

PRELICENSE EDUCATION PROVIDER APPLICATION (10-26-16)

Business Name _____

School Name (DBA) _____

Primary Owner, Partner or Officer Name _____

Primary Owner, Partner or Officer Job Title _____

Business Phone # _____ Toll Free # _____

Business E-Mail _____

Business Address

Web Address (URL) for Courses _____

Please provide the school address if different from the business address.

School Address _____

Does your business use other business names Yes ___ No ___

If Yes:

Other Business Name(s) _____

INSURANCE EDUCATION EXPERIENCE (Past 5 Years)

Has your business provided insurance education in Washington or any other state in the past five years?
Yes ___ No ___ If Yes, please list the school information:

From / To _____ Courses offered _____

School Name _____

School Phone _____

School Address _____

From / To _____ Courses offered _____

School Name _____

School Phone _____

School Address _____

PRELICENSE EDUCATION PROVIDER APPLICATION

Has the owner, any partner, any officer, any program director, any instructor or any employee of the provider, compromised or attempted to compromise the integrity or security of any State licensing examination or induced another to do so?

Yes ___ No ___ If Yes, attach a statement of facts and explain the disposition.

Has the owner, any partner, any officer, any program director, any instructor or any employee of the provider, been convicted of a crime involving embezzlement, theft, fraud, mishandling of funds or other irregularities in money transactions?

Yes ___ No ___ If Yes, attach a statement of facts and explain the disposition.

Has the owner, any partner, any officer, any program director, any instructor or any employee of the provider been involved in an administrative action in the past five years that resulted in a fine, probation, suspension or revocation regarding their insurance education provider authority or their professional or occupational license?

Yes ___ No ___ If Yes, attach a statement of facts and explain the disposition.

Describe your business structure: _____
(Sole proprietorship, partnership, corporation, limited liability company, etc.)

Enter the names of the business partners or executive officers if other than a sole proprietorship.

Use another sheet and attach to this application if more space is needed.

Name _____ Title _____

I do hereby certify by affixing my signature below that the information I have presented on this form is complete, true and accurate and complies with chapter 284-17 of the Washington Administrative Code.

Signature _____ Date _____