

Department of Consumer & Business Services Division of Financial Regulation — 3

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Insurance Experience Qualification Form

As a past or present employer of the applicant named herein, please provide verification that will support this person's request for exemption from the pre-examination training requirement. This exemption request will be granted if the applicant can verify experience as an unlicensed person performing the duties and activities indicated below for a period of three years or more. From the list below, please verify a range of duties and responsibilities sufficient to assure the Division of Financial Regulation that this person has the insurance knowledge necessary for a beginning agent in Oregon. Upon receipt of this form, we will contact you to confirm the information you have provided.

Insurance experi	ence verificatio	n for:									
		Name of applicant									
Name of employ	er verifying exp	perience: _									
Address of empl	oyer:										
				Street or P.O. Box							
-		City			State	ZIP					
Phone:		•									
						_					
40-hour week											
	ses of insurance	in which th	• •	•	n the employment period the amount of time, wh						
1. Yes	☐ No	Disclosed rates to insurance-buying public									
		Life	Health	General lines	% of time:						
2. Yes	☐ No	Filled-out applications for insurance									
		Life	Health	General lines	% of time:						
3. Yes	☐ No	Accepted or received insurance premiums									
		Life	Health	General lines	% of time:						
4. Yes	☐ No	Provided information to current policyholders addressing existing policy terms									
		Life	Health	General lines	% of time:						



5.	Yes	☐ No	Took requests for changes on in-force policies						
			Life	Health	General lines	% of time:			
6.	Yes	☐ No	Received claim information directly from insured and claimants						
			Life	Health	General lines	% of time:			
7.	Yes	☐ No	Transmitted insurance policies to insured						
	_	_	Life	Health	General lines	% of time:			
Res	pond to Questic	on 8 only if dut			employed with an in				
8.	8. Yes No Analyzed, interpreted, and resolved policy coverage questions								
0.	103								
			Life	Health	General lines	% of time:			
Additional comments:									
Under ORS 731.992(1), the penalty for providing false or misleading information is up to one year in jail or a fine of up to \$10,000. I,, swear that I am the person who completed this qualification form, that I know its contents, and that each of my answers is true and complete to the best of my knowledge and belief.									
Signa	nture of employer				Date	_			

