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.
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:

   ________________________________________________________________

   ________________________________________________________________.
Attach additional pages, as needed. Please type or print your responses.

8. Describe what you learned during each course session or segment.

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9. The goals and objectives of the course were:

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________________________________________________________________________
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10. The major course topic was:

________________________________________________________________________

11. The course was_____ hours long.

12. To enroll in this course, I contacted ____________________________ at (phone number) ____________________________
(or address) ____________________________

I request the attached materials be reviewed for certification and approval by the Montana Insurance Continuing Education Program. I certify the information submitted regarding this course is true and correct. I understand that additional material may be requested by the Montana Insurance Continuing Education Program, as part of the course review and certification process. I understand any approval or credit hours assigned this course as a result of this submission can only be used by me to meet my biennial insurance continuing education requirement.

Name (please print)   Signature   Date

Reproduction of this application packet is encouraged.