



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



406.444.2040



csi@mt.gov



csimt.gov



840 Helena Avenue
Helena MT 59601

Get social with us on



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:

_____.



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

[illegible]

9. The goals and objectives of the course were:

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
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