



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
CONSUMER PROTECTION SERVICES

PO Box 329
TRENTON, NJ 08625-0329

TEL (609) 292-5316 EXT 50552
FAX (609) 984-2792

INSURANCE EDUCATION PROVIDER APPLICATION

This application should be used to apply for initial approval to provide Prelicensing and/or Continuing Education as a New Jersey Insurance Education Provider and by existing Providers to update Department records.

Mail to: New Jersey Department of Banking and Insurance, Office of Consumer Protection Services- Insurance Education, 20 West State St., PO Box 329, Trenton, NJ 08625-0329

New Application-\$300 fee

Record Change: (Update Provider Records)-No Fee

PROVIDER NAME: _____

Provider Code (if applicable): _____

Address of Provider: _____
_____ NJ County _____

Telephone Number: _____ **E-Mail Address:** _____

Web Site Address: (If applicable) _____

The Division of Insurance maintains a listing of insurance education providers on our website. Please circle "Yes" if you would like this provider to be included on our website listing: **Yes No**

Name of Director: _____

Producer Reference Number of Director: (if applicable) _____

Director's Direct Telephone Number: _____

Director's Direct E-Mail Address: _____

Director's certification: I am applying for approval to operate the above named provider at the location listed on this application. I will not allow any other individual or organization to use my provider code or continuing education course codes to issue certificates or bank insurance continuing education credits. I have read N.J.A.C. 11:17-3.1 – 3.6 regarding insurance education and understand my responsibility as the director. I understand I am fully responsible for the activities as a provider and that failure to comply with the regulations governing insurance education may result in the imposition of penalties including but not limited to revocation or suspension of the approval and revocation, administrative penalty or suspension of my producer license where applicable. I understand that N.J.A.C. 11:17-3.2(a)2 prohibits any individual from being a director if his or her insurance producer license has been suspended, revoked, or surrendered for cause, and I certify that I have not had my insurance license suspended, revoked, or surrendered for cause. I certify that all of the information contained in this application\record update form is correct.

Director's Signature

Date

Director's Name (Please Print)

Authorized Personnel: Individual(s) registered by the Director to act on his\her behalf in matters pertaining to the insurance education provider. (attach additional copies of this form if needed)

Name: _____

Residence Address: _____

Telephone Number: _____ E-Mail Address: _____

Department License Reference Number: (if applicable) _____

Signature of Authorized Personnel: _____ **Date:** _____

Authorization: Provider seeks authorization to offer the following: (circle one)

Prelicensing Education Continuing Education Both

Course Instructors: (attach additional copies of this form if needed)

Instructor Certification: The information contained on this application about me is true and accurate. I have read N.J.A.C. 11:17-3.1 – 3.6 regarding the rules for insurance education. I understand I must conduct and administer the courses I teach in a manner reasonably calculated to assure that certificates or reports of courses attended and completed accurately reflect the students' attendance and performance. I understand that the director is responsible or monitoring my compliance with the insurance education regulations and that violations of these regulations may result in the Department of Banking and Insurance imposing penalties that may include but are not limited to suspension or revocation of the provider approval and suspension or revocation of my New Jersey insurance producer license where applicable. I understand that N.J.A.C. 11:17-3.1(3) prohibits any individual from being an instructor if his or her insurance producer license has been revoked, and I certify that I have not had my insurance license revoked.

Name of Instructors, Years of Insurance Experience, Line of Authority\Years of Experience, Instructor for Prelicensing Education (P), Continuing Education (C), or Both (B), Instructor's Signature:

1. _____
2. _____
3. _____
4. _____
5. _____

Prelicensing Education Instructors must document line of authority qualifications: (see below listing)

Life: Attach proof of passing the life instructor exam or verification of CLU or ChFC from the American College, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Health: Attach proof of passing the health instructor exam or verification of CLU or ChFC from the American College, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Property and/or Casualty: Attach proof of passing the property and/or casualty instructor exam or verification of CPCU from the American Institute, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Personal Lines: Attach proof of passing the Personal Lines instructor exam or verification of CPCU from the American Institute, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

LL-Bail Bonds: Attach proof of passing the Bail Bond instructor exam or verification of CPCU from the American Institute, or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Title: Attach proof of passing the title instructor exam or proof of status as a faculty member teaching insurance courses at an accredited college or university.

Prelicensing Education Providers: Please attach a listing of the text books with a copy of the table of contents for each, a listing of all handouts, and a copy of the exit examination and answer key for each line of authority, a copy of the enrollment application\contract\agreement between the provider and student, and a copy of the course completion document issued to successful students.

Continuing Education Providers: Please provide a copy of the enrollment application\contract\agreement between the provider and student, and a copy of the course completion document issued to successful students.