



LOUISIANA DEPARTMENT OF INSURANCE  
 JAMES J. DONELON, COMMISSIONER

P.O. Box 94214  
 BATON ROUGE, LOUISIANA 70804-9214  
 PHONE (225) 342-5900  
 FAX (225) 342-3078  
<http://www.ldi.state.la.us>

**RESIDENT AND NON-RESIDENT  
 CLAIMS ADJUSTER REQUEST  
 FOR WAIVER OF EXAMINATION**

Pursuant to L.R.S.22:1210.79C, an individual who has been actively engaged in the business of adjusting insurance claims for at least three consecutive years within the past 10 years in this state or has five total years with in the past 10 years of adjusting experience may apply to the commissioner for a license without passing the examination. In order to receive an exemption, the individual must have the required experience in each line of authority applying for. If you wish to apply for this exemption please complete this form and submit it along with your application to the Department. You must account for times of employment for each line of authority you are requesting exemption of.

I would like to be considered for the exemption and am requesting this exemption based upon the following. Please check one.

- 3 Consecutive Years Experience                       5 Years Total Experience

Claim Adjuster Experience					
	From		To		Check the Type of Claims Adjusted
	Month	Year	Month	Year	
Employer Name					<input type="checkbox"/> Automobile
City					<input type="checkbox"/> Personal Lines
State					<input type="checkbox"/> Commercial Lines
Employer Name					<input type="checkbox"/> Automobile
City					<input type="checkbox"/> Personal Lines
State					<input type="checkbox"/> Commercial Lines
Employer Name					<input type="checkbox"/> Automobile
City					<input type="checkbox"/> Personal Lines
State					<input type="checkbox"/> Commercial Lines
Employer Name					<input type="checkbox"/> Automobile
City					<input type="checkbox"/> Personal Lines
State					<input type="checkbox"/> Commercial Lines

**Application Certification  
 Must be signed and dated**

I hereby certify, under penalty of perjury, all of the information submitted on this form and attachments are true and correct. I am aware that submitting false information or omitting pertinent or material information in connection with this exemption is ground for license revocation or denial of the license and may subject me to civil or criminal penalties. In addition, I am aware that I may be requested to submit a detailed work experience to the Department of Insurance at anytime.

\_\_\_\_\_  
 Month/Day/Year

\_\_\_\_\_  
 Original Adjuster Signature

\_\_\_\_\_  
 Full Legal Name (Printed or Typed)

\_\_\_\_\_  
 Social Security Number

**Addendum to request for Waiver of Examination**  
**DETAILED WORK EXPERIENCE**

Please complete this form in detail as part of your request for Waiver of Examination for an adjuster license, using additional pages as necessary:

1) Profile: Brief overview of your work experience as a claims adjuster:

2) Qualifications: What type of claims handled, any other type of work performed as claims adjuster and any other experience that would indicate why you believe you should be exempted from the Claims Adjuster examination:

3) Education and Training: List any formal education you have had and also list any educational classes you may have attended that pertain directly to your job as a claims adjuster.

4) Professional Experience: Beginning with your first job as a claims adjuster, please indicate the year, place of employment and jobs you performed as a claims adjuster, specifically the type of claim you handled.

\_\_\_\_\_  
Original Adjuster's Signature

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

\_\_\_\_\_  
Social Security Number

## License application and forms

This section provides printable copies of various forms and information that may be needed or helpful for completing them. It contains the following:

- Licensing application checklist.
- Louisiana Department of Insurance Application Form.
- Exam registration form.

### Louisiana Department of Insurance Licensing Checklist

For Individual Resident and Nonresident Applicants

Producer Applicant	
Resident	Nonresident
<input type="checkbox"/> Form 1136A	<input type="checkbox"/> Form 1136A
<input type="checkbox"/> License Fee	<input type="checkbox"/> Nonresidents do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as their current information is available on the PDB
<input type="checkbox"/> License requiring exam: Mail applications and fees to Prometric	<input type="checkbox"/> License Fee
<input type="checkbox"/> License not requiring exam: Mail application and fees to the Louisiana Department of Insurance, P. O. Box 94214, Baton Rouge, LA 70804	<input type="checkbox"/> Mail application and fees to the Louisiana Department of Insurance, P. O. Box 94214, Baton Rouge, LA 70804
<input type="checkbox"/> Prelicensing certificate needed to sit for exam (course must be completed successfully no more than 12 months prior to taking the exam per Rule 9)	<input type="checkbox"/> Variable applicants must be registered and approved with FINRA/NASD and hold a current Life license and appointment with an insurer (both residents and non-residents) and submit a crd report
<input type="checkbox"/> Variable applicants must be registered and approved with FINRA/NASD and hold a current Life license and appointment with an insurer (both residents and non-residents) and submit a crd report	
Surplus Lines Broker Applicant	
Resident	Nonresident
<input type="checkbox"/> Form 1136A	<input type="checkbox"/> Form 1136A
<input type="checkbox"/> Have at least two years of property and casualty insurance experience with an insurer or be a licensed insurance producer for two years. If not a producer, you must submit, on company letterhead, evidence of two years of property and casualty experience	<input type="checkbox"/> Nonresidents do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as their current information is available on the PDB
<input type="checkbox"/> License Fee - \$250	<input type="checkbox"/> License Fee - \$250
<input type="checkbox"/> Mail application and fees to Prometric	<input type="checkbox"/> Mail application and fees to the Louisiana Department of Insurance, P. O. Box 94214, Baton Rouge, LA 70804

### Claims Adjuster Applicant

Resident	Nonresident
<input type="checkbox"/> Form 1136A	<input type="checkbox"/> Form 1136A
<input type="checkbox"/> License Fee of \$55	<input type="checkbox"/> Nonresidents do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as their current information is available on the PDB
<input type="checkbox"/> License requiring exam: Mail applications and fees to Prometric	<input type="checkbox"/> License Fee of \$55
<input type="checkbox"/> License not requiring exam: Mail application and fees to the Louisiana Department of Insurance, P. O. Box 94214, Baton Rouge, LA 70804	<input type="checkbox"/> Mail application and fees to the Louisiana Department of Insurance, P. O. Box 94214, Baton Rouge, LA 70804

### Public Adjuster Applicant

Resident	Nonresident
<input type="checkbox"/> Form 1136A	<input type="checkbox"/> Form 1136A
<input type="checkbox"/> License Fee of \$55	<input type="checkbox"/> License fee of \$55
<input type="checkbox"/> Mail application and fees to Prometric	<input type="checkbox"/> Nonresidents do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as their current information is available on the PDB
<input type="checkbox"/> Evidence of Financial Responsibility: Submit to the Department of Insurance immediately upon passing the examination a \$50,000 surety bond or irrevocable letter of credit in the amount of \$50,000 issued by a qualified financial institution. This bond or letter of credit must be approved by the Department before a Public Adjuster license may be issued. (Bond Form may be found on the Department's Web site under Adjuster Licensing.)	<input type="checkbox"/> Evidence of Financial Responsibility: Submit either a \$50,000 surety bond or irrevocable letter of credit in the amount of \$50,000 issued by a qualified financial institution authorized to do business in Louisiana. (Bond Form may be found on the Department's Web site under Adjuster Licensing.)
	<input type="checkbox"/> Mail application and fees to the Louisiana Department of Insurance, P. O. Box 94214, Baton Rouge, LA 70804

**APPLICATION FOR INDIVIDUAL RESIDENT OR NON RESIDENT  
INSURANCE PRODUCER, SURPLUS LINES BROKER, PUBLIC OR CLAIMS ADJUSTER LICENSE**

Read the application carefully and PRINT or TYPE your responses. Incomplete applications will cause delays in the licensing process. Application for licenses not requiring an exam and nonresident applications must be mailed directly to this Department.

**Check appropriate box for license requested.**

- Resident License (Check if you are a first-time application or if more than five years has elapsed since you last held a license)
- Non-Resident License (Check if you hold a resident license in another state or province of Canada)
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

① Soc. Security Number		② If assigned, National Producer Number (NPN)	
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Full Middle Name
⑧ Date of Birth (month) ___ (day) ___ (year) ___			
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City
⑫ State	⑬ Zip Code	⑭ Foreign Country	
⑮ Home Phone Number ( ) -	⑯ Gender (Circle One) Male Female	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)	
⑱ Business Entity Name			
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City
㉒ State	㉓ Zip Code	㉔ Foreign Country	
㉕ Business Phone Number ( ) -	㉖ Business Fax Number ( ) -	㉗ Business E-Mail Address	㉘ Business Web Site Address
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City
㉜ State	㉝ Zip Code	㉞ Foreign Country	
㉟ a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business.			
b. List any trade names under which you are currently doing business or intend to do business.			
<b>Agency or Business Entity Affiliations</b>			
㊱ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)			
FEIN _____	NPN _____	Name of Agency _____	
FEIN _____	NPN _____	Name of Agency _____	
FEIN _____	NPN _____	Name of Agency _____	
<b>Employment History</b>			
㊲ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.			
	From Month	Year	To Month
			Year
Name			Position Held
City State Foreign Country			
Name			
City State Foreign Country			
Name			
City State Foreign Country			
Name			
City State Foreign Country			
FISCAL DIVISION ONLY		AGENT LICENSING ONLY	
<b>FOR DEPARTMENT OF INSURANCE USE ONLY</b>			
Classification Number			
Date Processed			
Initials			
License Number			
Issue Date			

**Place an X by the license type for which you are applying**

Producer	Surplus Lines Broker	Public Adjuster	Claims Adjuster
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**Place an X by one**

Resident License	Nonresident License	Temporary License	Amended License
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**Producer Major Lines of Authority – Place an X by the license code(s) for which you are applying**

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Life	A	Yes	\$75	April 30 <sup>th</sup> Even Years
Health & Accident	B	Yes	\$75	April 30 <sup>th</sup> Even Years
Life Health & Accident	C	Yes	\$75	April 30 <sup>th</sup> Even Years
Property	J	Yes	\$75	April 30 <sup>th</sup> Odd Years
Casualty	K	Yes	\$75	April 30 <sup>th</sup> Odd Years
Property & Casualty	LM	Yes	\$75	April 30 <sup>th</sup> Odd Years
Personal Lines	W	Yes	\$75	April 30 <sup>th</sup> Odd Years
Variable Contracts	Z	No	\$75	April 30 <sup>th</sup> Every Year
Surplus Lines	S	Yes	\$250	April 30 <sup>th</sup> Every Year

**Producer Credit Lines of Authority – Place an X by the license code(s) for which you are applying**

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Credit Life	E	No	\$75	April 30 <sup>th</sup> Even Years
Credit Health & Accident	F	No	\$75	April 30 <sup>th</sup> Even Years
Credit Life Health & Accident	EF	No	\$75	April 30 <sup>th</sup> Even Years
Credit Property and Casualty	R	No	\$75	April 30 <sup>th</sup> Odd Years

**Producer Limited Lines of Authority – Place an X by the license code(s) for which you are applying**

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Industrial Fire	O	Yes	\$75	April 30 <sup>th</sup> Odd Years
Bail Bond	P+	Yes	\$75	April 30 <sup>th</sup> Odd Years
Vehicle Physical Damage	M	Yes	\$75	April 30 <sup>th</sup> Odd Years
Fidelity & Surety	P	Yes	\$75	April 30 <sup>th</sup> Odd Years
Title	N	Yes	\$75	April 30 <sup>th</sup> Odd Years
Industrial Life Health & Accident	D	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
Home Service	H	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
Travel	I	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
Baggage	Q	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Odd Years

**Claims Adjuster Lines of Authority – Place an X by the license code(s) for which you are applying – For Definitions See Page 2**

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Automobile	G1	Yes	\$55	April 30 <sup>th</sup> Odd Years
Personal Lines	G2	Yes	\$55	April 30 <sup>th</sup> Odd Years
Commercial Lines	G3	Yes	\$55	April 30 <sup>th</sup> Odd Years
Comprehensive	G4	Yes	\$55	April 30 <sup>th</sup> Odd Years
Crop	G6	Yes	\$55	April 30 <sup>th</sup> Odd Years

**Claims Adjusters Only** - an individual who has been actively engaged in the business of adjusting insurance claims for at least three consecutive years in this state or has five total years of adjusting experience may apply to the commissioner for a license without passing the examination. In order to receive an exemption, the individual must have the required experience in each line of authority applying for. If you wish to apply for this exemption please check the Department's website under Adjuster Licensing at [www.lid.state.la.us](http://www.lid.state.la.us) for detailed information.

**Public Adjuster – Place an X by the license code for which you are applying**

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Public Adjuster	G5	Yes	\$55	April 30 <sup>th</sup> Odd Years

**Licensing fees are nonrefundable and nontransferable.**

Regardless of the date of issue, all life, health & accident licenses expire on April 30 of the even-numbered years, all property & casualty licenses expire on April 30 of the odd-numbered years and all Public and Claims Adjuster licenses expire on April 30 of odd-numbered years.

**Producers Only:** To avoid having to renew this license, I wish to have my license issued for May 1, and I understand that I cannot sell, solicit or negotiate insurance policies until May 1.

**Nonresidents Only:** If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB. License Type \_\_\_\_\_

### Background Information

58 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_
- “Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.
- If you answer yes, you must attach to this application:
- a) a written statement explaining the circumstances of each incident,
  - b) a certified copy of the charging document, and
  - c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
- If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_
- If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_
2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_
- “Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
- If you answer yes, you must attach to this application:
- a) a written statement identifying the type of license and explaining the circumstances of each incident,
  - b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
  - c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes \_\_\_ No \_\_\_
- If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement for repayment, and/or type and location of bankruptcy.
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_
- If you answer yes, identify the jurisdiction(s): \_\_\_\_\_
5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident,
  - b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
  - c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_
- If you answer yes, you must attach to this application:
- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
  - b) certified copies of all relevant documents.
7. Do you have a child support obligation in arrears? Yes \_\_\_ No \_\_\_
- If you answer yes,
- a) by how many months are you in arrearage? \_\_\_\_\_ Months
  - b) are you currently subject to a repayment agreement? Yes \_\_\_ No \_\_\_
  - c) are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_

### Applicants Certification and Attestation

39 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure. (Applicable only to residents of Alaska).

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Producer Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).