotiate, procure, or effect insurance on behalf of Health Services Plans or Health Maintenance Organizations:

NOTE: If you are already a licensed Life and Health agent, go to Step 7.

1. **YOU** must complete an approved 25 hour study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which you have applied for a license. You must have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300A form for Type 40 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. You may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Life Underwriter (CLU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **HEALTH LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Health Services Plan or HMO at the time the plan or HMO accepts your first application for a policy.

8. The **HEALTH SERVICES PLAN OR HMO** you wish to represent must appoint you by submitting a PIN415A Form for a Type 40 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **HEALTH SERVICES PLAN** or **HMO** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Health Services Plan or HMO an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the PLAN or HMO. Return to Step 7 and repeat through Step 9 for each plan or HMO you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Health Services Plan Or HMO until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 25 hour study course. Proceed from Step 1.

F. LEGAL SERVICES
(Appointment Type 41)

In order to be authorized to solicit, negotiate, procure, or effect insurance on behalf of Legal Services Plans:

NOTE: If you are already a licensed Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 41 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **LEGAL SERVICES LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Legal Services Plan at the time the plan accepts your first application for a policy.
4. The **LEGAL SERVICES PLAN** you wish to represent must appoint you by submitting a PIN415A Form for a Type 41 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **LEGAL SERVICES PLAN** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Legal Services Plan an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Plan. Return to Step 3 and repeat through Step 5 for each Plan you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Legal Services Plan until you receive such acknowledgment.

G. LIFE AND HEALTH
(Appointment Type 01)

Under a **LIFE AND HEALTH LICENSE**, you may solicit, negotiate, procure, and effect the following types of insurance:

- Accident and Sickness Insurance
- Annuities
- Burial Insurance
- Cooperative Nonprofit Life Benefit Insurance
- Credit Life and Credit Accident and Sickness
- Dental Services
- Health Insurance
- Industrial Life
- Legal Services
- Life Insurance
- Mortgage Accident and Sickness Insurance
- Mutual Assessment Life and Health Insurance
- Optometric Services
- Travel Accident Insurance

In order to be authorized to solicit, negotiate, procure, or effect Life and Health Insurance:

1. **YOU** must complete an approved 45 hour study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which you have applied for a license. You must have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300A form for Type 01 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. **YOU** may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Life Underwriter (CLU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **LIFE AND HEALTH LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The appointment type must be one which is authorized for both the Company and you. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 7 and repeat through Step 9 for each Company you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

H. LIMITED MUTUAL ASSESSMENT LIFE AND HEALTH
(Appointment Type 12)

In order to be authorized to solicit, negotiate, procure, or effect insurance on behalf of a Mutual Assessment Life and Health Insurance Company, limited to those types specified under Category A of §38.2-3902. of the Code of Virginia:

NOTE: If you are already a licensed Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 12 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **LIMITED MUTUAL ASSESSMENT LIFE AND HEALTH LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Mutual Assessment Life and Health Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 12 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

I. LIMITED MUTUAL ASSESSMENT PROPERTY AND CASUALTY
(Appointment Type 35)

In order to be authorized to solicit, negotiate, procure, or effect insurance on behalf of a Mutual Assessment Property and Casualty Insurance Company, limited to those types specified under Categories A and B of §38.2-2503. of the Code of Virginia:

NOTE: If you are already a licensed Property and Casualty agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 35 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **LIMITED MUTUAL ASSESSMENT PROPERTY AND CASUALTY LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Mutual Assessment Property And Casualty Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 35 appointment to the Bureau Of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

J. LIMITED BURIAL
(Appointment Type 10)

In order to be authorized to solicit, negotiate, procure, or effect group life certificates in amounts of \$5,000 or less on behalf of a burial association that is the group policyholder under an association group contract:

NOTE: If you are already a licensed Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 10 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **LIMITED BURIAL LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 10 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send **YOU** a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

K. MORTGAGE ACCIDENT AND SICKNESS
(Appointment Type 38)

In order to be authorized to solicit, negotiate, procure, or effect Mortgage Accident and Sickness Insurance:

NOTE: If you are already a licensed Life and Health agent, go to Step 7.

1. **YOU** must complete an approved 45 hour Life and Health study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which you have applied for a license. You must have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300A form for Type 01 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. **YOU** may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Life Underwriter (CLU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **LIFE AND HEALTH LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 38 or a Type 01 appointment, depending on the classes of insurance the Company is authorized to sell, to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 7 and repeat through Step 9 for each Company you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

L. MORTGAGE GUARANTY
(Appointment Type 37)

In order to be authorized to solicit, negotiate, procure, or effect Mortgage Guaranty Insurance:

NOTE: If you are already a licensed Property and Casualty agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 37 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **MORTGAGE GUARANTY LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 37 or a Type 30 appointment, depending on the classes of insurance the Company is authorized to sell, to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

M. MUTUAL ASSESSMENT LIFE AND HEALTH
(Appointment Type 02)

In order to be authorized to solicit, negotiate, procure, or effect insurance of all types authorized to be issued by a Mutual Assessment Life and Health Insurance Company:

NOTE: If you are already a licensed Life and Health agent, go to Step 7.

1. YOU must complete an approved 45 hour Life and Health study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which you have applied for a license. You must have completed the employment experience requirement not more than one year before applying for a license.

AND

2. YOU must submit a completed PIN300A form for Type 01 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. YOU may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Life Underwriter (CLU) designation. If so, go to Step 6.

4. The BUREAU OF INSURANCE will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. YOU must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **LIFE AND HEALTH LICENSE** and a result letter if you passed the examination; or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 02 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 7 and repeat through Step 9 for each Company you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Mutual Assessment Life And Health Insurance Company until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

N. MUTUAL ASSESSMENT PROPERTY AND CASUALTY
(Appointment Type 32)

In order to be authorized to solicit, negotiate, procure, or effect insurance of all types authorized to be issued by a Mutual Assessment Property and Casualty Insurance Company:

NOTE: If you are already a licensed Property and Casualty agent, go to Step 7.

1. **YOU** must complete an approved 45 hour Property and Casualty study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which you have applied for a license. You must have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300A form for Type 30 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. **YOU** may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Property and Casualty Underwriter (CPCU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **PROPERTY AND CASUALTY LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 32 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 7 and repeat through Step 9 for each Company you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Mutual Assessment Property And Casualty Insurance Company until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

O. OCEAN MARINE
(Appointment Type 34)

In order to be authorized to solicit, negotiate, procure, or effect Ocean Marine Insurance:

NOTE: If you are already a licensed Property and Casualty agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 34 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you an **OCEAN MARINE LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 32 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

P. OPTOMETRIC SERVICES
(Appointment Type 46)

In order to be authorized to solicit, negotiate, procure, or effect Optometric Services Plan contracts:

NOTE: If you are already a licensed Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 46 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you an **OPTOMETRIC SERVICES LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by an Optometric Services Plan at the time the Plan accepts your first application for a policy.
4. The **OPTOMETRIC SERVICES PLAN** you wish to represent must appoint you by submitting a PIN415A Form for a Type 46 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **PLAN** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Plan an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Plan. Return to Step 3 and repeat through Step 5 for each plan you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Optometric Services Plan until you receive such acknowledgment.

Q. PROPERTY AND CASUALTY

(Appointment Type 30)

Under a **PROPERTY AND CASUALTY LICENSE**, you may solicit, negotiate, procure, and effect the following types of insurance:

Aircraft	Homeowners
Animal	Marine
Boiler and Machinery	Miscellaneous Property
Burglary and Theft	Mortgage Guaranty
Commercial Multi-Peril	Motor Vehicle
Contingent and Consequential Losses	Mut'l Assessment Property & Casualty
Credit	Ocean Marine Insurance
Farmowners	Personal Injury Liability
Fidelity	Property Damage Liability
Fire	Travel Baggage
Glass	Workers' Comp. & Employers' Liability
Home Protection	

In order to be authorized to solicit, negotiate, procure, or effect Property and Casualty Insurance:

1. **YOU** must complete an approved 45 hour study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which the applicant has applied for a license. The applicant shall have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300A form for Type 30 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. **YOU** may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Property and Casualty Underwriter (CPCU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **PROPERTY AND CASUALTY LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The appointment type must be one which is authorized for both the Company and you. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 7 and repeat through Step 9 for each Company you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

R. TITLE
(Appointment Type 33)

In order to be authorized to solicit, negotiate, procure, or effect Title Insurance:

1. **YOU** must submit a completed PIN300A form for Type 33 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.
3. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).
4. The **BUREAU OF INSURANCE** will send you a **TITLE LICENSE** and a result letter if you passed the examination. If you failed the examination, go to Step 9, otherwise proceed with Step 5.
5. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
6. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 33 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
7. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 5 and repeat through Step 7 for each Company you wish to represent.
8. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Title Company until you receive such acknowledgment.
9. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.
10. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 2. You must wait 30 days before you can retake the examination. Proceed from Step 1.

S. TRAVEL ACCIDENT
(Appointment Type 14)

In order to be authorized to solicit, negotiate, procure, or effect Travel Accident Insurance:

NOTE: If you are already a licensed Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 14 along with:
 - a. Certified check, bank or tellers check or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **TRAVEL ACCIDENT LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 14 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

T. TRAVEL BAGGAGE
(Appointment Type 36)

In order to be authorized to solicit, negotiate, procure, or effect Travel Baggage Insurance:

NOTE: If you are already a licensed Property and Casualty agent, go to Step 3.

1. **YOU** must submit a completed PIN405A form for Type 36 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **TRAVEL BAGGAGE LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 36 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

VIII. PROCEDURES OF LICENSING AND APPOINTING AS AGENTS
INDIVIDUALS WHO ARE EMPLOYEES OF A LENDING INSTITUTION,
BANK HOLDING COMPANY, OR SUBSIDIARY THEREOF

Lending Institution Licenses and Appointments are issued only to lending institutions, bank holding companies, or their subsidiaries or affiliates, including any officer or employee. Lending Institution Licenses and Appointments issued to individuals may be converted to their nearest equivalent ordinary licenses and Appointments upon submission of proof that you are no longer an officer or employee of a lending institution, bank holding company, or its subsidiaries or affiliates.

A. LENDING INSTITUTION CREDIT LIFE AND HEALTH
(Appointment Type 23)

In order to be authorized to solicit, negotiate, procure, or effect Credit Life and Credit Accident and Sickness Insurance under a Lending Institution License:

NOTE: If you are already a licensed Lending Institution Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405C form for Type 23 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00
2. The **BUREAU OF INSURANCE** will send you a **LENDING INSTITUTION CREDIT LIFE AND HEALTH LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 23 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

B. LENDING INSTITUTION LIFE AND HEALTH

(Appointment Type 17)

In order to be authorized to solicit, negotiate, procure, or effect Mortgage Accident and Sickness Insurance, Mortgage Redemption Insurance, Annuities purchased for the liquidation or partial liquidation of accounts accumulated in financial institutions, Credit Life and Credit Accident and Sickness Insurance, Nonconvertible Term Life Insurance rounded up to the next \$1,000 limited to amount and duration of a credit transaction and Disability Insurance rounded up to the next \$100 of monthly payment limited to amount and duration of a credit transaction under a Lending Institution License:

1. **YOU** must complete an approved 45 hour Life and Health study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which you have applied for a license. You must have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300C form for Type 17 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. **YOU** may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Life Underwriter (CLU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **LENDING INSTITUTION LIFE AND HEALTH LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 17 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** shall also mail you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 7 and repeat through Step 9 for each Company you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

C. LENDING INSTITUTION MORTGAGE REDEMPTION
(Appointment Type 21)

In order to be authorized to solicit, negotiate, procure, or effect Mortgage Redemption Insurance under a Lending Institution License:

NOTE: If you are already a licensed Lending Institution Life and Health agent, go to Step 3.

1. **YOU** must submit a completed PIN405C form for Type 21 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you a **LENDING INSTITUTION MORTGAGE REDEMPTION LICENSE**.
3. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
4. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 21 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 3 and repeat through Step 5 for each Company you wish to represent.
6. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

D. LENDING INSTITUTION SINGLE INTEREST

(Appointment Type 22)

In order to be authorized to solicit, negotiate, procure, or effect Single Interest Insurance under a Lending Institution License:

1. **YOU** must complete an approved 45 hour Property and Casualty study course. See Appendix A for the list of approved schools.

OR

YOU must have attained equivalent knowledge through employment experience as determined by the Commission. The employment experience shall include no less than one year of full-time experience as an employee of an insurer, an insurance department, an insurance agency, or equivalent employment as determined by the Commission. The employment experience shall have involved the performance of responsible insurance duties in connection with the kind of insurance for which the applicant has applied for a license. The applicant shall have completed the employment experience requirement not more than one year before applying for a license.

AND

2. **YOU** must submit a completed PIN300C form for Type 22 along with:

a. Certificate of Satisfactory Completion from the study course;

OR

b. Evidence of work experience;

AND

c. Certified check, bank or tellers check, or money order for \$15.00.

3. You may request that you be exempted from the written examination if you submit proof that you have attained a Chartered Property and Casualty Underwriter (CPCU) designation. If so, go to Step 6.

4. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.

5. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).

6. The **BUREAU OF INSURANCE** will send you a **LENDING INSTITUTION SINGLE INTEREST LICENSE** and a result letter if you passed the examination, or if the examination was waived. If you failed the examination, go to Step 11, otherwise proceed with Step 7.

7. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.

8. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 22 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.

9. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 7 and repeat through Step 9 for each Company you wish to represent.

10. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.

11. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.

12. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 4. You must wait 30 days before you can retake the examination. If you fail the examination three times, you must retake the 45 hour study course. Proceed from Step 1.

E. LENDING INSTITUTION TITLE
(Appointment Type 19)

In order to be authorized to solicit, negotiate, procure, or effect Title Insurance under a Lending Institution License:

1. **YOU** must submit a completed PIN300C form for Type 19 along with:
 - a. Certified check, bank or tellers check, or money order for \$15.00.
2. The **BUREAU OF INSURANCE** will send you an authority letter within one week from the date the Bureau receives your properly completed form.
3. **YOU** must take this letter with you to any of the examination sites listed in Appendix B. You must take the examination within six months of the date the Bureau received your application. (Applied date is indicated in the letter).
4. The **BUREAU OF INSURANCE** will send you a **LENDING INSTITUTION TITLE LICENSE** and a result letter if you passed the examination. If you failed the examination, go to Step 9, otherwise proceed with Step 5.
5. **YOU** may begin to solicit, negotiate, procure, and effect insurance of the type for which you have received a license; however, you must be appointed by a Company at the time the Company accepts your first application for a policy.
6. The **COMPANY** you wish to represent must appoint you by submitting a PIN415A Form for a Type 19 appointment to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The **COMPANY** must also send you a copy of the Appointment Form within the same 30-day period.
7. The **BUREAU OF INSURANCE** will mail you and the Company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the Company. Return to Step 5 and repeat through Step 7 for each Company you wish to represent.
8. If **YOU** have not received an Acknowledgement of Appointment from the Bureau of Insurance within 45 days of the date of execution of the first insurance application, **YOU** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until you receive such acknowledgment.
9. The **BUREAU OF INSURANCE** will send you two copies of the result letter if you failed the examination.
10. **YOU** must return one copy with another certified check, bank or tellers check, or money order for \$15.00 to the Bureau. Proceed from Step 2. You must wait 30 days before you can retake the examination.

IX. PROCEDURES FOR LICENSING AND APPOINTING AGENCIES
THAT ARE NOT LENDING INSTITUTIONS, BANK HOLDING
COMPANIES, OR SUBSIDIARIES THEREOF

With the exception of Temporary Licenses, agencies may apply for any license type available to individuals. Although, clearly, an agency cannot be expected to take a study course or pass an examination, it is required that an agency be licensed in order to solicit, negotiate, procure, or effect insurance coverage, and/or to receive commissions.

In order to be authorized to solicit, negotiate, procure, or effect insurance as a partnership or corporation:

1. An **AUTHORIZED REPRESENTATIVE** of the agency must submit a completed PIN405B form for the appropriate type along with:

- a. Agency check for \$15.00;
- b. If a corporation, documentation to show that the charter or articles of incorporation grant the agency the specific authority to act as an insurance agency;
- c. If a partnership, documentation to show that the formation of the partnership has been duly recorded in a local court

2. The **BUREAU OF INSURANCE** will send the agency a license of the type requested.

3. The **AGENCY** may begin to solicit, negotiate, procure, and effect insurance of the type of insurance for which it has received a license; however, it must be appointed by a Company at the time the Company accepts its first application for a policy.

4. The **COMPANY** that the agency wishes to represent must appoint it by submitting a PIN415B Form to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The appointment date must be one which is authorized for both the Company and the agency. The **COMPANY** must also send the agency a copy of the Appointment Form within the same 30-day period.

5. The **BUREAU OF INSURANCE** will mail the agency and the company an Acknowledgement Of Appointment within five days of receipt of the properly completed Appointment Form from the company. Return to Step 3 and repeat through Step 5 for each company the agency wishes to represent.

6. If the **AGENCY** has not received an Acknowledgement Of Appointment from the Bureau Of Insurance within 45 days of the date of execution of the first insurance application, the **AGENCY** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the Company until it receives such acknowledgment.

7. It is important to note that licensing and appointment of an agency does not convey any rights to individual partners, officers, directors, or employees of the agency. Each individual must obtain appropriate licenses and appointments in his or her own name in order to transact business or receive commissions.

8. Applicants for nonresident licenses should refer to Section XI.G. of these procedures.

**X. PROCEDURES FOR LICENSING AND APPOINTING AGENCIES
THAT ARE LENDING INSTITUTIONS, BANK HOLDING
COMPANIES, OR SUBSIDIARIES THEREOF**

With the exception of Temporary Licenses, agencies may apply for any license type available to individuals. Although, clearly, an agency cannot be expected to take a study course or pass an examination, it is required that an agency be licensed in order to solicit, negotiate, procure, or effect insurance coverage, and/or to receive commissions.

Lending Institution licenses and appointments are issued only to lending institutions, bank holding companies, or their subsidiaries or affiliates. Lending Institution licenses and appointments may be converted to their nearest equivalent ordinary licenses and appointments upon submission of proof that the agency is no longer a lending institution, bank holding company, or a subsidiary or affiliate thereof.

In order to be authorized to solicit, negotiate, procure or effect insurance as a partnership or corporation:

1. An **AUTHORIZED REPRESENTATIVE** of the agency must submit a completed PIN415C form for the appropriate type along with:
 - a. Agency check for \$15.00;
 - b. If a corporation, documentation to show that the charter or articles of incorporation grant the agency the specific authority to act as an insurance agency;
 - c. If a partnership, documentation to show that the formation of the partnership has been duly recorded in a local court.
2. The **BUREAU OF INSURANCE** will send the agency a license of the type requested.
3. The **AGENCY** may begin to solicit, negotiate, procure, and effect insurance of the type of insurance for which it has received a license; however, it must be appointed by a company at the time the company accepts its first application for a policy.
4. The **COMPANY** that the agency wishes to represent must appoint it by submitting a PIN415B Form to the Bureau of Insurance within 30 days of the date of execution of the first insurance application. The appointment type must be one which is authorized for both the company and the agency. The **COMPANY** must also send the agency a copy of the Appointment Form within the same 30-day period.
5. The **BUREAU OF INSURANCE** will mail the agency and the company an Acknowledgement Of Appointment Form within five days of receipt of the properly

completed Appointment Form from the company. Return to Step 3 and repeat through Step 5 for each company the agency wishes to represent.

6. If the **AGENCY** has not received an Acknowledgement Of Appointment from the Bureau Of Insurance within 45 days of the date of execution of the first insurance application, the **AGENCY** must cease soliciting, negotiating, procuring, or effecting insurance on behalf of the company until it receives such acknowledgment.

7. It is important to note that licensing and appointment of an agency does not convey any rights to individual partners, officers, directors, or employees of the agency. Each individual must obtain appropriate licenses and appointments in his or her own name in order to transact business or receive commissions.

8. Applicants for nonresident licenses should refer to Section XI.G. of these procedures.

XI. MISCELLANEOUS PROCEDURES

A. Certifications

May be requested by the company or individual. Must include Social Security number, number of certifications being requested, and a self-addressed envelope. There is NO FEE.

B. Clearance Letters

Clearance letters must be requested by the individual, providing the Social Security number, the state the agent is moving to, and a self-addressed envelope. Request must be signed by the individual. All licenses and appointments will be terminated once an agent is cleared to another state. There is NO FEE.

C. Licensing Forms and Fees

Agent is required to submit a fee of 15.00 when applying for a license. Fee must be submitted in the form of a certified check, bank or tellers check, or money order.

NOTE: Motor Club License fee is \$2.00.

APPLICATION FORM PIN300A - FEE: \$15.00

This form is to be used for individuals applying for license types requiring a written examination. It may be used to apply for both resident and nonresident licenses.

1. Apply for license type 01 (LIFE AND HEALTH) if application is for:

LIFE AND HEALTH
BURIAL
COOPERATIVE NONPROFIT LIFE BENEFIT
MUTUAL ASSESSMENT LIFE AND HEALTH
MORTGAGE ACCIDENT AND SICKNESS
LIFE AND HEALTH INSURANCE CONSULTANT (preliminary
to applying for Consultant's License)

2. Apply for license type 30 (PROPERTY AND CASUALTY) if application is for:

PROPERTY AND CASUALTY
MUTUAL ASSESSMENT PROPERTY AND CASUALTY
PROPERTY AND CASUALTY INSURANCE CONSULTANT (preliminary
to applying for Consultant's License)

3. Apply for license type 33 (TITLE) if application is for:

TITLE

4. Apply for license type 40 (HEALTH) if application is for:

HEALTH

APPLICATION FORM PIN405A - FEE: \$15.00

This form is to be used for individuals applying for license types not requiring a written examination administered by the Commission. It may be used to apply for both resident and nonresident licenses. Form PIN405A may be used to request the following license types:

- 03 - TEMPORARY LIFE AND HEALTH (Death or Disability of Agent, Sale of Agency)
- 06 - TEMPORARY LIFE AND HEALTH (Debit)
- 09 - VARIABLE LIFE AND ANNUITY (Proof of passing NASD exam must be submitted)
- 10 - LIMITED BURIAL
- 12 - LIMITED MUTUAL ASSESSMENT LIFE AND HEALTH
- 14 - TRAVEL ACCIDENT
- 15 - CREDIT LIFE AND HEALTH
- 31 - TEMPORARY PROPERTY AND CASUALTY
- 34 - OCEAN MARINE
- 35 - LIMITED MUTUAL ASSESSMENT PROPERTY AND CASUALTY
- 36 - TRAVEL BAGGAGE
- 37 - MORTGAGE GUARANTY
- 41 - LEGAL SERVICES
- 45 - DENTAL SERVICES
- 46 - OPTOMETRIC SERVICES

APPLICATION FORM PIN300C - FEE: \$15.00

This form is to be used for individuals applying for **LENDING INSTITUTION** license types requiring a written examination. It may be used to apply for both resident and nonresident licenses. Form PIN300C may be used to apply for the following license types:

- 17 - LENDING INSTITUTION LIFE AND HEALTH
- 19 - LENDING INSTITUTION TITLE
- 22 - LENDING INSTITUTION SINGLE INTEREST

APPLICATION FORM PIN405C - FEE: \$15.00

This form is to be used for individuals applying for **LENDING INSTITUTION** license types not requiring a written examination. It may be used to apply for both resident and nonresident licenses. Form PIN405C may be used to apply for the following license types:

- 21 - LENDING INSTITUTION MORTGAGE REDEMPTION
- 23 - LENDING INSTITUTION CREDIT LIFE AND HEALTH

INDIVIDUAL APPOINTMENT FORM PIN415A
FEE: \$7.00 - APPOINTING INSURERS WILL BE BILLED QUARTERLY

This form may be used by ALL insurers for appointment of individuals under any appointment type. The appointing company should be careful to make certain that the appointment type is within both the company's and agent's authority.

AGENCY LICENSE APPLICATION FORM PIN405B - FEE: \$15.00

This form may be used by any partnership or corporation, other than banks, lending institutions, bank holding companies, or their subsidiaries. It may be used to apply for both resident and nonresident licenses. Form PIN405B may be used by agencies to apply for the following license types:

- 01 - LIFE AND HEALTH
- 02 - MUTUAL ASSESSMENT LIFE AND HEALTH
- 09 - VARIABLE LIFE AND ANNUITY
- 10 - LIMITED BURIAL
- 11 - BURIAL
- 12 - LIMITED MUTUAL ASSESSMENT LIFE AND HEALTH
- 13 - COOPERATIVE NONPROFIT LIFE BENEFIT
- 14 - TRAVEL ACCIDENT
- 15 - CREDIT LIFE AND HEALTH
- 30 - PROPERTY AND CASUALTY
- 32 - MUTUAL ASSESSMENT PROPERTY AND CASUALTY
- 33 - TITLE
- 34 - OCEAN MARINE
- 35 - LIMITED MUTUAL ASSESSMENT PROPERTY AND CASUALTY
- 36 - TRAVEL BAGGAGE
- 37 - MORTGAGE GUARANTY
- 38 - MORTGAGE ACCIDENT AND SICKNESS
- 40 - HEALTH
- 41 - LEGAL SERVICES
- 45 - DENTAL SERVICES
- 46 - OPTOMETRIC SERVICES

AGENCY APPLICATION FORM PIN415C - FEE: \$15.00

This form may be used by any partnership or corporation that is a bank, lending institution, bank holding company, or subsidiary thereof, to apply for **LENDING INSTITUTION** licenses. It may be used to apply for both resident and nonresident licenses. Form PIN415C may be used by such agencies to apply for the following license types:

- 17 - LENDING INSTITUTION LIFE AND HEALTH
- 19 - LENDING INSTITUTION TITLE
- 21 - LENDING INSTITUTION MORTGAGE REDEMPTION
- 22 - LENDING INSTITUTION SINGLE INTEREST
- 23 - LENDING INSTITUTION CREDIT LIFE AND HEALTH

AGENCY APPOINTMENT FORM PIN415B
FEE: \$7.00 - APPOINTING INSURERS WILL BE BILLED QUARTERLY

This form may be used by ALL insurers for appointment of partnerships and corporations under any appointment type. The appointing company should be careful to make certain that the appointment type is within both the company's and the agency's authority.

APPOINTMENT FEES AND BILLING

Quarterly Billing - Applicable to all appointments except Motor Club.

In October, January, and April of each year, each company will be sent a list of all agents and agencies appointed by the company during the preceding quarter. This list will include agents and agencies appointed during that quarter even if they were also cancelled during that quarter.

The company will also receive a cover sheet summarizing the totals from the list and indicating the total amount payable. The fee is \$7.00 for each appointment made.

The cover sheet must be returned to the Bureau, along with the total fee shown, before the last day of the month in which it is received by the company.

Fourth Quarter Billing and Annual Renewal

In July of each year, each company will be sent a list including all agents and agencies appointed by the company during the preceding quarter, as well as all agents and agencies then actively appointed by the company. Agents and agencies who were appointed during the fourth quarter will appear twice, once for original appointment and once for renewal.

All agent and agency appointments are automatically renewed unless cancelled by June 30th. The company, then, must pay the renewal fee for all agents and agencies in the list, even if it determines that some are to be cancelled.

The company will receive a cover sheet summarizing the total number of appointments made in the fourth quarter and the total number of renewals, resulting in a total fee due. This total fee must be returned to the Bureau, along with the cover sheet, by the last day of July.

D. Cancellation of Appointment

Whether at renewal time or any other time, a company wishing to terminate an agent's or agency's appointment must notify the agent or agency of its decision within five days. Within 30 days, the company, by its designated representative, must submit a completed PIN492A Form to the Bureau. Upon receipt of the PIN492A Form, the Bureau will record the appointment termination. If the termination was for cause, the Bureau may contact the company to request additional information.

An agent's or agency's license will terminate automatically at any time that a period of six months has elapsed during which time the agent or agency has no active appointments of a type authorized under that license.

E. Licensing Requirements for Agents Moving Into Virginia

1. All licensing requirements applicable to resident agents must be satisfied by agents moving into Virginia from other states. Waiver of study courses and/or examinations will be considered on the same grounds as explained in Section IV. of these procedures.

2. Virginia residence must be established before license applications can be considered.

3. Agents who had been licensed as nonresident Virginia agents will have all such nonresident licenses automatically terminated upon becoming Virginia residents, and no Virginia resident licenses can be issued until all resident agent prelicensing requirements have been met.

4. Agents who had been appointed as nonresident Virginia appointees will have all such nonresident appointments automatically terminated upon becoming Virginia residents. Upon receipt of resident agent licenses, such agents must seek new appointments from each company they wish to represent. Nonresident appointments are not transferable to resident appointments.

5. In addition to the requirements set forth in Section IV. of these procedures, the applicant must submit a clearance letter from his or her former state of residence.

F. Licensing Requirements for Nonresident Agents

1. Any license type that can be issued to a resident agent can also be issued to a nonresident agent.

2. Nonresident applicants may apply for licensing as nonresident agents by providing certification from the insurance department of their state or province of residence:

- a. That the applicant is licensed (or if the state or province does not issue licenses for the classes involved, that the applicant is authorized or permitted) in that state or province to solicit, negotiate, procure, or effect the classes of insurance for which the license is being sought in Virginia;
- b. That the applicant is conducting the business of insurance in that state or province in a satisfactory manner; and
- c. That such state or province will issue a license to a similarly qualified Virginia resident.

3. It is most important to remember that a nonresident license is dependent upon continuation of the agent's authority in his or her state or province of residence. If the agent's license or authority to act as an agent in his or her state or province of residence, for the same classes as his or her nonresident Virginia license, is revoked, suspended, or otherwise terminated, his or her nonresident Virginia license for such classes of insurance is automatically void.

G. Licensing Requirements for Nonresident Agencies

1. Any license type that can be issued to a resident agency can also be issued to a nonresident agency.

2. An agency will be considered nonresident, regardless of its business address, if it is incorporated (if a corporation) or formed (if a partnership) in any state or province other than Virginia.

3. In addition to submission of appropriate licensing forms and fees, nonresident agency applicants must submit with their applications a certification from the insurance department of the agency's state or province of domicile that:

- a. The applicant is licensed or otherwise authorized in that state or province to solicit, negotiate, procure, or effect the classes of insurance for which a Virginia license is being sought;
- b. The applicant is conducting the business of insurance in that state or province in a satisfactory manner;
- c. If the applicant is a corporation, it is authorized in its charter or other papers of incorporation to act as an insurance agent;
- d. If the applicant is a partnership, its existence is properly recorded pursuant to the laws of the state or province of domicile; and
- e. The other state or province will issue a license to a similarly qualified Virginia applicant.

H. Name and Address Changes

Each licensed agent is required by law to notify this Bureau in writing of any change of residence or name. Include in request:

1. Social Security Number;
2. Old Address/Name;
3. New Address/Name;
4. Copy of Divorce Decree if agent is changing current name to a previous name.

Any licensed agent who has moved his residence from this Commonwealth shall have all licenses terminated by the Commission.

I. Temporary Licenses and Appointments

1. Temporary licenses and appointments may be issued to individuals not qualified for a permanent license and appointment in the following circumstances:

- a. Upon the death of an agent, to his personal representative, surviving spouse, employee or next of kin;
- b. Upon the inability of an agent to act because of sickness, injury, or mental incapacity, to his spouse, next of kin, employee or legal representative;
- c. Upon the sale of an agent's business, to any person employed in the business, or if none available, to any person deemed suitable by the Commission;
- d. To an applicant who is to be an appointed agent of a combination insurer, (Type 06) and who will be assigned a debit and will actually collect the premiums on insurance contracts during the period of such temporary license. A "combination insurer" means an insurer selling industrial or ordinary life insurance or accident and sickness insurance on a debit, where the premiums are payable at least monthly directly by the owner of the policy or a person representing the owner to a representative of the insurer.

2. Maximum duration of a temporary license and appointment is 90 days from the issue date of the license.

3. An individual can be issued ONLY ONE temporary license of each kind during his or her lifetime.

4. To request a Temporary License:

- a. Submit PIN405A with a certified check, bank or tellers check, or money order for \$15.00.

5. To request a Temporary Appointment:

- a. Company submits a completed PIN405A for license types 03, 06, or 31.

J. Insurance Consultants

1. Anyone who, for a fee, advises or purports to advise in the area of Life Insurance, Accident and Sickness Insurance, Property and Casualty Insurance, or Health Care Services as defined in the Code of Virginia is required to be licensed as an insurance consultant. The only exceptions are:

- a. A licensed attorney acting in a professional capacity;
- b. A trust officer of a bank acting in the normal course of his or her employment;

- c. An actuary or certified public accountant who consults during the normal course of business;
 - d. Any person employed as a risk manager and who consults for his or her employer only.
2. There are two types of licenses available:

Life and Health Insurance Consultant
Property and Casualty Insurance Consultant

If you wish to consult in both fields, you must apply for both licenses, using two separate applications.

3. In order to become a licensed insurance consultant:
- a. You must first become a licensed agent in the field of insurance in which you wish to consult, including satisfaction of all prelicensing requirements.
 - b. You must then submit a completed PIN370A Form along with a certified check, bank or tellers check, or money order for \$50.00.
 - c. Nonresident applicants must also submit a certification from the insurance department of their state of residence that:
 - (i) the applicant is licensed in that state or province as an insurance consultant;
 - (ii) the applicant is conducting the business of consulting in such state or province in a satisfactory manner; and
 - (iii) such other state or province will issue a license to a similarly qualified applicant from Virginia.

4. Corporations and partnerships seeking consultant licenses must first satisfy all Life and Health agency or Property and Casualty agency requirements. Once so licensed, such agencies may apply for consultant licenses using a PIN370A Form and submitting an agency check in the sum of \$50.00. The applicant, if a corporation, must submit documentation to show that it has specific authority in its charter or articles of incorporation to act as an insurance consultant; and if a partnership, that its existence is properly recorded pursuant to the laws of its state or province of domicile.

5. Nonresident applicants must also submit a certification from the insurance department of the state of domicile that:

- a. The applicant is licensed in that state or province as an insurance consultant;

- b. The applicant is conducting the business of consulting in such state or province in a satisfactory manner; and
- c. Such other state or province will issue a license to a similarly qualified applicant from Virginia.

6. Upon receipt of a completed PIN370A Form and licensing fee, the BUREAU OF INSURANCE will send the consultant the appropriate license.

7. It should be noted that if a financial planner/insurance consultant is also dealing in the area of securities, he or she must also contact the Division of Securities of the State Corporation Commission of Virginia with regard to additional registration requirements.

K. Requesting Forms

Requests for forms must be submitted IN WRITING along with a self-addressed envelope or mailing label to:

Agents Licensing Section
Bureau of Insurance
State Corporation Commission
Post Office Box 1157
Richmond, Virginia 23209

APPENDIX A

May 22, 1987

LIST OF APPROVED SCHOOLS FOR PROSPECTIVE
VIRGINIA LIFE AND HEALTH AGENTS

TIDEWATER INSURANCE INSTITUTE

4970 Cleveland Street
Virginia Beach, Virginia 23462
Contact: Don Overman
PH: 804-499-8802

**THE RICHMOND VIRGINIA ASSOCIATION OF
LIFE UNDERWRITERS**

1380 Castleton Road
Richmond, Virginia 23225
Contact: Mrs. Maxine W. Winn
Executive Secretary
PH: 804-282-5144

INVESTMENT INSTITUTE

THE BLITZ SCHOOL
23077 Greenfield LL 11
Southfield, Michigan 48075
Contact: Mr. Harry G. Turner, CLU
PH: 800-521-3395

INSURANCE SEMINARS

121 Avebury Drive
Richmond, Virginia 23236
Contact: Mr. Gordon B. Lawrence, Director
PH: 804-794-9117

DANVILLE COMMUNITY COLLEGE

1008 South Main Street
Danville, Virginia 24541
Contact: Mr. Max R. Glass, Director
Continuing Education
PH: 804-797-3553

VIRGINIA HIGHLANDS COMMUNITY COLLEGE

P. O. Box 828
Abingdon, Virginia 24210
Contact: Dr. Ashe
PH: 703-628-6094

ROANOKE COUNTY SCHOOLS

526 South College Avenue
Salem, Virginia 24153
Contact: Mr. Garland J. Kidd
Supervisor, Marketing
and Distributive
Education
PH: 703-387-6450

**J. SARGEANT REYNOLDS
COMMUNITY COLLEGE**

P. O. Box 12084
Richmond, Virginia 23241
Contact: Mr. N. C. Peterson, Jr.
Director of Continuing
Education
PH: 804-264-3250

ARLINGTON PUBLIC SCHOOLS

2700 S. Lang Street
Arlington, Virginia 22206
Contact: Mr. Paul J. Hartman
Supervisor
Marketing and Distributive
Education
PH: 703-684-8188

BEDSOLE SCHOOL OF INSURANCE

5204-B Rolling Road
Burke, Virginia 22015
Contact: Mr. Bedsole
PH: 703-323-5565

UNITED VIRGINIA ASSOCIATES, INC.

7921-A West Broad Street #105
Richmond, Virginia 23229
Contact: Robert Barlow
PH: 804-747-1428

RADFORD UNIVERSITY

Department of Business
Radford, Virginia 24142
Contact: Dr. Clarence C. Rose
Associate Professor,
Department of Business
PH: 703-831-5218

FAIRFAX COUNTY PUBLIC SCHOOLS

Department of Vocational, Adult
and Community Education
7510 Lisle Avenue
Falls Church, Virginia 22043
Contact: Mr. Russell L. Crosier
Acting Director
PH: 703-893-1090

EASTERN SHORE COMMUNITY COLLEGE

Route 1, Box 6
Melfa, Virginia 23410-9755
Contact: Mr. Roy J. Mink, Jr., Chairman
Division of Applied Arts & Sciences
PH: 804-787-3972

A.L. WILLIAMS

2302 Parklake Drive, N.E.
Suite 260
Atlanta, Georgia 30345
Contact: Mr. Kevin S. King
General Counsel
PH: 404-934-9472

ESTATE PLANNING SERVICE

712 Spruce Street
P. O. Box 4906
Martinsville, Virginia 24115
Contact: Mr. Charles D. Willis, Jr.
Agency Director
PH: 703-632-9192

THE DAVIS INSURANCE AGENCY

United Bank Building, Suite 110
9401 Indian Head Highway
P. O. Box 55496
Fort Washington, Maryland 20744
Contact: William H. Davis, General Agent
PH: 301-248-4400

LEGG, MASON, WOOD, WALKER, INC.

7 East Redwood Street
Baltimore, Maryland 21203
Contact: Mr. Lee Josephs
PH: (301) 539-3400

VIRGINIA WESTERN COMMUNITY COLLEGE

3095 Colonial Avenue, S.W.
P. O. Box 14065
Roanoke, Virginia 24038
Contact: Mr. Ronald L. Coleman
Director, Continuing Education
PH: (703) 982-7281

HAMPTON CITY SCHOOLS

1819 Nickerson Boulevard
Hampton, Virginia 23663
Contact: Mr. Barry L. Buchanan
Director, Adult Education
PH: 804-838-9559

**BROKERS INSURANCE LICENSE SERVICES,
INC.**

144 East 37th Street
New York, New York 10016
Contact: Mr. Eugene T. Hay, President
PH: 212-679-4600

JOHNSON'S SCHOOL OF INSURANCE

1310 E. Ocean View Avenue
Norfolk, Virginia 23503
Contact: Mr. Claude D. Johnson, CLU
PH: 804-587-3970

WHEAT INSURANCE SERVICES

707 East Main Street
Richmond, Virginia 23219
Contact: Mr. Richard D. Adams
Vice President
PH: 804-649-2311

PATRICK HENRY COMMUNITY COLLEGE

P. O. Drawer 5311
Martinsville, Virginia 24115
Contact: Anne Burgess
PH: 703-638-8777

BLUE RIDGE COMMUNITY COLLEGE

Box 80
Weyers Cave, Virginia 24486
Contact: Craig Weidemann
Director of Continuing
Education
PH: 703-234-9261

FIRST FINANCIAL GROUP

707 East Main Street
Richmond, Virginia
PH: 804-643-3591

SOUTHWEST VIRGINIA COMMUNITY COLLEGE

Richlands, Virginia 24641
Contact: Mr. Frank Horton
PH: 703-964-2555

AMERICAN ACADEMY OF INSURANCE

869 Chimney Hill Shopping Center
Virginia Beach, Virginia 23452
Contact: Alan Harvie

BLUERIDGE COMMUNITY COLLEGE

P. O. Box 80
Weyers Cave, Virginia 24486
Contact: Mrs. Stroop
PH: 703-234-9261

**PIEDMONT VIRGINIA COMMUNITY
COLLEGE**

Route 6, Box 1A
Charlottesville, Virginia 22901
Contact: Forrest McKay
PH: 804-977-3900

LORD FAIRFAX COMMUNITY COLLEGE

P. O. Box 47
Middletown, Virginia 22645
Contact: Ronald Ludwick
PH: 703-869-1120

KING COLLEGE

Bristol, Tennessee 37620
Contact: James Davis
PH: 615-968-1187

THE INSURANCE SCHOOL

P. O. Box 1396
Roanoke, Virginia 24007
Contact: Horace McDaniel
PH: 703-563-9014

WYTHEVILLE COMMUNITY COLLEGE

1000 East Main Street
Wytheville, Virginia 24382
Contact: Lee Hall
PH: 703-228-5541

MT. EMPIRE COMMUNITY COLLEGE

Drawer 700
Big Stone Gap, Virginia 24219
Contact: Sue Blackwell
PH: 703-386-9484

RAPPAHANNOCK COMMUNITY COLLEGE

North Campus
Warsaw, Virginia 22572
Contact: Ron Carter
PH: 804-333-4024

INVESTMENT PLANNING SERVICES, INC.

10335 Democracy Lane
Fairfax, Virginia 22030
Contact: Jarratt Bennett
PH: 703-352-9100

HELMS & ASSOCIATES

412 Fourth Avenue
Farmville, Virginia 23901
Contact: James Helms
PH: 804-392-5281

STOUT INSURANCE AGENCY

608 Cardimon Drive
Virginia Beach, Virginia 23462
Contact: Mr. Stout
PH: 804-420-5818

**NORFOLK ASSOCIATION OF LIFE
UNDERWRITERS**

Contact: Matt Marshall
PH: 804-461-4945

ACQUISITION & MERGER CONSULTANTS, INC.

P. O. Box 2273
Virginia Beach, Virginia 23452
Contact: C. W. Blaylock
PH: 804-340-3025

NEW RIVER COMMUNITY COLLEGE

Drawer 1127
Dublin, Virginia 24084
Contact: Ronald Chaffin
PH: 703-674-4121

PROFESSIONAL TRAINING INSTITUTE, INC.

121 Belle Forest Circle
Nashville, Tennessee 37221
Contact: Sidney Goodwin
PH: 1-800-621-1314

SUFFOLK INSURANCE CORPORATION

P. O. Box 1280
202 Market Street
Suffolk, Virginia 23434
Contact: John Woleben
PH: 804-539-9988

WESTERN VIRGINIA INSURANCE, INC.

P. O. Box 1118
Pulaski, Virginia 24301
Contact: Charles Shomo
PH: 703-980-6485

THOMAS MCKINNON SECURITIES, INC.

1705 H Street, N.W.
Washington, D.C. 20006
Contact: Robert Cowden
PH: 202-872-6500

DEAN WITTER REYNOLDS, INC.

700 Building, 7th & Main Streets
Richmond, Virginia 23215
Contact: Walter Ellis
PH: 804-644-1142

BLUE RIDGE COMMUNITY COLLEGE
Box 80
Weyers Cave, VA 24486
Contact: Mrs. Betty Stroop
PH: 703-234-9261 EXT. 216

DANVILLE COMMUNITY COLLEGE
Danville, VA 24541
Contact: Dr. Max R. Glass
Dr. Harold D. Henry
PH: 804-797-3553, EXT. 230 or 274

**DISTRIBUTIVE EDUCATION SERVICE
ARLINGTON PUBLIC SCHOOLS**
2700 S. Lang Street
Arlington, VA 22206
Contact: Paul J. Hartman
Sharon Anderson
Jeanne Ainslie
PH: 703-684-8188

**DISTRIBUTIVE EDUCATION SERVICE
HAMPTON CITY SCHOOLS**
1300 Thomas Street
Hampton, VA 23669
Contact: Mr. Barry Buchanan
PH: 804-727-6432

**DISTRIBUTIVE EDUCATION SERVICE
HENRICO COUNTY SCHOOLS**
P. O. Box 40
Highland Springs, VA 23075
Contact: Mr. James B. Farr
PH: 804-737-3515

**INDEPENDENT INSURANCE AGENTS OF
VIRGINIA, INC.**
8600 Mayland Drive
Richmond, VA 23229
Contact: Mr. Ted Smith
PH: 804-747-9300

INSURANCE SEMINARS, INC.
121 Avebury Drive
Richmond, VA 23236
PH: (804) 794-9117

**J. SARGENT REYNOLDS COMM.
COLLEGE**
Box 12084
Richmond, VA 23241
Contact: Mr. N. C. Peterson, Jr.
PH: 804-264-3250

**PATRICK HENRY COMMUNITY
COLLEGE**
P. O. Drawer 5311
Martinsville, VA 24112
Contact: Glenn Main
PH: 703-638-8777

RAPPAHANNOCK COMMUNITY COLL
South Campus
Glenns, Virginia 23149
Contact: Mr. Rich Ughetto
PH: 804-758-5324

ROANOKE COUNTY SCHOOLS
526 College Avenue
Salem, VA 24153
Contact: Mr. Garland J. Kidd
PH: 703-387-6450

**SOUTHWEST VIRGINIA COMMUNITY
COLLEGE**
Richlands, VA 24641
Contact: Mr. Carl Painter
PH: 703-964-2555

**VIRGINIA HIGHLANDS COMMUNITY
COLLEGE**
P. O. Box 828
Abingdon, VA 24210
Contact: Mr. Hubert J. Ashe
PH: 703-628-6094 EXT. 201 or 230

A.D. BANKER AND COMPANY
10955 Lowell, Suite 530
Overland Park, Kansas 66212
Contact: Mr. Leon Anderson
Director of Education
PH: 1-(800) 255-0408

**VIRGINIA WESTERN COMMUNITY
COLLEGE**
3095 Colonial Avenue, S.W.
P. O. Box 14065
Roanoke, Virginia 24038
Contact: Mr. Ronald L. Coleman
Director of Continuing Ed.
PH: (703) 982-7281

TIDEWATER INSURANCE INSTITUTE

4970 Cleveland Street
Virginia Beach, Virginia 23462
Contact: Don Overman
PH: 804-499-8802

PIEDMONT VIRGINIA COMMUNITY COLLEGE

Route 6, Box 1A
Charlottesville, Virginia 22901
Contact: Mr. C. Forrest McKay
PH: 804-977-3900

FAIRFAX COUNTY PUBLIC SCHOOLS

Department of Vocational Adult and
Community Education
7510 Lisle Avenue
Falls Church, Virginia 22043
Contact: Judy Patton

LORD FAIRFAX COMMUNITY COLLEGE

P. O. Box 47
Middletown, Virginia 22645
Contact: Ronald Ludwick
PH: 703-869-1120

BUCOVA INSURANCE AGENCY, INC.

114 Walnut Street
Grundy, Virginia 24614-1023
Contact: Joe Honto
PH: 703-935-2144

HEALTH INSURANCE SCHOOLS FOR PROSPECTIVE
VIRGINIA HEALTH AGENTS

FAIRFAX COUNTY PUBLIC SCHOOLS

7510 Lisle Avenue
Falls Church, Virginia
Contact: Judy Patton
PH: 703-893-1090

APPENDIX B

EXAMINATION SITES AND SCHEDULES

Before appearing to take any examination, an applicant must have submitted an Application for Examination to the Bureau of Insurance and received a Letter of Authorization in return. This letter and a valid drivers license (or other legal photo i.d.) must be presented at the examination site. Failure to provide the Letter of Authorization will result in the applicant not being allowed to sit for the examination.

You can take the examination at the following locations on the dates and times shown, except on legal holidays shown below or when closed due to emergency weather conditions at the testing site:

J. SARGEANT REYNOLDS COMMUNITY COLLEGE, Building B, Room 362, 1615 East Parham Road, Richmond, Virginia. The examination can be taken any weekday except those holidays listed below Exam starts at 2:00 p.m. and ends at 4:00 p.m. The capacity at J. Sargeant Reynolds is 40 examinees.

VIRGINIA HIGHLANDS COMMUNITY COLLEGE, Abingdon, Virginia. First and third Thursday of each month. Exam starts at 11:30 a.m. and ends at 1:30 p.m. Report to the office of the Director of Continuing Education.

PATRICK HENRY COMMUNITY COLLEGE, Martinsville, Virginia. First and third Saturday of each month. Exam starts at 9:00 a.m. and ends at 11:00 a.m. The capacity at Patrick Henry Community College is 50 examinees. Report to Administration Building, Room 119.

VIRGINIA WESTERN COMMUNITY COLLEGE, 3095 Colonial Avenue, S.W., Roanoke, Virginia. Second and fourth Saturday of each month. Exam starts at 9:30 a.m. and ends at 11:30 a.m. The capacity at Virginia Western is 40 examinees. The exam will not be given on the Saturday after Thanksgiving or Christmas. Report to Craig Hall, Room 103, South Campus.

TIDEWATER COMMUNITY COLLEGE (Virginia Beach Campus only), 1700 College Crescent (off Princess Anne Road), Virginia Beach, Virginia. Second and fourth Thursday of each month. Exam starts at 2:00 p.m. and ends at 4:00 p.m. Report to Kempsville Building, Room 114. The capacity at Tidewater Community College is 30 examinees.

BLUE RIDGE COMMUNITY COLLEGE, Weyers Cave, Virginia. First and third Thursday of each month. Exam starts at 1:00 p.m. and ends at 3:00 p.m. Report to the office of the Director of Continuing Education.

PIEDMONT COMMUNITY COLLEGE, Charlottesville, Virginia. First and third Thursday of each month. Exam starts at 2:00 p.m. and ends at 4:00 p.m. Report to the office of Extended Learning Opportunities.

FAIRFAX COUNTY PUBLIC SCHOOLS, 7510 Lisle Avenue, Falls Church, Virginia (Pimmit Hills Center, Room 4). Second and fourth Tuesdays of each month. Exam starts at 1:00 p.m. and ends at 3:00 p.m. Seating capacity is 30 examinees.

HOLIDAYS

May 25, 1987; July 4, 1987; September 7, 1987; October 12, 1987; November 3, 1987; November 11, 1987; November 26, 1987; December 24, 1987; December 25, 1987.

APPLICATION FOR LICENSE WHEN AN EXAMINATION IS REQUIRED - \$15.00

IF YOU ARE AN EMPLOYEE OF A BANK, LENDING INSTITUTION, BANK HOLDING COMPANY OR ANY SUBSIDIARY THEREOF, YOU MUST SUBMIT FORM P10300 IN LIEU OF THIS FORM.

Social Security Number		License Type * (See Codes Below)	
Name (First, Middle, Last)		Home Address (Street)	
City		State	ZIP
Home Phone	Business Phone	Birthdate (Month, Day, Year)	
Business Address (Street)		City	
State ZIP		Tradename	
<input type="checkbox"/> CLU Exam for License type 01 will be waived if checked and required proof is attached		<input type="checkbox"/> CPCU Exam for License type 30 will be waived if checked and required proof is attached	

*LICENSE TYPES

01 LIFE AND HEALTH 30 PROPERTY AND CASUALTY 33 TITLE 40 HEALTH

PART I NOTARIAL ACKNOWLEDGEMENT REQUIRED OF ALL APPLICANTS

STATE OF _____

COUNTY OR CITY OF _____

_____ being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained on both sides of this application are true and correct.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19____

MY COMMISSION EXPIRES _____ DAY OF _____ 19____

Signature of Notary

THIS APPLICATION, ACCOMPANIED BY THE PRESCRIBED FEE OF \$15.00 MUST BE FILED WITH THE BUREAU OF INSURANCE OF THE STATE CORPORATION COMMISSION AND ACKNOWLEDGED BY THE BUREAU OF INSURANCE BEFORE THE APPLICANT MAY BE AUTHORIZED TO TAKE THE EXAMINATION. THE FEE IS NOT REFUNDABLE; AND IF THE APPLICANT FAILS TO APPEAR FOR THE EXAMINATION WITHIN SIX MONTHS FROM THE DATE THE APPLICATION IS RECEIVED BY THE BUREAU, THE APPLICATION WILL BE CONSIDERED VOID. THE LICENSE WILL ENTITILE THE APPLICANT TO SECURE AN APPOINTMENT UPON PROPER REQUEST BY A DULY LICENSED COMPANY, PROVIDED THE FIRST SUCH REQUEST IS MADE WITHING SIX MONTHS AFTER ISSUANCE OF THE LICENSE. THE APPLICATION FEE OF \$15.00 MUST BE IN THE FORM OF A CERTIFIED CHECK, BANK OR TELLERS CHECK, OR MONEY ORDER, MADE PAYABLE TO THE STATE CORPORATION COMMISSION OF VIRGINIA. PERSONAL CHECKS AND CASH ARE NOT ACCEPTABLE.

-
1. Are you presently licensed or appointed in the Commonwealth of Virginia to transact the business of insurance? _____
 2. Are you presently authorized in any other state or other jurisdiction to transact the business of insurance? _____
 3. Has any insurance company had your authority to transact the business of insurance cancelled other than for non-production? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
 4. Has this or any other insurance department ever refused to allow you the authority to transact the business of insurance or suspended or revoked such authority? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
 5. Have you ever been convicted of a violation of law, other than minor traffic violations? _____ If so, and you have not previously filed this information with this Bureau, attach a certified and authenticated copy of the court order regarding any convictions arising from the trial proceedings.
 6. If you are a Virginia resident, do you understand that you must notify this Bureau and surrender all licenses and appointments for cancellation immediately upon moving your legal residence from Virginia? _____
 7. If currently appointed as an insurance agent, are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
 8. Do you understand that a licensed agent may solicit, negotiate, procure or effect insurance on behalf of an insurer by which he is not appointed ONLY for a period of 45 days from the date of execution of the first application solicited on behalf of such insurer, and ONLY if a request for appointment is submitted to such insurer along with or prior to submission of such first application? _____

PART 3 - TO BE COMPLETED BY NON-RESIDENTS ONLY

1. Have you attached a current certification indicating that you are authorized to solicit the same kind of insurance in your Domiciliary state? _____
2. In accordance with Section 38.2-1836 of the Code of Virginia, do you hereby appoint the Clerk of the Commission the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this appointment? _____

IF YOU ARE A CPCU OR CLU, YOU MUST ATTACH EVIDENCE INDICATING THE SAME.

SECTION 38.2-1826 OF THE CODE OF VIRGINIA REQUIRES EACH AGENT TO REPORT TO THE COMMISSION AND TO EVERY INSURER THAT HE REPRESENTS ANY CHANGE IN HIS RESIDENCE ADDRESS OR NAME WITHIN THIRTY DAYS.

IF YOUR APPLICATION IS FOR ANY TYPE OTHER THAN TITLE INSURANCE, YOU MUST ATTACH A CERTIFICATE OF SATISFACTORY COMPLETION FROM THE SCHOOL YOU ATTENDED OR EVIDENCE OF EQUIVALENT KNOWLEDGE THROUGH EMPLOYMENT EXPERIENCE AS DEFINED IN CODE SECTION 38.2-1816.

APPLICATION FOR LICENSE WHEN NO EXAMINATION IS REQUIRED - \$15.00

IF YOU ARE AN EMPLOYEE OF A BANK, LENDING INSTITUTION, BANK HOLDING COMPANY OR ANY SUBSIDIARY THEREOF, YOU MUST SUBMIT FORM PIN405C IN LIEU OF THIS FORM.

Social Security Number		License Type * (See Codes Below)	
Name (First, Middle, Last)			
Home Address (Street)		City	
State	ZIP	Birthdate (Month, Day, Year)	
Home Phone		Tradename	
Business Address (Street)		City	
State	ZIP	Business Phone	

*LICENSE TYPES

- | | |
|--|--|
| 03 TEMPORARY LIFE AND HEALTH
(SALE OF AGENCY) | 31 TEMPORARY PROPERTY AND CASUALTY |
| 06 TEMPORARY LIFE AND HEALTH (DEBIT) | 34 OCEAN MARINE |
| 09 VARIABLE LIFE AND ANNUITY | 35 MUTUAL ASSESSMENT PROPERTY AND CASUALTY (LIMITED) |
| 10 BURIAL (\$5,000 OR LESS) | 36 TRAVEL BAGGAGE |
| 12 MUTUAL ASSESSMENT LIFE AND HEALTH (LIMITED) | 37 MORTGAGE GUARANTY |
| 14 TRAVEL ACCIDENT | 41 LEGAL SERVICES |
| 15 CREDIT LIFE AND HEALTH | 45 DENTAL SERVICES |
| | 46 OPTOMETRIC SERVICES |

PART 1 NOTARIAL ACKNOWLEDGEMENT REQUIRED OF ALL APPLICANTS

STATE OF _____

COUNTY OR CITY OF _____

_____ being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained on both sides of this application are true and correct.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19____

MY COMMISSION EXPIRES _____ DAY OF _____ 19____

Signature of Notary

1. Are you presently licensed or appointed in the Commonwealth of Virginia to transact the business of insurance? _____
2. Are you presently authorized in any other state or other jurisdiction to transact the business of insurance? _____
3. Has any insurance company had your authority to transact the business of insurance cancelled other than for non-production? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
4. Has this or any other insurance department ever refused to allow you the authority to transact the business of insurance or suspended or revoked your authority? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
5. Have you ever been convicted of a violation of law, other than minor traffic violations? _____ If so, and you have not previously filed this information with this Bureau, attach a certified and authenticated copy of the court order regarding any convictions arising from the trial proceedings.
6. If you are a Virginia resident, do you understand that you must notify this Bureau and surrender all licenses and appointments for cancellation immediately upon moving your legal residence from Virginia? _____
7. If currently appointed as an insurance agent, are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
8. Do you understand that a licensed agent may solicit, negotiate, procure, or effect insurance on behalf of an insurer by which he is not appointed ONLY for a period of 45 days from the date of execution of the first application solicited on behalf of such insurer, and ONLY if a request for appointment is submitted to such insurer along with or prior to submission of such first application? _____

PART 3 - TO BE COMPLETED BY NON-RESIDENTS ONLY

1. Have you attached a current certification indicating that you are authorized to solicit the same kind of insurance in your Domiciliary state? _____
2. In accordance with Section 38.2-1836 of the Code of Virginia, do you hereby appoint the Clerk of the Commission the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this appointment? _____

THE LICENSE FEE OF \$15.00 MUST BE IN THE FORM OF A CERTIFIED CHECK, BANK OR TELLERS CHECK, OR MONEY ORDER, MADE PAYABLE TO THE STATE CORPORATION COMMISSION OF VIRGINIA. PERSONAL CHECKS AND CASH ARE NOT ACCEPTABLE. THE LICENSE WILL ENTITLE THE APPLICANT TO SECURE AN APPOINTMENT UPON PROPER REQUEST BY A DULY LICENSED COMPANY; PROVIDED THE FIRST SUCH REQUEST IS MADE WITHIN SIX MONTHS AFTER ISSUANCE OF THE LICENSE.

SECTION 38.2-1826 OF THE CODE OF VIRGINIA REQUIRES EACH AGENT TO REPORT TO THE COMMISSION AND TO EVERY INSURER THAT HE REPRESENTS ANY CHANGE IN HIS RESIDENCE ADDRESS OR NAME WITHIN THIRTY DAYS.

**RICHMOND, VIRGINIA 23209
(804) 786-2631**

APPLICATION FOR LICENSE WHEN AN EXAMINATION IS REQUIRED AND YOU ARE AN EMPLOYEE OF A BANK, LENDING INSTITUTION, BANK HOLDING COMPANY OR A SUBSIDIARY THEREOF - \$15.00

Social Security Number		License Type * (See Codes Below)
Name (First, Middle, Last)		Home Address (Street)
City	State	ZIP
Home Phone	Business Phone	Birthdate (Month, Day, Year)
Business Address (Street)		City
State	ZIP	Tradename
<input type="checkbox"/> CLU Exam for Lic. Type 17 will be waived if checked and required proof is attached		<input type="checkbox"/> CPCU Exam for Lic. Type 22 will be waived if checked and required proof is attached

***LICENSE TYPES**

17 LENDING INSTITUTION LIFE AND HEALTH
19 LENDING INSTITUTION TITLE

22 LENDING INSTITUTION SINGLE INTEREST

PART 1 NOTARIAL ACKNOWLEDGEMENT REQUIRED OF ALL APPLICANTS

STATE OF _____

COUNTY OR CITY OF _____

_____ being duly sworn according to law, deposed and says that the answers to the questions and the declarations contained on both sides of this application are true and correct.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19____

MY COMMISSION EXPIRES _____ DAY OF _____ 19____

Signature of Notary

THIS APPLICATION, ACCOMPANIED BY THE PRESCRIBED FEE OF \$15.00 MUST BE FILED WITH THE BUREAU OF INSURANCE OF THE STATE CORPORATION COMMISSION AND ACKNOWLEDGED BY THE BUREAU OF INSURANCE BEFORE THE APPLICANT MAY BE AUTHORIZED TO TAKE THE EXAMINATION. THE FEE IS REFUNDABLE; AND IF THE APPLICANT FAILS TO APPEAR FOR THE EXAMINATION WITHIN SIX MONTHS FROM THE DATE THE APPLICATION IS RECEIVED BY THE BUREAU, THE APPLICATION WILL BE CONSIDERED VOID. THE LICENSE WILL ENTITLE THE APPLICANT TO SECURE AN APPOINTMENT UPON PROPER REQUEST BY A DULY LICENSED COMPANY, PROVIDED THE FIRST SUCH REQUEST IS MADE WITHIN SIX MONTHS AFTER ISSUANCE OF THE LICENSE. THE APPLICATION FEE OF \$15.00 MUST BE IN THE FORM OF A CERTIFIED CHECK, BANK OR TELLERS CHECK, OR MONEY ORDER, MADE PAYABLE TO THE STATE CORPORATION COMMISSION OF VIRGINIA. PERSONAL CHECKS AND CASH ARE NOT ACCEPTABLE.

to transact the business of insurance? _____

2. Are you presently authorized in any other state or other jurisdiction to transact the business of insurance? _____
3. Has any insurance company had your authority to transact the business of insurance cancelled other than for non-production? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
4. Has this or any other insurance department ever refused to allow you the authority to transact the business of insurance or suspended or revoked such authority? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
5. Have you ever been convicted of a violation of law, other than minor traffic violations? _____ If so, and you have not previously filed this information with this Bureau, attach a certified and authenticated copy of the court order regarding any convictions arising from the trial proceedings.
6. If you are a Virginia resident, do you understand that you must notify this Bureau and surrender all licenses and appointments for cancellation immediately upon moving your legal residence from Virginia? _____
7. If currently appointed as an insurance agent, are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
8. Do you understand that a licensed agent may solicit, negotiate, procure or effect insurance on behalf of an insurer by which he is not appointed ONLY for a period of 45 days from the date of execution of the first application solicited on behalf of such insurer, and ONLY if a request for appointment is submitted to such insurer along with or prior to submission of such first application? _____

PART 3 - TO BE COMPLETED BY NON-RESIDENTS ONLY

1. Have you attached a current certification indicating that you are authorized to solicit the same kind of insurance in your Domiciliary state? _____
2. In accordance with Section 38.2-1836 of the Code of Virginia, do you hereby appoint the Clerk of the Commission the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this appointment? _____

IF YOU ARE A CPCU OR CLU, YOU MUST ATTACH EVIDENCE INDICATING THE SAME.

SECTION 38.2-1826 OF THE CODE OF VIRGINIA REQUIRES EACH AGENT TO REPORT TO THE COMMISSION AND TO EVERY INSURER THAT HE REPRESENTS ANY CHANGE IN HIS RESIDENCE ADDRESS OR NAME WITHIN THIRTY DAYS.

IF YOUR APPLICATION IS FOR ANY TYPE OTHER THAN TITLE INSURANCE, YOU MUST ATTACH A CERTIFICATE OF SATISFACTORY COMPLETION FROM THE SCHOOL YOU ATTENDED OR EVIDENCE OF EQUIVALENT KNOWLEDGE THROUGH EMPLOYMENT EXPERIENCE AS DEFINED IN CODE SECTION 38.2-1816.

BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23209
(804) 786-2631

JULY, 19

APPLICATION FOR LICENSE WHEN NO EXAMINATION IS REQUIRED AND YOU ARE AN EMPLOYEE OF A BANK, LENDING INSTITUTION, BANK HOLDING COMPANY OR A SUBSIDIARY THEREOF - \$15.00

Social Security Number		License Type * (See Codes Below)	
Name (First, Middle, Last)			
Home Address (Street)		City	
State	ZIP	Birthdate (Month, Day, Year)	
Home Phone		Tradename	
Business Address (Street)		City	
State	ZIP	Business Phone	

*LICENSE TYPES

21 LENDING INSTITUTION MORTGAGE REDEMPTION

23 LENDING INSTITUTION CREDIT LIFE AND HEALTH

PART I NOTARIAL ACKNOWLEDGEMENT REQUIRED OF ALL APPLICANTS

STATE OF _____

COUNTY OR CITY OF _____

_____ being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained on both sides of this application are true and correct.

Signature of Applicant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 19____

MY COMMISSION EXPIRES _____ DAY OF _____ 19____

Signature of Notary

1. Are you presently licensed or appointed in the Commonwealth of Virginia to transact the business of insurance? _____
2. Are you presently authorized in any other State or other Jurisdiction to transact the business of insurance? _____
3. Has any insurance company had your authority to transact the business of insurance cancelled for other than non-production? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
4. Has this or any other insurance department ever refused to allow you the authority to transact the business of insurance or suspended or revoked your authority? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
5. Have you ever been convicted of a violation of law, other than minor traffic violations? _____ If so, and you have not previously filed this information with this Bureau, attach a certified and authenticated copy of the court order regarding any convictions arising from the trial proceedings.
6. If you are a Virginia resident, do you understand that you must notify this Bureau and surrender all licenses and appointments for cancellation immediately upon moving your legal residence from Virginia? _____
7. If currently appointed as an insurance agent, are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account? _____ If so, and you have not previously filed this information with this Bureau, attach a sheet and give full particulars.
8. Do you understand that a licensed agent may solicit, negotiate, procure, or effect insurance on behalf of an insurer by which he is not appointed ONLY for a period of 45 days from the date of execution of the first application solicited on behalf of such insurer, and ONLY if a request for appointment is submitted to such insurer along with or prior to submission of such first application? _____

PART 3 - TO BE COMPLETED BY NON-RESIDENTS ONLY

1. Have you attached a current certification indicating that you are authorized to solicit the same kind of insurance in your Domiciliary state? _____
2. In accordance with Section 38.2-1836 of the Code of Virginia, do you hereby appoint the Clerk of the Commission the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this appointment? _____

THE LICENSE FEE OF \$15.00 MUST BE IN THE FORM OF A CERTIFIED CHECK, BANK OR TELLERS CHECK, OR MONEY ORDER, MADE PAYABLE TO THE STATE CORPORATION COMMISSION OF VIRGINIA. PERSONAL CHECKS AND CASH ARE NOT ACCEPTABLE. THE LICENSE WILL ENTITLE THE APPLICANT TO SECURE AN APPOINTMENT UPON PROPER REQUEST BY A DULY LICENSED COMPANY; PROVIDED SUCH REQUEST IS MADE WITHIN SIX MONTHS AFTER ISSUANCE OF THE LICENSE.

SECTION 38.2-1826 OF THE CODE OF VIRGINIA REQUIRES EACH AGENT TO REPORT TO THE COMMISSION AND TO EVERY INSURER THAT HE REPRESENTS ANY CHANGE IN HIS RESIDENCE ADDRESS OR NAME WITHIN THIRTY DAYS.

BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23209
(804) 786-2631

JULY, 19

INDIVIDUAL APPOINTMENT FORM

Social Security Number		Type * (See Codes Below)		NAIC Number	
Name (First, Middle, Last)					
Home Address (Street)			City		
State		ZIP		Birthdate (Month, Day, Year)	
Agency name			Tradenname		
Company Name					
Address (Street)			City		
ate		ZIP			

Additional NAIC Numbers

*APPOINTMENT TYPES

- | | |
|---|---|
| 01 LIFE AND HEALTH | 22 LENDING INSTITUTION SINGLE INTEREST |
| 02 MUTUAL ASSESSMENT LIFE AND HEALTH
(REQUIRES EXAM) | 23 LENDING INSTITUTION CREDIT LIFE AND HEALTH |
| 03 TEMPORARY LIFE AND HEALTH
(SALE OF AGENCY) | 30 PROPERTY AND CASUALTY |
| 06 TEMPORARY LIFE AND HEALTH (DEBIT) | 31 TEMPORARY PROPERTY AND CASUALTY |
| 09 VARIABLE LIFE AND ANNUITY | 32 MUTUAL ASSESSMENT PROPERTY AND CASUALTY
(REQUIRES EXAM) |
| 10 BURIAL (\$5,000 OR LESS) | 33 TITLE |
| 11 BURIAL (REQUIRES EXAM) | 34 OCEAN MARINE |
| 12 MUTUAL ASSESSMENT LIFE AND HEALTH (LIMITED) | 35 MUTUAL ASSESSMENT PROPERTY AND CASUALTY (LIMITED) |
| 13 COOPERATIVE NONPROFIT LIFE BENEFIT | 36 TRAVEL BAGGAGE |
| 14 TRAVEL ACCIDENT | 37 MORTGAGE GUARANTY |
| 15 CREDIT LIFE AND HEALTH | 38 MORTGAGE ACCIDENT AND SICKNESS |
| 17 LENDING INSTITUTION LIFE AND HEALTH | 40 HEALTH |
| 19 LENDING INSTITUTION TITLE | 41 LEGAL SERVICES |
| 21 LENDING INSTITUTION MORTGAGE REDEMPTION | 45 DENTAL SERVICES |
| | 46 OPTOMETRIC SERVICES |

SECTION 38.2-1826 OF THE CODE OF VIRGINIA REQUIRES EACH AGENT TO REPORT TO THE COMMISSION AND TO EVERY INSURER THAT HE REPRESENTS ANY CHANGE IN HIS RESIDENCE ADDRESS OR NAME WITHIN THIRTY DAYS.

PART 1

TO BE COMPLETED BY AN INDIVIDUAL AUTHORIZED TO APPOINT AGENTS ON BEHALF OF THE COMPANY

The Company hereby appoints the individual named on the reverse hereof as its agent to transact its authorized business in the Commonwealth of Virginia. The Company certifies that it has investigated the character and record of the individual and that its investigation report is currently on file with the Company. The Company further certifies that, to the best of its knowledge, answers to the following questions are complete and true.

1. Has any insurance company had this agent's authority to transact the business of insurance cancelled other than for non-production? _____ If so, and this information has not previously been filed with this Bureau attach a sheet and give full particulars.
2. Has this or any other insurance department ever refused to allow this agent the authority to transact the business of insurance or suspended/revoked such authority? _____ If so, and this information has not previously been filed with this Bureau, attach a sheet and give full particulars.
3. Has this agent ever been convicted of a violation of law, other than minor traffic violations? _____ If so, and this information has not previously been filed with this Bureau, attach a certified and authenticated copy of the court order regarding any convictions arising from the trial proceedings.
4. Is this agent indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding this agent's insurance account? _____ If so, and this information has not previously been filed with this Bureau, attach a sheet and give full particulars.
5. If this agent is an officer or employee of any bank, lending institution, bank holding company, or any subsidiary thereof, do you understand that only "lending institution" appointments will be accepted, and that the appointment may only pertain to those limited lines specified in Section 38.2-1811 of the Code of Virginia, subject to the limitations of this agent's license? _____
6. The date of execution of the first application for insurance submitted by this agent is: _____. Do you understand that this appointment must be received by the Commission within 30 days of said date? _____

Signature of Authorized Individual

Date

Name (Typed)

Title

STATE CORPORATION COMMISSION
 BUREAU OF INSURANCE
 P.O. BOX 1157
 RICHMOND, VIRGINIA 23209
 (804) 786-2631

PIN405E

JULY, 198

AGENCY APPLICATION FOR LICENSE - \$15.00

THIS FORM IS TO BE COMPLETED BY PARTNERSHIPS (DULY RECORDED IN LOCAL COURTS) OR CORPORATIONS (DULY CHARTERED IN STATE OF DOMICILE). SOLE PROPRIETORSHIPS ARE NOT REQUIRED TO BE LICENSED AS AN AGENCY.

IF THIS AGENCY IS A BANK, LENDING INSTITUTION, BANK HOLDING COMPANY OR ANY SUBSIDIARY THEREOF, YOU MUST SUBMIT FORM PIN415C IN LIEU OF THIS FORM.

IRS Identification Number	Type * (See Codes Below)	
Agency Name		
Agency Address (Street)		
City	State	ZIP
State of Incorporation	Incorporation Date (Month, Day, Year)	
State Where Partnership Formed	Recordation Date (Month, Day, Year)	
Agency Tradename		

*LICENSE TYPES

- | | |
|--|--|
| 01 LIFE AND HEALTH | 33 TITLE |
| 02 MUTUAL ASSESSMENT LIFE AND HEALTH | 34 OCEAN MARINE |
| 09 VARIABLE LIFE AND ANNUITY | 35 MUTUAL ASSESSMENT PROPERTY AND CASUALTY (LIMITED) |
| 10 BURIAL (\$5,000 OR LESS) | 36 TRAVEL BAGGAGE |
| 11 BURIAL | 37 MORTGAGE GUARANTY |
| 12 MUTUAL ASSESSMENT LIFE AND HEALTH (LIMITED) | 38 MORTGAGE ACCIDENT AND SICKNESS |
| 13 COOPERATIVE NONPROFIT LIFE BENEFIT | 40 HEALTH |
| 14 TRAVEL ACCIDENT | 41 LEGAL SERVICES |
| 15 CREDIT LIFE AND HEALTH | 45 DENTAL SERVICES |
| 30 PROPERTY AND CASUALTY | 46 OPTOMETRIC SERVICES |
| 32 MUTUAL ASSESSMENT PROPERTY AND CASUALTY | |

PART 1

1. Is this agency currently licensed in Virginia for any other line of insurance? _____
2. Do you understand that you must report to the Bureau of Insurance any change in Agency Name, Address, IRS identification Number or any change affecting the status of this Agency? _____
3. Do you understand that if the agency is a partnership, each active partner and each employee who will solicit, negotiate, procure, or effect insurance in the name of the firm, must obtain and hold a license of the same type; if the agency is a corporation, each officer, director and employee who will solicit, negotiate, procure, or effect insurance in the name of the corporation must obtain and hold a license of the same type? _____

PART 2 - NON-RESIDENTS ONLY

1. Pursuant to Section 38.2-1836 of the Code of Virginia, attach a certification from your home state that sets forth the following:
 - (a) that the applicant is licensed or otherwise authorized in that state or province to solicit, negotiate, procure or effect the classes of insurance for which the license is being sought in this Commonwealth or, if applicable that the state or province does not license corporations or partnerships;
 - (b) that the applicant is conducting the business of insurance in that state or province in a satisfactory manner;
 - (c) if the applicant is a corporation, that it is authorized in its charter or other papers of incorporation to act as an insurance agent;
 - (d) if the applicant is a partnership, that its existence is properly recorded pursuant to the laws of the state or province of domicile.
2. In accordance with Section 38.2-1836 of the Code of Virginia, do you hereby appoint the CLERK OF THE COMMISSION and his successors in office the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of the license? _____

PART 3 - CERTIFICATION

The undersigned, on behalf of the applicant, hereby certifies that the information provided on both sides of this application is true and correct.

Signature _____

Name _____
(Please Print)

Title _____

Date _____

STATE CORPORATION COMMISSION
BUREAU OF INSURANCE
P.O. BOX 1157
RICHMOND, VIRGINIA 23209
(804) 786-2631

PIN415
JULY, 19

AGENCY APPLICATION FOR LICENSE WHEN THE AGENCY IS A BANK, LENDING INSTITUTION, BANK HOLDING COMPANY OR A SUBSIDIARY THEREOF
\$15.00

THIS FORM IS TO BE COMPLETED BY PARTNERSHIPS (DULY RECORDED IN LOCAL COURTS) OR CORPORATIONS (DULY CHARTERED IN STATE OF DOMICILE). SOLE PROPRIETORSHIPS ARE NOT REQUIRED TO BE LICENSED AS AN AGENCY.

IRS Identification Number	Type * (See Codes Below)	
Agency Name		
Agency Address (Street)		
City	State	ZIP
State of Incorporation	Incorporation Date (Month, Day, Yea	
State Where Partnership Formed	Recordation Date (Month, Day, Yea	
Agency Tradename		

*LICENSE TYPES

- 17 LENDING INSTITUTION LIFE AND HEALTH
- 19 LENDING INSTITUTION TITLE
- 21 LENDING INSTITUTION MORTGAGE REDEMPTION
- 22 LENDING INSTITUTION SINGLE INTEREST
- 23 LENDING INSTITUTION CREDIT LIFE AND HEALTH

PART 1

1. Is this agency currently licensed in Virginia for any other line of insurance? _____
2. Do you understand that you must report to the Bureau of Insurance any change in Agency Name, Address, IRS identification Number or any change affecting the status of this Agency? _____
3. Do you understand that if the agency is a partnership, each active part and each employee who will solicit, negotiate, procure, or effect insurance in the name of the firm, must obtain and hold a license of the same type if the agency is a corporation, each officer, director and employee who will solicit, negotiate, procure, or effect insurance in the name of the corporation must obtain and hold a license of the same type? _____

PART 2 - NON-RESIDENTS ONLY

1. Pursuant to Section 38.2-1836 of the Code of Virginia, attach a certification from your home state that sets forth the following:
 - (a) that the applicant is licensed or otherwise authorized in that state or province to solicit, negotiate, procure or effect the classes of insurance for which the license is being sought in this Commonwealth, or, if applicable that the state or province does not license corporations or partnerships;
 - (b) that the applicant is conducting the business of insurance in that state or province in a satisfactory manner;
 - (c) if the applicant is a corporation, that it is authorized in its charter or other papers of incorporation to act as an insurance agent;
 - (d) if the applicant is a partnership, that its existence is properly recorded pursuant to the laws of the state or province of domicile
2. In accordance with Section 38.2-1836 of the Code of Virginia, do you hereby appoint the CLERK OF THE COMMISSION and his successors in office the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of the license? _____

PART 3 - CERTIFICATION

The undersigned, on behalf of the applicant, hereby certifies that the information provided on both sides of this application is true and correct.

Signature _____

Name _____
(Please Print)

Title _____

Date _____

APPLICATION FOR CONSULTANT'S LICENSE \$50.00

Social Security Number or IRS Number		Home Phone Number: ()	
		Business Phone Number: ()	
Name (First)	(Middle)	(Last)	
Trade Name		Birthdate (Month, Day, Year)	
Home Address (Street)			
City		State	ZIP

Check one only per application:

Life and Health

OR

Property and Casualty

NOTE: NON RESIDENTS COMPLETE SECTION 2 ONLY ON REVERSE SIDE OF FORM.

SECTION 1

I hereby make application for an Insurance Consultant's license of the type specified above.

I certify that:

1. I have a current Resident Insurance Agent's license of the type specified above which was issued on _____ Date

OR

2. I have successfully completed the required 45 hour study course and successfully passed the required examination for the license type specified above.

3. I have read and understood the disclosure requirements set forth in Section 38.2-1839 of the Code of Virginia.

4. I understand that, pursuant to Section 38.2-1842 of the Code of Virginia any change in my residence address or name must be reported to the Commission within 30 days.

Signature

Date

The license fee of \$50.00 must be in the form of a certified check, bank, or teller's check, or money order, made payable to the State Corporation Commission of Virginia. Personal checks and cash are not acceptable.

1. Pursuant to Section 38.2-1845 of the Code of Virginia, attach a certification from your home state that sets forth the following:
- (a) that the applicant is licensed in that state or province as an insurance consultant;
 - (b) that the applicant is conducting the business of consulting in that state or province in a satisfactory manner;
 - (c) if the applicant is a corporation, that it is authorized in its charter or other papers of incorporation to act as an insurance consultant.
2. In accordance with Section 38.2-1836 of the Code of Virginia, do you hereby appoint the CHIEF OF THE COMMISSION and his successors in office the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of the license? _____
3. I understand that, pursuant to Section 38.2-1842 of the Code of Virginia any change in my residence address or name must be reported to the Commission within 30 days.

Signature

Date

The license fee of \$50.00 must be in the form of a certified check, bank, or teller's check, or money order, made payable to the State Corporation Commission of Virginia. Personal checks and cash are not acceptable.

**APPOINTMENT CANCELLATION
INSTRUCTIONS**

This form may be used to cancel either an individual or agency appointment but not both on the same form. Please use a separate form for each cancellation. This form must be completed by an Executive Officer, or an individual authorized by an Executive Officer to appoint and terminate agents.

If cancellation is due to reasons which are required by law to be reported to the Commission or which the Company believes should be brought to the attention of the Commission, please check here _____, and complete the reverse side of this form.

If the agent is deceased, please check here _____.

NOTICE OF CANCELLATION

The undersigned hereby requests that the State Corporation Commission Bureau of Insurance cancel the appointment(s) of the individual or agency designated below to represent this (these) Company(ies) in the Commonwealth of Virginia.

INDIVIDUAL

SOCIAL SECURITY #		NAIC NUMBER	APPOINTMENT TYPE
NAME (FIRST)	(MIDDLE)	(LAST)	
HOME ADDRESS (STREET)			
CITY		STATE	ZIP

AGENCY

IRS NUMBER	NAIC NUMBER	APPOINTMENT TYPE
AGENCY NAME		
AGENCY ADDRESS		
CITY	STATE	ZIP

ADDITIONAL NAIC NUMBERS

I certify that the agent has been notified of this cancellation.

Company Name

Signature of Authorized Person

Company Address

Name and Title (Typed)

Date of Cancellation

Please answer the following questions.

1. To the best of your knowledge, did the agent fully comply with the Commonwealth's laws and regulations? Yes No
If the answer is no, please state which laws were not complied with give *explanation and details.

2. Has the agent fully accounted and settled for premiums collected? Yes No
If the answer is no and such acts are deemed to be larceny according Code Section 18.2-111, please give complete *explanation and forward supportive documentation in accordance with Code Section 38.2-1810.

*Use space provided here or attach a letter statement

If the cancellation is due to account discrepancies, or if account discrepancies are being reported pursuant to Section 38.2-1810 of the Code of Virginia, please note that the following are not considered reportable offenses:

1. Debts owed to the company because of commission advances;
2. Debts owed to the company due to excess premiums caused by the agent's failure to lapse business in accordance with company procedures;
3. Debts owed to the company that are created by the agent's unintentional accounting errors and;
4. Debts owed to the company for premiums which have not been collected by the agent.

Section 18.2-111. Embezzlement deemed larceny; indictment; statement from attorney for the Commonwealth. - If any person wrongfully and fraudulently use, dispose of, conceal or embezzle any money, bill, note, check, order, draft, bond, receipt, bill of lading or any other personal property, tangible or intangible, which he shall have received for another or for his employer, principal or bailor, or by virtue of his office, trust, or employment, or which shall have been entrusted or delivered to him by another or by any court, corporation or company, he shall be deemed guilty of larceny thereof, may be indicted as for larceny, and proof of embezzlement under this section shall be sufficient to sustain the charge. On the trial of every indictment for larceny, however, the defendant, if he demands it, shall be entitled to a statement in writing from the attorney for the Commonwealth designating the statute he intends to rely upon to ask for conviction. Such statement shall be furnished to the defendant, or his attorney, no later than five days prior to the date fixed for trial on the indictment provided the demand is made more than five days prior to such date. (Code 1950, Section 18.1-109; 1960, c. 358; 1975, cc. 14, 15; 1979, c.349.)

Section 38.2-1810. Report of acts deemed larceny under Section 18.2-111; privileged communications; Commonwealth's attorney to be informed.-A. Whenever any insurer licensed to transact the business of insurance in this Commonwealth knows or has reasonable cause to believe that any insurance agent or surplus lines broker has committed any act of larceny as prescribed in Section 18.2-111 with respect to any money, bill, note, check, order, draft or other property either belonging to the insurer or received by the agent or surplus lines broker on behalf of the insurer, it shall be the duty of the insurer within sixty days after acquiring the knowledge to file with the Commission a complete statement of the relevant facts and circumstances. Each statement shall be a privileged communication, and when made and filed shall not subject the insurer, or any individual representative of it that is making or filing the statement, to any liability whatsoever. B. The Commission shall inform the Commonwealth's attorney of the appropriate county or city of each statement filed pursuant to subsection A of this section.

STATE CORPORATION COMMISSION

PIN4151

TO BE COMPLETED BY THE BUREAU OF INSURANCE

P.O. BOX 1157

JULY, 19

RICHMOND, VIRGINIA 23209

ANY AGENCY APPOINTMENT MUST BE RECORDED IN THE LOCAL COURTS OF THE STATE OF DOMICILE.

RICHMOND, VIRGINIA

AGENCY APPOINTMENT FORM

THIS FORM IS TO BE COMPLETED FOR THE APPOINTMENT OF PARTNERSHIPS (DULY RECORDED IN LOCAL COURTS) OR CORPORATIONS (DULY CHARTERED IN STATE OF DOMICILE). A SOLE PROPRIETORSHIP IS NOT REQUIRED TO BE APPOINTED AS AN AGENCY.

IRS Identification Number	Type * (See Codes Below)	NAIC Number
Agency Name	Tradename	
Agency Address (Street)		
City	State	ZIP
Company Name		
Street Address		
City	State	ZIP

ADDITIONAL NAIC NUMBERS

--	--	--	--	--	--

*APPOINTMENT TYPES

- | | |
|--|--|
| 01 LIFE AND HEALTH | 23 LENDING INSTITUTION CREDIT LIFE AND HEALTH |
| 02 MUTUAL ASSESSMENT LIFE AND HEALTH | 30 PROPERTY AND CASUALTY |
| 09 VARIABLE LIFE AND ANNUITY | 32 MUTUAL ASSESSMENT PROPERTY AND CASUALTY |
| 10 BURIAL (\$5,000 OR LESS) | 33 TITLE |
| 11 BURIAL | 34 OCEAN MARINE |
| 12 MUTUAL ASSESSMENT LIFE AND HEALTH (LIMITED) | 35 MUTUAL ASSESSMENT PROPERTY AND CASUALTY (LIMITED) |
| 13 COOPERATIVE NONPROFIT LIFE BENEFIT | 36 TRAVEL BAGGAGE |
| 14 TRAVEL ACCIDENT | 37 MORTGAGE GUARANTY |
| 15 CREDIT LIFE AND HEALTH | 38 MORTGAGE ACCIDENT AND SICKNESS |
| 17 LENDING INSTITUTION LIFE AND HEALTH | 40 HEALTH |
| 19 LENDING INSTITUTION TITLE | 41 LEGAL SERVICES |
| 21 LENDING INSTITUTION MORTGAGE REDEMPTION | 45 DENTAL SERVICES |
| 22 LENDING INSTITUTION SINGLE INTEREST | 46 OPTOMETRIC SERVICES |

TO BE COMPLETED BY AN INDIVIDUAL AUTHORIZED TO APPOINT AGENTS

THE COMPANY HEREBY APPOINTS THE AGENCY NAMED ON THE REVERSE SIDE HEREOF AS ITS AGENT TO TRANSACT ITS AUTHORIZED BUSINESS IN THE COMMONWEALTH OF VIRGINIA.

Signature of Authorized Individual (Type Name) Name (Typed)

Date

Title

Agency Name

(Type & (See Codes Below)

Identification Number

Trade Name

Agency Name

SECTION 38.2-1824 OF THE CODE OF VIRGINIA REQUIRES EACH AGENT TO REPORT TO THE COMMISSION AND TO EVERY INSURER THAT IT REPRESENTS ANY CHANGE IN ITS ADDRESS OR NAME WITH THIRTY DAYS.

Agency Address (Street)

ZIP

State

City

Agency Name

Agency Address

ZIP

State

City

ADDITIONAL NAIC NUMBERS

APPOINTMENT TYPES

- 22 LENDING INSTITUTION SINGLE INTEREST
- 21 LENDING INSTITUTION MORTGAGE REDEMPTION
- 19 LENDING INSTITUTION LIFE AND HEALTH
- 18 LENDING INSTITUTION LIFE
- 17 LENDING INSTITUTION LIFE AND HEALTH
- 16 TRAVEL ACCIDENT
- 15 TRAVEL ACCIDENT
- 14 TRAVEL ACCIDENT
- 13 TRAVEL ACCIDENT
- 12 TRAVEL ACCIDENT
- 11 TRAVEL ACCIDENT
- 10 TRAVEL ACCIDENT
- 09 TRAVEL ACCIDENT
- 08 TRAVEL ACCIDENT
- 07 TRAVEL ACCIDENT
- 06 TRAVEL ACCIDENT
- 05 TRAVEL ACCIDENT
- 04 TRAVEL ACCIDENT
- 03 TRAVEL ACCIDENT
- 02 TRAVEL ACCIDENT
- 01 TRAVEL ACCIDENT

- 22 LENDING INSTITUTION SINGLE INTEREST
- 21 LENDING INSTITUTION MORTGAGE REDEMPTION
- 19 LENDING INSTITUTION LIFE AND HEALTH
- 18 LENDING INSTITUTION LIFE
- 17 LENDING INSTITUTION LIFE AND HEALTH
- 16 TRAVEL ACCIDENT
- 15 TRAVEL ACCIDENT
- 14 TRAVEL ACCIDENT
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- 04 TRAVEL ACCIDENT
- 03 TRAVEL ACCIDENT
- 02 TRAVEL ACCIDENT
- 01 TRAVEL ACCIDENT