



STATE OF INDIANA

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MICHAEL R. PENCE, Governor

Indiana Department of Insurance

311 W. Washington Street, Suite 300

Indianapolis, Indiana 46204-2787

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Stephen W. Robertson, Commissioner

REQUEST FOR WAIVER OF PRE-LICENSING EDUCATION REQUIREMENT IN ORDER TO TAKE LAWS & REGULATIONS ASSESSMENT

TO BE COMPLETED BY APPLICANT:

I _____, hereby request a waiver of the producer pre-licensing education requirement in order to take the Laws & Regulations Assessment for the following line of authority:

PROPERTY & CASUALTY ___ LIFE & HEALTH ___ LIFE ___ HEALTH ___

I am requesting a waiver for the following reason:

___ My license has been expired for less than 12 months

___ I hold the following professional designation or degree:

CLU ___ CFP ___ CFC ___ CPCU ___ CIC ___ AAI ___ Bachelor's Degree in Insurance ___

(A photocopy of the certificate or degree must be attached)

I will be applying for the license qualification checked above within the next six (6) months.

I certify that the information provided is true and correct to the best of my knowledge. I understand that any omission, alteration, false statement or failure to make full disclosure constitutes grounds for denial of waiver, suspension or revocation of my Indiana insurance license, or civil penalty.

Applicant's Signature _____ Date Signed _____

TO BE COMPLETED BY INDIANA DEPARTMENT OF INSURANCE:

I, Commissioner of the Indiana Department of Insurance, hereby grant the above named Applicant a waiver of the pre-licensing education requirement with respect to the license qualification indicated above. **Applicant must only complete the portion of the assessment pertaining to the Indiana State Laws and Regulations. Applicant must register and schedule the assessment and present the waiver at the assessment.**

Commissioner, Indiana Department of Insurance (Signature/Seal) _____

Date Approved _____

ACCREDITED BY THE
NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

AGENCY SERVICES
(317) 232-2413

COMPANY COMPLIANCE
(317) 233-0697

CONSUMER SERVICES
(317) 232-2395
1-800-622-4461

EXAMINATIONS/FINANCIAL SERVICES
(317) 232-2390

MEDICAL MALPRACTICE
(317) 232-2402

SECURITIES/COMPANY RECORDS
(317) 232-1991

STATE HEALTH INSURANCE PROGRAM
1-800-332-4674