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 experience verification for: _____
Name of applicant

Name of employer verifying experience: _____

Address of employer:

_____
Street or P.O. Box

_____ _____ _____
City State ZIP

Phone: _____

Date applicant began employment: _____

Date applicant ended employment: _____

☐ 40-hour week ☐ 30-hour week ☐ 20-hour week ☐ Other _____

Provide a "Yes" response only to duties actually performed by the applicant in the employment period. Circle the appropriate classes of insurance in which the duty was performed and indicate the amount of time, while employed, that the specific duty was performed:

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: _____

Respond to Question 8 only if duties were performed while employed with an insurance company.

8. ☐ Yes ☐ No Analyzed, interpreted, and resolved policy coverage questions

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.

Signature of employer

Date