



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services – Bureau of Licensing
200 East Gaines Street, Larson Building Room 419
Tallahassee, FL 32399-0319

AGENTS QUALIFICATION AND VERIFICATION OF EXPERIENCE

Check the appropriate box of the license you are applying for, then complete and initial the appropriate section:

- 2-20 General Lines 4-40 Customer Representative 1-20 Resident Surplus Lines
 20-44 Personal Lines 4-42 Limited Customer Representative 91-20 Non Resident Surplus Lines
 4-10 Title Agent

GENERAL LINES QUALIFICATIONS STATEMENT

I certify that I have completed at least 1 year in responsible insurance duties, as a substantially full time bona fide employee in all lines of Property and Casualty insurance. Marine Casualty
 Health Property
 Surety

NOTE: Please indicate the specific nature of experience you have in the lines of insurance required for this license by checking the appropriate box(es)
EXPERIENCE IS REQUIRED IN ALL OF THESE AREAS IN ORDER TO QUALIFY BY THIS METHOD.

Adjusters experience will not qualify for the 2-20 General Lines Examination

INITIALS

Customer Representative

I certify that I have had one (1) year of responsible duties as a licensed and appointed customer representative in personal or commercial lines of property and casualty insurance. I further certify that I understand I must also complete a department approved 40 hour General Lines Pre-Licensing Course in order to qualify to take the General Lines examination.

INITIALS

Service Representative

I certify that I have had one (1) year of responsible duties as a licensed and appointed service representative in personal or commercial lines of property and casualty insurance. I further certify that I understand I must also complete a department approved 80 hour General Lines Pre-Licensing Course in order to qualify to take the General Lines Examination.

INITIALS

PERSONAL LINES QUALIFICATIONS STATEMENT

Personal Lines Agent You must select one of the following:

I certify that I have had Three (3) months of responsible insurance experience and have completed an approved correspondence course.

INITIALS

I certify that I have completed six (6) months of responsible insurance duties as a **licensed AND appointed Customer Representative or Limited Customer Representative in Property and Casualty Insurance and have completed a 20 hour pre-licensing course.**

INITIALS

I certify that I have completed six (6) months of responsible insurance duties as a licensed **AND** appointed Service Representative in property and casualty insurance and have completed a 40 hour pre-licensing classroom course.

INITIALS

I certify that I have completed three (3) years of responsible insurance duties as a licensed **AND** appointed Customer Representative

INITIALS

SURPLUS LINES QUALIFICATION STATEMENT

Surplus Lines

I certify that I have had one (1) year experience working for a Surplus Lines Agent.

INITIALS

CUSTOMER REPRESENTATIVE QUALIFICATION STATEMENT

I certify that I have completed the following for a period no less than six months, within the last two years:

- Devoted full-time to clerical work, including incidental taking of insurance application; or
- Quoted or received premiums on incoming inquires; or
- Handled daily reports and accounts with insurance companies; and
- Gained a general knowledge of office management in the operation of general lines or Surplus lines agency, whichever is applicable.

INITIALS

TITLE AGENT QUALIFICATION STATEMENT

I certify that I have devoted full-time for a period of no less than one year, within the past four years, to title insurance with title experience in the following related duties (Check appropriate boxes):

- | | | |
|---|--|--|
| <input type="checkbox"/> Abstracting and title searches | <input type="checkbox"/> Title Examination | <input type="checkbox"/> Preparation of title insurance policies |
| <input type="checkbox"/> Closing documents | <input type="checkbox"/> Handling escrow and trust funds | <input type="checkbox"/> Disbursement of trust funds |
| <input type="checkbox"/> Preparation of documents | <input type="checkbox"/> Recording documents | |
| <input type="checkbox"/> Gaining general knowledge of title insurance work and office management in the operation of a title insurance office | | |

INITIALS

EMPLOYER CERTIFICATION

As applicant's employer, I certify that the applicant has completed the above experience qualification, and that compensation did/did not include, in whole or any part, any commissions and was not primarily based in the production of applications, insurance or premiums, except in cases where the applicant may have been properly licensed in this or another state and therefore, authorized to receive such compensation. I further certify that this applicant has not transacted business in violation of the Florida Statutes.

INITIALS

SIGNATURE

By signature of this form, applicant/employer declares, under penalty of perjury, that the foregoing statements and facts stated herein are true and correct:

Signature of Applicant

Type Name of Applicant

Applicant's Social Security Number

Signature of Employer/Agency

Type Name of Employer/Agency

Employer/Agency Address

City State Zip

***NOTE**

You are required by state and federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, United States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. Section 626.171(5), Florida Statutes, implements this federal law. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act. The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.