



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	For Departmental Use Only	Reception Number

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:



