

Oregon Department of Consumer and Business Services



Division of Financial Regulation

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405
503-947-7981 • Fax: 503-378-4351
<http://dfr.oregon.gov>

**State of Oregon
Registration of Authorized Travel Retailers - Limited Lines Travel Insurance Producers**

**Registration of Authorized Travel Retailer
Under ORS 744.104 and 836-071-0450 of the Oregon Insurance Code**

I, _____ an officer and/or owner of _____, a limited lines travel insurance producer, hereby certify under penalty of perjury under the laws of the State of Oregon that the following are true and correct:

1. The attached list of travel retailer(s) as well as their employees are qualified to offer travel insurance products under the authority of the limited lines travel insurance producer license.
2. Employees of the authorized travel retailer(s) whose duties include offering and disseminating travel insurance have completed the training required pursuant to the Oregon Insurance Code which includes the types of insurance offered, ethical sales practices and disclosures to prospective insurance customers as referenced in ORS 744.104(3).
3. The travel retailer(s) listed on the attached registration comply with Section 1033 of Title 18 of the United States Code. Under 18 U.S.C. §1033, it is a criminal offense for an individual who has been convicted of a felony involving dishonesty, breach of trust, or any other violation of 18 U.S.C. §1033 to willfully engage or participate in the business of insurance unless that person has first obtained the written consent of the Director of the Department of Consumer and Business Services as required by ORS 731.428.

Applicant's signature: _____ Date: _____

Business name: _____

Title: _____

A copy of this registration must be kept, maintained, and made available within 30 days of a request by the DCBS director.



