



LOUISIANA DEPARTMENT OF INSURANCE

JAMES J. DONELON
COMMISSIONER

INSTRUCTIONS FOR APPLICATION FOR ADJUSTER PRELICENSURE EDUCATION PROGRAM CERTIFICATION

This packet is designed to assist the individual preparing this application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

Questions about the preparation of this application or prelicense education program requirements, may be directed to this Department at (225) 342-0860 or via email at producerlicensing@ldi.la.gov.

Applications submitted hard copy and all payments should be submitted to

Louisiana Department of Insurance
Education Review
1702 North Third St.
Baton Rouge, LA 70802

- 1) Initial applications for education programs must be submitted no less than thirty days prior to the first scheduled presentation of the program. Applications for renewal of an education program must be submitted no less than sixty days prior to the expiration of the certification of the program.
- 2) The Louisiana Department of Insurance (LDI) accepts electronic submission of the application via email. An application submitted in this manner must be submitted to producerlicensing@ldi.la.gov to assure receipt and prompt processing by this Department. After submission of the application electronically the payment of the fees must be submitted hard copy to the address above. The form entitled Payment Remittance for Electronic Submission must be completed and submitted along with all payments where the application is submitted electronically.
- 3) An application submitted electronically must include a completed and signed application form. The documents may be imaged using any of the standard image formats such as .pdf or .tif formats. An application submitted hard copy must include original signatures.
- 4) If the application is submitted hard copy, all submittals in association with this application must reach the LDI via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. All correspondence must be sent to the attention of the Education Review to assure prompt receipt and handling.
- 5) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 6) Do not alter the forms contained in this packet. If you feel the requirements do not apply to the applicant notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.



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APPLICATION FOR ADJUSTER PRELICENSE EDUCATION PROGRAM CERTIFICATION

Provider Information:

Provider Name: _____

Provider FEIN Number: _____ Louisiana Provider Number*: _____

Address: _____

Website: _____

Contact Person: _____

Phone: _____ Fax: _____

Email Address of Contact: _____

Program Title: _____

** The provider number must be supplied by providers who have previously had a program approved by the Louisiana Department of Insurance. If the provider is a first-time applicant, leave this blank.*

Application Type: Indicate the type of application. If this application is for the renewal of a program, indicate the Program or Course number previously assigned by the Louisiana Department of Insurance.

First-time Application Renewal Program # _____

Adjuster Lines of Authority Type: Check the line for which program approval is being requested. (one only)

- | | |
|---|---|
| <input type="checkbox"/> Property & Casualty (30 hours)
Includes Auto, Commercial Lines and Personal Lines | <input type="checkbox"/> Auto Only (8 hours) |
| <input type="checkbox"/> Crop (8 hours) | <input type="checkbox"/> Personal Lines Only (20 hours) |
| <input type="checkbox"/> Workers Compensation (8 hours) | <input type="checkbox"/> Commercial Lines Only (20 hours) |

Method of Instruction: Choose the method below which best describes how the material will be presented.

- | | |
|--|---|
| <input type="checkbox"/> Classroom/Lecture | <input type="checkbox"/> Self- Study – Correspondence |
| <input type="checkbox"/> Web-based Seminar (Webinar) | <input type="checkbox"/> Self-Study – Web-based |

Method of Determining Successful Completion: Choose the option below which best describes the method used to determine that a licensee has successfully completed the program. If you choose "Other" you must provide a detailed explanation of the method to be used.

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Final Exam - Supervised | <input type="checkbox"/> Attendance |
| <input type="checkbox"/> Final Exam - Unsupervised | <input type="checkbox"/> Other _____ |

Schedule, Location and Fee: *If the program is not self-study, provide the scheduled date, time and physical location of the presentation of the program and the cost of the program to each participant. If the program will be presented multiple times, list only the first scheduled presentation hereon and submit a Program Presentation Schedule for all other occurrences.*

Beginning Date: _____ Ending Date: _____ Beginning Time: _____ Ending Time: _____

Location Address: _____

Cost to Participant: _____

Is this presentation open to the public? Yes No
If no, provide a brief explanation of who is eligible for attendance.

Attachments: *All of the following must be attached to this application.*

- 1) a detailed description of the program
- 2) a list of resource material
- 3) a description of any training aids
- 4) copies of any textbooks, handouts or other student materials
- 5) a timed schedule of the program which clearly indicates the time spent on each subject for which credit is being requested. This schedule must also be cross-referenced with the current examination content outline
- 6) the cost of the program to each candidate
- 7) a description of the measures used by the provider to verify the identity of the candidates
- 8) a description of technical support available to students, including business hours of support and proposed response time to inquiries (self-study programs only)
- 9) a User ID and log-in credentials to permit LDI staff review of the program (self-study programs only)

Fee – Program approval fee of \$25.00. If the provider is a first-time submitter, a fee of \$250.00 must also be submitted along with a completed application for Education Provider Approval

Attestation of Provider Representative

I, the undersigned, do hereby attest that all of the information contained in this application and all attachments hereto are true and correct. I do further attest that I am familiar with the requirements of the Louisiana Insurance Code relative to prelicense education requirements and the provisions of Regulation 114 of the Louisiana Department of Insurance and confirm that the provider and program presented in this application are compliant with all provisions thereof.

(Printed Provider Representative Name)

(Signature of Provider Representative)

(Title of Provider Representative)

(Date)



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PRELICENSE EDUCATION PROGRAM PRESENTATION SCHEDULE

This completed form must be filed with the Louisiana Department of Insurance no less than three (3) days prior to presentation of an approved prelicense education program.

Provider Information: Provide the indicated information for the program and provider of the program.

Provider Name: _____

Provider FEIN Number: _____ Louisiana Provider Number*: _____

Program/Course Number: _____

* The provider number must be supplied by providers who have previously had a program approved by the Louisiana Department of Insurance. If the provider is a first-time applicant, leave this blank.

Schedule Information: Provide the requested information for the scheduled presentation of the program.

Start Date	End Date	Start Time	End Time	Physical Address of Presentation	Instructor(s)

Attestation of Provider Representative

I, the undersigned, do hereby attest that I have reviewed and am familiar with all requirements of Regulation 114 of the Louisiana Department of Insurance and that all facilities indicated above are in compliance with the provisions of that Regulation.

(Printed Provider Representative Name)

(Signature of Provider Representative)

(Title of Provider Representative)

(Date)



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PAYMENT REMITTANCE FOR ELECTRONIC SUBMISSION

This form is to be attached to a hard copy payment remittance made in association with the electronic filing of a education program. This document MUST be attached to the payment for proper credit.

Provider Information: Provide the requested information for the provider that submitted the program(s) for which payment is being remitted.

Provider Name:
Provider FEIN Number: Louisiana Provider Number*:
Address:
Contact Person:
Phone: Fax
Email Address of Contact:
Amount of Payment Attached:

* The provider number must be supplied by providers who have previously had a program approved by the Louisiana Department of Insurance. If the provider is a first-time applicant, leave this blank.

Program Titles: Provide the full titles and submission date for all programs for which payment is being remitted. Payment should be sent on the same day as the program submittal.

Table with 2 columns: Program Title, Date Submitted. Multiple empty rows for data entry.