



Department of Consumer & Business Services

Insurance Division — 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 Insurance Division 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

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