



# Exam Registration Form for Louisiana Insurance Examinations

|   |            |                  |  |
|---|------------|------------------|--|
| Last Name   | First Name | Full Middle Name | Social Security Number                                 |
| Residence Address (Your address of legal residence is required) |            |                  | Date of Birth  |
| City  | State      | ZIP Code         | Daytime Phone Number (including area code)<br>(      ) |
| Employer (insurance company, if known)                          |            |                  | Evening Phone Number (including area code)<br>(      ) |
| E-mail address  |            |                  | Fax Number (including area code)<br>(      )           |

This form is Page 27 of the Louisiana Licensing Information Bulletin. We recommend you read the entire Bulletin.

| Series | Exam Title                                   | Exam Fee                 | Total        |
|--------|--|--------------------------|--------------|
| 14-01  | Exam for Life Insurance                      | \$50                     | \$           |
| 14-02  | Exam for Health and Accident Insurance       | \$50                     | \$           |
| 14-03  | Exam for Life, Health and Accident Insurance | \$65                     | \$           |
| 14-04  | Exam for Property Insurance                  | \$50                     | \$           |
| 14-05  | Exam for Casualty Insurance                  | \$50                     | \$           |
| 14-06  | Exam for Property and Casualty Insurance     | \$65                     | \$           |
| 14-07  | Exam for Bail Bond                           | \$50                     | \$           |
| 14-09  | Exam for Industrial Fire                     | \$50                     | \$           |
| 14-10  | Exam for Surplus Lines Insurance             | \$50                     | \$           |
| 14-11  | Exam for Title Insurance                     | \$50                     | \$           |
| 14-16  | Exam for Personal Lines Insurance            | \$50                     | \$           |
| 14-17  | Exam for Automobile Adjuster                 | \$50                     | \$           |
| 14-18  | Exam for Comprehensive Adjuster              | \$50                     | \$           |
| 14-20  | Exam for Public Adjuster                     | \$50                     | \$           |
| 14-21  | Exam for Personal Lines Adjuster             | \$50                     | \$           |
| 14-22  | Exam for Commercial Lines Adjuster           | \$50                     | \$           |
| 14-23  | Exam for Crop Adjuster                       | \$50                     | \$           |
| 14-24  | Exam for Surety                              | \$50                     | \$           |
|        | <b>License</b>                               | <b>Fee</b>               | <b>Total</b> |
|        | Producer License                             | \$75                     | \$           |
|        | Bail Bond, Producer                          | \$75                     | \$           |
|        | Surplus Lines, Broker                        | \$250                    | \$           |
|        | Adjuster License                             | \$55                     | \$           |
|        | Fingerprint Processing Fee                   | \$75                     | \$75         |
|        |  | <b>Total of All Fees</b> | <b>\$</b>    |

By filing this registration, you assume full responsibility for exam selection. Fees for these exams are not refundable and not transferable. If you are unsure which exam is needed for the license you are seeking, resolve this question **before** you register. Exam fees are valid for 90 days from receipt at Prometric.

Fee may be paid by cashier's check, company check, money order, MasterCard or Visa. Make checks payable to Prometric. Personal checks and cash are not accepted. Registration fees are not refundable. To pay by credit card, please complete the information below. Register online at [www.prometric.com/louisiana](http://www.prometric.com/louisiana) or by calling 800.871.6457. If you are retaking an exam, you can fax this completed form to 800.347.9242. To register by mail, send this completed form along with the appropriate fee to:

**Prometric, ATTN: LA Insurance Exam Registration  
1260 Energy Lane, St. Paul, MN 55108**

|  |                         |                 |
|--|-------------------------|-----------------|
| Card Type (Check One)<br><input type="checkbox"/> MasterCard <input type="checkbox"/> Visa | Card Number             | Expiration Date |
| Name of Cardholder (Print)   | Signature of Cardholder |                 |