



VERMONT

Department of Finance

Licensing Information Bulletin

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Register online at www.prometric.com/vermont/insurance

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Providing License Examinations for the State of Vermont

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Introduction

A Message from the Department

This handbook provides you with information about the process of taking an examination and becoming licensed by the Vermont Department of Financial Regulation (the Department). It also contains information that is useful **after** you become licensed. We suggest you keep this bulletin for future reference. Additional information about each license type and electronic application information is available on the Department's Web site.

The Department has contracted with Prometric LLC, to conduct its examination program. We wish you well in preparing for your examination and remind you that by law Producers and Workers' Compensation Adjusters are required to take continuing education.

Overview of Licensing Process

This handbook provides information about the examination and licensing process for obtaining a resident insurance license. You should read this Licensing Handbook including the examination content outlines prior to taking an exam. If interested in applying for a nonresident license, you can apply online via NIPR at www.nipr.com or an NIPR authorized business partner.



Overview of Licensing Process

Follow these main steps if you are interested in obtaining an insurance license.

- 1.** Read this handbook to learn about examination and licensing requirements.
- 2.** If you don't already have a profile with CMS, now is the time to create one.
- 3.** Register and schedule your exam by phone (at this time to schedule any ProProctor exams you must call 800.868.6113 between 8 a.m. and 9 p.m. Eastern time Monday through Friday).
- 4.** Review the examination content outlines, which can be found at the end of this document. The content outlines in this guide are the basis for the exams.
- 5.** Take the scheduled examination, bringing required identification to the test center.
- 6.** Apply for your license through the Department at: dfr.vermont.gov



To get answers not provided in this handbook

Visit our Website: www.prometric.com/vermont/insurance

**Frequently Asked Questions are available:
<https://www.prometric.com/sites/default/files/2019-09/vtinsuranceexamfaqs.pdf>**

LICENSING INFORMATION

Vermont Department of Financial Regulation

89 Main Street, Montpelier, VT 05620-3101

Phone: 802.828.3303

Web site: dfr.vermont.gov

For questions about Remote Proctored exams:

Phone: 800.868.6113

Vermont Licensing Requirements

This section describes:

- The types of licenses offered and their requirements.
- Examination waivers.

Types of Licenses and Requirements

Pursuant to Vermont Statutes Annotated Title 8, Chapter 131, the Vermont Department of Financial Regulation is authorized to issue the license types listed below to qualified candidates to sell or provide insurance services and products in Vermont. Each license granted by the Department is valid only for the line/lines of authority named on the license.

License Type	Description
Insurance Producer	Any individual who intends to sell, solicit or negotiate insurance. An insurance producer must be appointed by an insurer if the producer intends to act as an agent of the insurer.
Limited Lines Producer	Any individual or partnership who is authorized by the Commissioner to solicit or negotiate contracts for a particular line of insurance that does not require the professional competency demanded for an insurance producer’s license. Limited Lines include credit, crop, rental, surety and travel.
Adjuster	Any individual who investigates claims and negotiates settlement of claims arising under policies of insurance in behalf of insurers under such policies, or who advertises or solicits business from insurers as an adjuster.
Public Adjuster	Any individual who investigates claims and negotiates settlement of claims arising under policies of insurance on behalf of the insured under such policies, or who advertises or solicits business as such adjuster.
Appraiser	Any individual who, for compensation, appraises the loss or damage under policies of automobile insurance in behalf of the insurers under such policies.
Consultant	Any individual who, for a fee, holds himself or herself out to the public as engaged in the business of offering any advice, counsel, opinion or service with respect to the benefits, advantages or disadvantages promised under any policy of insurance that could be issued in this state. A consultant may not concurrently hold a producer license.
Life Settlement Broker	Vermont Law defines a Life Settlement Broker to mean a natural person who is working exclusively on behalf of a policy owner and, for a fee, commission, or other valuable consideration, offers or attempts to negotiate life settlement contracts between an owner and one or more life settlement providers.
Managing General Agent	Any individual who manages all or part of the insurance business of an insurer and acts as a producer for such insurer, and who, either separately or together with affiliates, produces directly or indirectly and underwrites an amount of gross written premium greater than or equal to five percent of the policyholder surplus of the insurer in any one quarter or year; and adjusts or pays claims in excess of \$10,000; or negotiates reinsurance on behalf of such insurer.
Reinsurance Intermediary Broker	Any individual, other than an officer or employee of the ceding insurer, who solicits, negotiates or places reinsurance cessions or retro-cessions on behalf of a ceding insurer without the authority or power to bind reinsurance on behalf of such insurer.
Reinsurance Intermediary Manager	Any individual who has authority to bind or manage all or part of the assumed reinsurance business of a reinsurer, including the management of a separate division, department or underwriting office, and acts as a producer for such reinsurer whether known as a reinsurance intermediary-manager, manager or other similar term.
Surplus Lines Insurance Broker	Any individual who solicits, negotiates or procures a policy of insurance with an insurance company not licensed to transact business in this state, which cannot be procured from insurers licensed to do business in this state.

Important Passing an exam does not guarantee that you will be issued a license. Issuance of a license depends on review and approval of all license application materials. See the “Applying for your license” section for more information.

The basic requirements for each type of license are shown in this chart. You should read the “Applying for your license” section in this handbook for specific details relevant to the type of license you need.

Property and Casualty Adjuster and Appraiser	Workers' Compensation Adjuster	Consultants	Limited Lines Producers	Surplus Lines Brokers
<ul style="list-style-type: none"> • must have at least two years of experience in, or special training, handling loss claims, or, in the case of appraisers, in insurance loss appraising. • must pass the Vermont Workers' Compensation adjuster examination. 	<ul style="list-style-type: none"> • must have at least two years of experience in or special training handling workers' compensation claims. • must pass the Vermont Workers' Compensation adjuster examination. 	<ul style="list-style-type: none"> • may not concurrently hold a producer license and a consultant license. • must provide the Commissioner with a \$5,000 bond with an authorized corporate surety approved by the Commissioner prior to licensure. • May not employ, be employed by, or be in partnership with nor receive any payment whatsoever from any licensed insurance producer, surplus lines broker, limited lines producer, or insurer arising out of his or her activities as a consultant. • must submit for the Commissioner's approval, with their initial application, the written agreement intended for use with clients outlining the nature of the work to be performed and the fee prior to rendering any service. 	<ul style="list-style-type: none"> • may be licensed to sell credit, crop, rental, surety and travel or other limited lines producer types, as determined by the Commissioner. 	<ul style="list-style-type: none"> • must be licensed in Vermont as insurance producers qualified for the line or lines to be written • must have one or more years of experience as an insurance producer or comparable employment with an insurance company, agency or brokerage firm during the three years immediately preceding the date of application or such experience as the Commissioner may deem comparable.



Note: The results of the combination Life Accident and Health, and Property and Casualty examinations are reflected in one final score. You must pass the complete examination to qualify for a license. Do not schedule your examinations until you are familiar with all subject areas contained in the outline.

Examination Waivers

- Applicants for a limited lines producer license are not required to take an examination.
- Applicants for Title Agents license who have passed a state bar examination are not required to take the Title Examination.

Scheduling Your Exam

Registering and Scheduling Information

The Vermont Department of Insurance and Prometric are pleased to announce the ability to schedule your Vermont Insurance exams in two ways either in a physical test center or in a remotely proctored testing location using Prometric's ProProctor™ application. **You may take the exam at any Prometric test center in the United States or in a remotely proctored location.**

***ProProctor** –ProProctor gives you greater flexibility to choose where to test, when to test and how to test. It is a reliable, convenient – yet secure – testing experience.

For a ProProctor exam you must provide a computer (tablets prohibited) with a camera, microphone and an internet connection. To confirm your computer will allow you to test through ProProctor™ please perform a **system check** prior to scheduling your ProProctor exam.

You can reference our [User Guide](#) for additional technical and environmental requirements.

ProProctor System Requirements

Laptop/PC Power Source

Please plug your device directly into a power source, unattached from a docking station.

Screen Resolution

1024 x 768 is the minimum resolution required

Operating System

Windows 7 or higher | MacOS 10.13 or higher

Web Browser

Current version of Google Chrome

Internet Connection Speed

0.5 mbps or greater

Wi-Fi Connection

Please position your device where you can receive the strongest signal. For the best experience, please use an ethernet cable to connect directly to the router

Register and schedule online—it saves time and it's easy!

You can easily register and schedule your exam online at any time using our Internet Registration Service by going to:

1. <http://www.prometric.com/vermont/insurance>.
2. Click on **Create or Login to Your Account** to register. You can immediately schedule your exam once you create your account or log in later to schedule your exam.
3. If you choose to take your exam in a Test Center then click on **Schedule Test Center** and follow the prompts.
4. If you choose to take your exam in in a Remotely Proctored location, then click on **Schedule Remote Proctor*** and follow the prompts.

Important Note: Every candidate will need to create a new account, but those with exiting profiles will need to use the Welcome email as a starting point. If a candidate creates a new profile without using that link, a duplicate profile will be created and could result in scheduling challenges.

***Remote Proctoring** – ProProctor gives you greater flexibility to choose where to test, when to test and how to test. It is a reliable, convenient – yet secure – testing experience.

By fax or mail

You may **fax** the completed Exam Registration Form found at the end of this handbook to Prometric to (800) 347-9242. You must also include the completed Credit Card Payment Form (Visa, MasterCard or American Express). The cardholder's signature must be on the Form.

OR

You may **mail** the completed Exam Registration Form and the appropriate exam fee to the address on the form. When registering by mail, you may pay the exam fee by Visa, MasterCard or American Express, company check, cashier's check or money order. **Personal checks and cash are not accepted.**

If paying by credit card, you must also include the completed Credit Card Payment Form (Visa, MasterCard or American Express). The cardholder's signature must be on the Form. including a Visa, MasterCard or American Express, company check, cashier's check or money order.

By phone

If you are unable to schedule online, you may schedule the examination by calling (800) 868-6113 between 8 a.m. and 9 p.m. (Eastern Time), Monday through Friday, and between 10 a.m. and 3 p.m. (Eastern Time), Saturday and Sunday. Please have your exam information and credit card information for payment available.

Note An exam registration remains valid for 90 calendar days after it has been processed. It will expire without further notice at that time. We recommend that you do not register for your exam until you are prepared to take your exam.

Reschedule and Cancellation

To reschedule your existing exam appointment, you must contact Prometric 24 hours prior to the exam appointment date in order to avoid forfeiting your exam fee.

To cancel your existing exam appointment, you must contact Prometric at least three (3) calendar days prior to your scheduled exam appointment in order to avoid forfeiting \$40 of your original exam fee. After you cancel your exam, you must initiate a refund by going to

<https://fs6.formsite.com/Prometric/form33/index.html> and completing the refund form.

Prometric will review refund requests and email decisions to you within 7-10 business days of receipt unless further research and/or documentation are required. Prometric reserves the right to request documentation to support any illness or emergency claim. **Refund requests made via phone will not be accepted.**

If you change or cancel your appointment without proper notice, you will forfeit your examination fee(s).

If absent or late for your appointment

If you miss your appointment, or arrive late and are not allowed to test, you will forfeit your exam fee(s).

Holidays

Testing generally does not occur on federal holidays. Additional state holidays may be observed in the state where you schedule the exam appointment.

Testing Accommodations

ADA Accommodation. Reasonable testing accommodations are provided to allow candidates with documented disabilities recognized under the ADA an opportunity to demonstrate their skills and knowledge. Prometric makes every effort to provide reasonable testing accommodations that enable all test takers to take examinations.

If you require testing accommodations under the Americans with Disabilities Act (ADA), please complete and submit a Testing Accommodation Request Form online at

<https://www.prometric.com/sites/default/files/AcomodationRequestPacket.pdf>, or contact Prometric at (888) 226-9406 to obtain an Accommodation Request Form.

Professional documentation of the disability must be submitted with the Accommodation Request Form to aid Prometric in determining the appropriate testing accommodations. Thirty days' advance notice is required for all testing arrangements. There is no additional charge for these accommodations.

ESL Accommodation. All examinations are given in English. If English is not your primary language, you may qualify for additional time for the test by requesting an ESL Authorization from Prometric. To request an ESL authorization, please submit:

- A personal letter requesting the authorization; and
- A letter from the English instructor or sponsoring company (on company letterhead), certifying that English is not your primary language.

Please fax documents to **800.347.9242** and allow **three (3) days** for processing. If your request is approved, Prometric may extend the time limit on your examination to time-and-one-half or 150% of the normal time limit. Prometric will inform you by mail whether your request for accommodation is approved. You should not schedule your exam until you have received the confirmation email. Exams scheduled before the ESL request has been approved will not include extra time.

Preparing for Your Exam

Being well prepared will help you pass your examination. This section offers:

- An overview of the examination content outlines in this bulletin.
- Information about study materials.
- Information about practice exams.

Study Materials

Not all questions on the examinations will necessarily be covered in your study materials. The content outlines are updated periodically, and outdated study materials may not be consistent with them. Where such discrepancies exist, the outlines take precedence. **Make sure your study materials cover the topics in the outlines.**

You are free to use materials of your own choosing to prepare for the license examination. Manuals have been prepared by different publishers to assist candidates specifically in preparing for license examinations. Because of the number and the diversity of approach of these publications, **neither the Department nor Prometric reviews or approves study materials.** However, the following sources may be a starting point in your search for study materials. Be sure that the materials you use cover the topics listed in the content outline for the examination you are taking.

- 1 Kaplan Financial: 800.824.8742.
- 2 ABLE Incorporated: 800.586.2253, ext. 5638.

Vermont statutes and regulations. All examinations cover Vermont regulations and statutes. You may wish to consult a standard statute reference, which is generally available at any public or law library, or go to the Department's Web site at <http://www.dfr.vermont.gov/view/regbul> for links to Regulations and Bulletins.

Workers' compensation materials. You may contact the Department of Labor at 802.828.2286 for study material for the Vermont Workers' Compensation adjuster license or by visiting their website at <http://labor.vermont.gov/workers-compensation>.

Content Outlines Overview

The license examination for each type of license consists of questions that test knowledge of topical areas listed in the content outline for that examination. An overview of each examination content outline appears at the end of this handbook. You can view a complete outline specific to your examination online at www.prometric.com/vermont/insurance

Note Do not schedule the exam until you are familiar with all subject areas in the applicable content outline.

Practice Exams To take a practice exam, select or copy the link below to your browser:
<https://tcnet1.prometric.com/Login.aspx?ibt=853298600&ClientNameSingleSite=practice-insurance>.

While practice exams contain general, non-state specific insurance questions, they are created in the same format and use the same question types as the actual licensure exams. Practice exams are designed to help you become familiar with the computer-based testing process.

During the practice exam, you will get immediate feedback to correct and incorrect responses as well as overall feedback at the end of the session just as you would during the actual exam. Practice exams are available for:

- (LIPA) Life Insurance Producer/Agent Practice Exam in English and Spanish
- (HIPA) Health Insurance Producer/Agent Practice Exam in English and Spanish
- (PIPA) Property & Casualty Insurance Producer Practice Exam in English only

There is **no cost** to take Prometric Practice Exams!

Taking Your Exam

Knowing what to expect when taking your examination may help you prepare for it. This section contains:

- **An overview of the testing process.**
- **Regulations that will be enforced at the test center.**
- **Information about the types of questions.**
- **A guide to understanding your examination results.**
- **Information about appeals.**

Testing Process

The exam will be administered by computer but you do not need any computer experience or typing skill to take the exam.

Arrival. You should arrive at least **30 minutes before** the scheduled exam appointment. This allows time for you to sign in and for staff to verify your identification and complete all security checks.

Identification required. You must present a valid form of identification before you can test. That identification document **must**:

- Be government-issued (e.g., driver's license, state-issued identification card or military identification card).
- Contain **both** a current photo and your signature.
- Have a name that exactly matches the name used to register for the examination (including designations such as "Jr." and "III").



Important Failure to provide appropriate identification at the time of the exam is considered a missed appointment. As a result, you will be required to pay another **full examination fee** before making another appointment. If you cannot provide the identification listed above, contact Prometric **before** scheduling the appointment to arrange an alternative way to meet this requirement.

Test Center Regulations

Copyrighted questions. All test questions are the property of Prometric and are protected by copyright. Federal law provides severe civil and criminal penalties for the unauthorized reproduction, distribution, or exhibition of copyrighted materials.

To ensure that all candidates are tested under similar conditions, the following regulations and procedures will be enforced at each test center. The Remote Proctor (RP) and/or Security Agent (SA) is authorized to dismiss you from the test session for a violation of any of the Testing Regulations, including exhibiting abusive behavior towards the RP or SA. If you are found to have violated any of the regulations during your exam, the RP is required to notify Prometric and your test sponsor.

- 1 All exams are continuously monitored by video and audio recording.
- 2 You must present valid (unexpired) and acceptable ID(s) in order to take your test. (See "Identification required" in the previous section).
- 3 Unauthorized personal items may not be accessible while testing. Such items include, but are not limited to: outerwear, hats, food, drinks, purses,

bags or briefcases, notebooks, watches, cell phones, electronic devices, or wearable technology.

- 4 Eating, drinking, smoking, and chewing gum are prohibited during the exam.
- 5 You will be required empty and turn all pockets inside-out and raise shirt sleeves above your wrists prior to starting your exam.
- 6 If you are wearing eyeglasses, you will be required to remove them for visual inspection to ensure they don't contain a recording device.
- 7 You must also show your ID to the Test Center Administrator (TCA) and go through the security checks after any break in testing.
- 8 You are **prohibited** from communicating, publishing, reproducing, or transmitting any part of your test, in any form or by any means, verbal or written, for any purpose.
- 9 Written notes, published materials and other testing aids are strictly prohibited.
- 10 Light clothing items removed for comfort such as sweaters, suit jackets, scarves, etc., must be hung on the examinee's chair, not placed in laps or on the workstation desktop. Outerwear such as heavy coats, parkas, rain coats, etc., is not permitted in the immediate testing area.
- 11 Changing location while testing, turning off lighting or audio, speaking to or receiving aid from other individuals is strictly prohibited.
- 12 You are not allowed to use any electronic device or phone during breaks.
- 13 Candidates are required to be professional, civil and respectful at all times while testing.

You are required to clear your testing area of personal items. Note the following:

Personal Items

- Electronic equipment—cameras, tape recorders, cell phones, PDAs, pagers, etc.—is not permitted in the testing area.
- Other personal items—briefcases, backpacks, etc.—are not permitted in the testing area.

Misconduct or Disruptive Behavior

Candidates who engage in any kind of misconduct or disruptive or offensive behavior may be dismissed from the examination. Examples are: giving or receiving help, sharing supplies, taking part in an act of impersonation, removing test materials or notes from the testing room, and/or using rude or offensive language and behavior that delays or interrupts testing.

Please note: Test center administrators are not allowed to answer any questions pertaining to the exam content. If you do not understand a question on the examination, you should answer the question to the best of your ability.

Question Types

The examination contains four-option multiple-choice questions. These questions are designed to be as clear and concise as possible while testing knowledge and comprehension of insurance concepts as well as the application of the insurance concepts. The design of the exam ensures that those who possess the required knowledge of the specific insurance line of authority being tested should perform well on the examination for which they prepared.

Question Formats.

Three different multiple-choice formats are used. Each format is shown in the following examples. An asterisk (*) indicates the correct answer in each sample question.

Format 1—Direct question

Which one of the following is a type of health insurance policy designed to replace the wages of an insured that is unable to work due to an accident or sickness?

- * 1. Disability Income Insurance Policy
- 2. Employer-Sponsored Group Major Medical Policy
- 3. Hospital Expense Insurance Policy
- 4. Special Risk Policy

Format 2—Incomplete sentence

Benefits under workers' compensation insurance are payable:

- 1. For bodily injury that is accidental or intentional
- * 2. Regardless of the liability of the employer
- 3. Unless safety rules are violated
- 4. Up to a maximum of 30 percent of weekly wages

Format 3—All of the following except

A life insurance policy may include provisions that do all of the following EXCEPT:

- 1. Restrict coverage if death is caused by suicide
- 2. Require evidence of insurability to reinstate coverage
- * 3. Extend the contestable period beyond two years
- 4. Adjust proceeds if the insured's age is misstated on the application

Experimental Questions

The examination may include some experimental questions that will not be scored. If present, they are distributed throughout the examination and will not be identified as such. These are used to gather statistical information on the questions before they are added to the examination as scored items. These experimental questions **will not** be counted for or against you in the final examination score.

You will be helping us help future test takers by completing 5 experimental test questions in your exam. We plan to use the experimental questions on future exams based on your performance.

The questions will:

- be randomly distributed within your test
- will not be counted in your final score
- time spent on the question will not be deducted from your test time

Exam Results

At the end of your exam, you will receive a notice of completion via email. For questions regarding your exam, contact Prometric.

Duplicate score reports, please use our electronic score report portal to download or print duplicate copies of your candidate score report when or as needed. Please visit <https://scorereports.prometric.com>. You will be required to enter the confirmation number of your exam and your last name to complete this task.

Appeals Process

Prometric's goal is to provide a quality examination and a pleasant testing experience for every candidate. If you would like to submit an appeal concerning examination content, registration, scheduling or test administration (testing site procedures, equipment, personnel, etc.), please submit an appeal by visiting www.prometric.com/contactus and clicking on "Request an Appeal".

Once submitted you will receive an email response within 20 days indicating whether your appeal has been approved.

Applying for Your License

This section offers information about:

- **Applying for your license.**
- **License Requirements by residence.**
- **Licensing fees.**
- **Other licensing information.**

Note: Applicants for Life Settlement Broker, Managing General Agent and Reinsurance Intermediary should visit the Department's website for license instructions and procedures at www.vermontinsuranceagent.info.

Applicants should visit the Department's website for more information about licensing, including FAQs.

Licensing Requirements by Residence

Resident License Requirements

Vermont residents desiring any type of insurance license must be:

- 18 years of age;
- A resident of, or actually residing in, Vermont or maintaining a principal place of business in this state; and;
- Deemed by the Commissioner of the Department of Financial Regulation to be competent, trustworthy, financially responsible, and of good personal and business reputation.



Important If a producer acts as an agent of an insurer, he or she must be appointed by the insurer as its agent. Individuals licensed as producers must be appointed by each insurer for whom they act as an agent.

New Vermont Residents

An individual who applies for an insurance producer license in this state who was previously licensed for the same lines of authority in another state shall not be required to complete any pre-licensing education or examination. This exemption is only available if the person is currently licensed in that state or if the application is received within 90 days of the cancellation of the applicant's previous license and if the prior state issues a certification that, at the time of cancellation, the applicant was in good standing in that state or the state's producer database records, maintained by the National Association of Insurance Commissioners, its affiliates or subsidiaries, indicate that the producer is or was licensed in good standing for the line of authority requested.

Licensing Fees

The initial license application must be accompanied by a **\$30 application fee** and the appropriate licensing fee. Visit the Department's Web site at www.vermontinsuranceagent.info for the fee charts under each license type.

Applying for a License Electronically

Residents can apply electronically using the NIPR website (www.nipr.com) 48 hours after passing the exam. Applying electronically significantly reduces the time for processing your application.

Paper Submissions

After passing your license examination, you **must submit**:

- A completed NAIC Uniform Application, found at the end of this handbook.
- The original score report showing passage of the appropriate examination.
- The \$30 application fee.
- The appropriate license fee.
- Adjuster, public adjuster and appraiser applicants must also submit Attachment #2 Required Certifications (available online at www.vermontinsuranceagent.info or at the end of this handbook).

Please allow a minimum of 10 days for processing time prior to checking on your license status if submitted through the mail.

Nonresidents

In order to obtain a Vermont insurance license, a nonresident must hold a similar license in another state or province of Canada and must be deemed by the Commissioner to be competent, trustworthy, financially responsible, and of good personal and business reputation.

Nonresidents **MUST** apply for licensure **ELECTRONICALLY** effective September 1, 2012 using one of the electronic service providers listed below. An applicant may request a hardship exception to the submission of an electronic application. To request a hardship exception, you must submit the reason for the hardship by faxing a signed statement to 802-828-1633.

Nonresidents can process license applications electronically using NIPR (www.nipr.com).

Retaliatory fees. Producer's, surplus lines broker's, consultant's, adjuster's, appraiser's, public adjuster's, limited lines producer's, managing general agent's, reinsurance intermediary, and life settlement broker's licenses and fees are retaliatory to the applicant's state of residence. This means that a nonresident must pay the Vermont license fee, or the fee of the resident state if higher.



Note If you are seeking a nonresident Workers' Compensation adjuster license, you must take and pass the Vermont Workers' Compensation adjuster examination. You must also complete the educational or training program required by the Commissioner after your first license renewal or eligibility for renewal.

**Other
Licensing
Information**

Change of Address	Any change of business, home or mailing address must be reported to the Department within 30 days. If you have moved, but still reside in the same state or have moved from one state to another, you must submit the address change electronically using NIPR’s Address Change Request (ACR) service at www.nipr.com ; OR Sircon’s Producer Edge at http://www.sircon.com .
Name Change	If you need to change your name with the Department, please submit it in writing along with a copy of the documentation that supports the name change via email (dfr.producerlicensing@vermont.gov) or fax (802.828.1633).
Licensing of individuals, partnerships and corporations	Vermont statute requires individuals to be licensed and allows business entities to be licensed as insurance producers. Producers may assign their commissions to an insurance agency or to persons who do not sell, solicit or negotiate insurance.
Continuing Education	Vermont law requires insurance producers to complete 24 credit hours of continuing education (CE) every two years. For further information, contact Prometric, the Department’s CE vendor, online at www.prometric.com/CE/vtceprod.htm , or at 800.532.2199
Duration of License	All licenses in Vermont expire on a common expiration date regardless of when they were issued. Vermont does not prorate fees. Producer licenses are biennial, effective from April 1 (or date of issuance) to March 31 of each odd-numbered year. All licenses must be renewed by the individual, and it is the licensee’s responsibility to see that the renewal license is in effect, even if a notice is not received. Licenses other than producer licenses are biennial, and are effective from April 1 (or date of issuance) to March 31 of even-numbered years.
Business Entity Producer License	A business entity must designate a licensed producer to be responsible for the business entity’s compliance with Vermont laws and regulations.
Temporary License	The Commissioner may issue a temporary insurance producer license for a period not to exceed 180 days without requiring an examination. A temporary license may be issued to the surviving spouse or court-appointed personal representative or employee, or to the administrator, executor or employee of a deceased or disabled licensed producer, to the designee of a producer who has entered active service in the armed forces of the United States of America, or in any other circumstances where the Commissioner deems that the public interest will be best served by issuing such a license.

Exam Content Outlines

The content outlines give an overview of the content of each of the Vermont insurance examinations. Each examination will include questions on the subjects contained in the outline. The percentages indicate the relative weight assigned to each section of the examination.

For example, 10 percent means that 10 questions will be drawn on a 100-question examination and 15 will be drawn on a 150- question examination.

You can access these outlines by going to the Prometric [website](#).

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License Application and Forms

This section provides printable copies of various forms and information that may be needed or helpful for completing them. It contains the following:

- **NAIC Application form for individual insurance producer license.**
- **Social Security Disclosure statement.**
- **Attachment #2, Required Certifications.**
- **Vermont Address Change Form.**
- **Examination registration form.**



Uniform Application for Individual Insurance Producer License/Registration

(Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License

• Identify Home State: _____

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)			
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number					
④ Last Name JR./SR. etc		⑤ First Name		⑥ Middle Name	⑦ Date of Birth (month) ___ (day) ___
⑧ Residence/Home Address (Physical Street)		⑨ City		⑩ State	⑪ Zip Code
⑬ Home Phone Number () -	⑭ Gender (Circle One) Male Female	⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> (If <input type="checkbox"/> of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)			
⑯ Individual Applicant Email Address					
⑯ Business Entity Name					
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City	⑳ State	㉑ Zip Code
㉒ Foreign Country	⑳ Business Phone Number (include extension) () -		㉓ Business Fax Number () -	㉔ Business E-Mail Address	
㉕ Business Web Site Address		㉖ Applicant's Mailing Address		㉗ P.O. Box	㉘ City
㉙ State	㉚ Zip Code	㉛ Foreign Country			
㉜ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.					
b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)					
Agency or Business Entity Affiliations					
㉝ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)					
FEIN _____		NPN _____	Name of Agency _____		
FEIN _____		NPN _____	Name of Agency _____		
FEIN _____		NPN _____	Name of Agency _____		
Employment History					
㉞ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.					
		From	To		
		Month	Year	Month	Year
Name					Position Held
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
(State Use)					



Uniform Application for Individual Insurance Producer License/Registration

Jurisdiction and Type of License Requested

36 Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

License Types: **A** – Agent **B** – Broker **P** – Producer **SLP** – Surplus Lines Producer

Lines of Authority: **V** – Variable Life/
Variable Annuity **L** – Life **H** – Accident &
Health or Sickness **P** – Property **C** – Casualty **PL** – Personal
Lines

Limited Lines: **Credit** – Credit **CR** – Car Rental **CROP** – Crop **T** – Travel **S** – Surety **O** – Other: Specify
Type

Jurisdiction	LICENSE TYPE				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O _____
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
ME																
MI																
MN																
MO																
MS																
MT																
NC																
ND																
NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VI																
VA																
VT																
WA																
WI																
WV																
WY																

Uniform Application for Individual Insurance Producer License/Registration

Background Information

37) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A ___ Yes ___ No ___

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.



Uniform Application for Individual Insurance Producer License/Registration

<p>6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p style="text-align: right;">Yes ___ No ___</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none">a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, andb) copies of all relevant documents.	
<p>7. Do you have a child support obligation in arrearage?</p> <p style="text-align: right;">Yes ___ No ___</p> <p>If you answer yes,</p> <ul style="list-style-type: none">a) by how many months are you in arrearage? _____ Monthsb) are you currently subject to and in compliance with any repayment agreement? Yes ___ No ___c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___ <p>(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p> <p style="text-align: right;">N/A ___</p>	
<p>8). In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?</p> <p style="text-align: right;">Yes ___ No ___</p> <p>If you answer yes,</p> <p style="text-align: right;">Yes ___ No ___</p> <p>Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?</p> <p>Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.</p>	



Uniform Application for Individual Insurance Producer License/Registration

Applicant's Certification and Attestation

Ⓢ The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)

Attachments

Ⓢ The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

ATTACHMENT 1

SOCIAL SECURITY DISCLOSURE

1. The Department requires you to provide your Social Security number in connection with your application for an occupational and professional license pursuant to federal law as set out in 42 U.S.C. §§ 405(c)(2)(C)(i), 654 and 666. Your Social Security number may then be used for the purposes set forth in those statutes, including the enforcement of spousal and child support orders and paternity determinations, and the administration of any tax and may be shared with the agencies that have responsibility for those matters. Your Social Security number will not appear on the face of your license, but will be kept on file by the Department with your license information.

2. In addition, you may on a voluntary basis permit the Department to use your Social Security number for internal identification purposes and to share your Social Security number with the National Association of Insurance for inclusion in the National Producer Database (PDB). The PDB is intended to assist in a uniform nationwide system of licensing through the National Insurance Producer Registry and to assist the states, territories and the District of Columbia in their producer licensing programs, including issuing, renewing, monitoring, suspending and revoking licenses. If you do not wish your Social Security number included in the National Producer Database, you will not be able to take advantage of electronic processing of your license and nationwide licensing using the PDB.

IF YOU DO NOT AGREE TO THE USE OF YOUR SOCIAL SECURITY NUMBER AS DESCRIBED IN PARAGRAPH 2, YOU MUST SO NOTIFY THE DEPARTMENT IN WRITING AND ATTACH SUCH NOTICE TO YOUR APPLICATION

Vermont Department of Financial Regulation
INSURANCE DIVISION - PRODUCER AND INDIVIDUAL LICENSING SECTION
ATTACHMENT #2
REQUIRED CERTIFICATIONS

In order to apply for a license you must certify to statement 1 and 2 below:

Certification of Examination and knowledge of Vermont Unfair Trade Practices Act and Regulation 79-2

1) I certify to the following (initial all that apply):

I have passed a written examination for the license type for which I am applying, and I have read and understand the Vermont Insurance Trade Practices Act Title 8 V.S.A Chapter 129, Sections 4724-4726 and Insurance Regulation 79-2 (available at <http://www.vermontinsuranceagent.info/>) regarding claim settlement practices, prohibitive acts and the duties of a licensee.

_____ Initial

2) Certification of Experience or Supervision

In order to obtain a license an applicant must certify that he/she has either two years of appropriate experience or that the applicant is subject to supervision by a qualified person. Check the appropriate certification below, but not both. Applications that are submitted without a certification will be returned. **IF YOU CANNOT CERTIFY BASED UPON EXPERIENCE, YOU MUST COMPLETE THE SUPERVISION CERTIFICATION BELOW AND PROVIDE THE NAME OF YOUR SUPERVISOR.**

Certification of Experience

I certify that I possess two years' experience handling loss claims if I am applying for an adjuster license or two years' experience loss appraising if I am applying for an appraiser license.

_____ Initial

OR

Certification of Supervision

I certify that I am subject to the immediate personal supervision of a licensed adjuster or appraiser (for appraiser applicants) who is licensed in Vermont and who has been licensed (in Vermont or elsewhere) for not less than three years immediately preceding the date of my application. I understand that I must be supervised until I have two years experience and that I cannot act under the license unless I am so supervised. I will notify the Department within thirty days of any change of my supervisor.

_____ Initial

Name of Supervisor _____

Supervisor's Vermont License Number _____

I certify that the above is true and correct.

Applicant Signature _____ Date ___/___/___

Applicant Printed Name _____

Mail to: Vermont Department of Financial Regulation
Attn: Producer Licensing Section
89 Main Street, Drawer 20
Montpelier, VT 05620-3101

VERMONT ADDRESS CHANGE FORM

Date (MO/DAY/YEAR) / /

Vermont License Number

Last Name _____ Suffix _____

First Name _____ Middle Initial _____

NEW Mailing Address

NEW Residential Address

OLD Mailing Address

OLD Residential Address

Business Telephone

EXT _____

Fax

EXT _____

Home

EXT _____

Email Address _____

Licensee Signature _____

Exam Registration Form

Vermont Insurance Examinations



To conveniently register, please call 800.868.6113.

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Last Name		First Name		Middle Name	
Residence Address (Your address of legal residence is required)					Date of Birth
City	State	ZIP Code		Daytime Phone Number (including area code) ()	
Employer (insurance company, if known)				Evening Phone Number (including area code) ()	
E-mail address (applications without an email address may experience delays)				Fax Number (including area code) ()	

Series	Examination Title	Examination Fee	Total
14-25	Producer's Life	\$50	\$
14-27	Producer's Accident and Health or Sickness	\$50	\$
14-29	Producer's Life, Accident and Health or Sickness	\$65	\$
14-31	Producer's Property and Casualty	\$65	\$
14-33	Adjuster's Property and Casualty	\$65	\$
14-34	Adjuster's Workers' Compensation	\$50	\$
14-35	Bail Bond	\$50	\$
14-37	Motor Vehicle Damage Appraiser	\$50	\$
14-38	Agent's Title	\$50	\$
14-39	Personal Lines	\$50	\$
14-41	Producer's Property	\$50	\$
14-42	Producer's Casualty	\$50	\$
		Total Fee	\$

By filing this registration, you assume full responsibility for exam selection. If you are unsure about which exam you need for the license you are seeking, resolve this question **before** you register. Fees for these exams are non-refundable and non-transferrable. Exam fees are valid for 90 days from receipt at Prometric.

Please allow 7-10 business days for receipt and processing of your application. **An authorized Prometric Client Service Representative will contact you by phone to obtain your social security number to complete the registration process.** Once you have registered for your exam, you can schedule your exam appointment online or by phone.

Registration fees are not refundable. Fees may be paid by cashier's check, company check, money order, MasterCard, Visa or American Express. Make company checks, cashier's checks and money orders payable to Prometric. Please put your phone number on the check. **Personal checks and cash are not accepted.** To pay by **credit card** (when registering by mail or fax), please complete the Credit Card Payment Form on the next page and fax to 800.347.9242, or send this completed form along with the appropriate fee to:

Prometric
ATTN: VT Insurance Examination Registration
7941 Corporate Drive,
Nottingham, MD 21236

Credit Card Payment Form



Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Card Type (Check One)

- MasterCard Visa American Express

Card Number	Expiration Date
Amount \$ ____ ____ ____ . ____ ____	
Name of Cardholder (Print)	
Signature of Cardholder	