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INDIVIDUAL COURSE SUBMISSION PACKET FOR A MONTANA INSURANCE PRODUCER, ADJUSTER or CONSULTANT

Producer/Adjuster/Consultant Name _____

Insurance License Number(s) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number () _____

E-mail Address _____

Course Name _____

Course Provider _____

Checklist:

- ___ Submitted less than 45 days after course end
- ___ Copy of course completion certificate from course provider attached
- ___ All questions answered in attached packet
- ___ Copy of course agenda, syllabus or outline attached
- ___ Photocopy of this completed packet kept for my records
- ___ Application signed.

Course Number

Reception Number

For Departmental Use Only

1. The course was completed (month)_____(day)_____, (year)_____.
(please, use the date from the completion certificate)

2. I am a Montana Insurance Producer ____Yes ____No

3. I am a Montana Insurance Consultant ____Yes ____No

4. I am a Montana Insurance Adjuster ____Yes____No

5. This was a college or university course ____Yes____No

If, yes, name of college or university _____

6. The course was taught in this method:

____ Classroom (an instructor or instructors taught the course materials).

____ Correspondence (I studied a book and completed and passed a test).

____ Videotape (I watched a videotape and completed and passed a test).

____ Audiotape (I listened to an audiotape and completed and passed a test).

____ Teleconference (I went to a scheduled teleconference site that was monitored by the course provider).

____ Other (I completed a computer-based course and completed and passed a test) or (write a description of the method)

7. The name(s) of the instructor(s) is/are:

_____.

