

# STATE OF ALABAMA -- DEPARTMENT OF INSURANCE 2006 PRODUCER LICENSE RENEWAL FORM

**Read Instructions!** Complete and return by **March 31, 2006**

To renew your Alabama Insurance Producer License or Service Representative License, carefully read and follow the instructions indicated on this form, or visit [www.aldoi.gov](http://www.aldoi.gov) to renew your license online. Your license will expire 3/31/2006. If you fail to renew by that date, you are given a "grace period" of 30 days thereafter to renew, during which time a late fee of \$50 is also due. Upon expiration of your license, you are eligible to reinstate your license for a period of 12 months from 3/31/2006 without the the necessity of completing the prelicensing course or passing a written examination; however, to do so, you must send a request for a Reissue Form to the Producer Licensing Division at: Alabama Dept. of Insurance, Producer Licensing Division, P.O. Box 303351, Montgomery, AL 36130-3351 or Fax: (334)240-3282.

**SECTION A: PERSONAL INFORMATION:** Review the printed information. If there are any changes, use the "Corrections" area to insert correct information, then proceed to Section B.

~~First, Middle, and Last Name, Suffix~~ License Type: 1  
License #:  
S.S. #:  
DOB:

**CORRECTIONS:** Name and/or Address \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Note:** Failure to notify the Department of a change in your legal name or change of address within 30 days of the change will result in a penalty of \$50. (Refer to [www.aldoi.gov](http://www.aldoi.gov))

**PROVIDE COMPLETE EMAIL ADDRESS:** \_\_\_\_\_

**SECTION B: RENEWAL FEES** Follow the instructions in this section to arrive at the correct fees due.

- A) RENEWAL FEE [for all lines of authority] \_\_\_\_\_ A) **\$20.00** \_\_\_\_\_
- B) LATE FEE (\$50.00) due if **received by ALDOI** after 03/31/2006 but before 04/30/2006 \_\_\_\_\_ B) \_\_\_\_\_
- C) TOTAL FEES \_\_\_\_\_ C) \_\_\_\_\_

**SECTION C: OATH / AFFIRMATION**

By signing below, I do hereby swear or affirm that I have carefully reviewed and acknowledge that the information within this form, including the answers to the questions and other information provided on page two, is true, complete, and correct in every aspect. I understand that I may be criminally prosecuted for perjury and may be subject to the suspension or revocation of my insurance license if I did not answer truthfully or withheld information on this application

Make check payable to and mail to: Alabama Department of Insurance  
Producer Licensing Division  
PO BOX 830720  
Birmingham, Alabama 35283-0720

\_\_\_\_\_  
Signature

**CAUTION: DO NOT SIGN UNTIL YOU HAVE CAREFULLY REVIEWED THE INSTRUCTIONS AND RESPONDED TO THE QUESTIONS ON PAGE TWO.**

**PLEASE INCLUDE YOUR LICENSE NUMBER ON CHECK.**

**NOTE: YOU NOW HAVE THE OPTION OF RENEWING YOUR LICENSE ONLINE.  
PLEASE VISIT OUR WEBSITE AT [www.aldoi.gov](http://www.aldoi.gov) FOR DETAILS.**

# STATE OF ALABAMA -- DEPARTMENT OF INSURANCE

## 2006 PRODUCER LICENSE RENEWAL FORM

**Read Instructions!** Complete and return by **March 31, 2006**

### SECTION D: QUALIFICATIONS FOR ANNUAL LICENSE RENEWAL

(Carefully read each statement, being certain that you answer truthfully and completely before signing on page one.)

**YOU MUST ANSWER EACH OF THE FOLLOWING QUESTIONS:**

1. Have you **EVER** had an application for an insurance license denied by any insurance department?..... Yes \_\_\_ No \_\_\_
2. Has your contract/appointment **EVER** been terminated involuntarily by an insurer for reasons other than lack of production? ..... Yes \_\_\_ No \_\_\_
3. Have you **EVER** had an insurance license denied, suspended or revoked by any insurance department or had a complaint or any administrative proceeding issued against you by any insurance department? You may exclude actions due solely to noncompliance with Continuing Education or failure to pay a renewal fee..... Yes \_\_\_ No \_\_\_
4. Have you **EVER** been charged with or convicted of a felony or misdemeanor?..... Yes \_\_\_ No \_\_\_  
*(If so, attach a copy of court records and, if convicted, attach copy of pardon restoring your rights.)*  
 If you have had a felony conviction, have you applied for a waiver as required in 18 US Code Section 1033?... NA \_\_\_ Yes \_\_\_ No \_\_\_  
 If so, was that waiver granted? (Attach copy of 1033 waiver approval by home state.) ..... NA \_\_\_ Yes \_\_\_ No \_\_\_

**A "yes" response to any of the above questions requires an explanation on a separate sheet(s) attached to this application.**

5. I further swear or affirm that:

MARK ONE:

- I have satisfied the 12 hours of continuing education requirements established by law. **(C.E. certificate(s) must be attached)** .....
- I have satisfied 6 hours of continuing education requirements as a producer or service representative employed by another producer or insurer to work **only** in the office of the employer and am not licensed in any other state. **(C.E. certificate(s) must be attached)** .....
- I am a non-resident and am in compliance with my home state's licensing and continuing education requirements. **(No Letter of Certification is required.)** .....
- I am exempt from continuing education requirements as indicated by the code circled below: **(Exemption code must be circled)** ..... 
  - (a) I am licensed only for one or more of the following lines of insurance: credit, motor club, rental vehicle, legal services, or industrial (debit) fire.
  - (b) I have been licensed in Alabama for at least 15 years and am at least 60 years of age.
  - (c) I am an officer of an insurance company who is not engaged in the active sale of insurance products.
  - (d) I am a newly licensed producer (less than 12 months).
  - (e) I currently hold the designation of Chartered Property & Casualty Underwriter (CPCU).
  - (f) I currently hold the designation of Certified Insurance Counselor (CIC).
  - (g) I currently hold the designation of Chartered Financial Consultant (ChFC).
  - (h) I currently hold the designation of Certified Financial Planner (CFP).
  - (i) I currently hold the designation of Registered Health Underwriter (RHU).
  - (j) I currently hold the designation of Registered Employee Benefits Consultant (REBC).
  - (k) I currently hold the designation of Chartered Life Underwriter (CLU).
  - (l) I currently hold the designation of Certified Health Consultant (CHC).
  - (m) I currently hold the designation of Associate Risk Manager (ARM).
- I am hereby applying for an extension by circling the appropriate Extension Code [(o), (p), or (q)] \* ..... 
  - (o) I request a medical extension. Documentation from attending physician must state that in his opinion, the individual is unable to perform the normal duties of an insurance representative due to the medical disabilities. **[This statement must also indicate an estimated date when the individual may be expected to resume normal duties.]**
  - (p) I request a military extension because of assignment for active duty in the armed forces. **[Documentation of military assignment must be attached.]**
  - (q) Request has been submitted to the Insurance Commissioner for an extension from continuing education compliance due to extraordinary circumstances beyond my control. **[Copy of letter requesting extension must be attached.]**

**\* If you circled Extension Code (o), (p), or (q), you should submit renewal form, supporting documentation, and renewal fee to Alabama Insurance Department, Producer Licensing Division, 201 Monroe Street, Suite 1700, Montgomery, AL 36104**

- > Be sure you have signed this form and attached copies of your CE Certificates.
- > You must return this entire form. Do not cut or detach the signature section from the form.
- > Only one check per FORM - DO NOT attempt to pay multiple renewal forms on the same check.
- > Failure to mail to the address indicated on this form may cause serious delays in processing your application, which may cause you to incur additional late fees and/or the expiration of your licensing privileges.

**REMINDER NOTICE**  
**STATE OF ALABAMA -- DEPARTMENT OF INSURANCE**  
**2006 PRODUCER LICENSE RENEWAL FORM**

**Read Instructions! Complete and return by February 23, 2006**

Your license expires 02/23/2006 . You have a "grace period" of 30 days to renew, during which time a late fee of \$50 is also due. Please read and follow the instructions indicated on this form, or visit [www.aldoi.gov](http://www.aldoi.gov) to **renew your license online**. Upon expiration of your license, you are eligible to reinstate your license for a period of 12 months from 02/23/2006 without the necessity of completing the preclicensing course or passing a written examination; however, to do so, you must send a request for a Reissue Form to the Producer Licensing Division at: Alabama Dept. of Insurance, Producer Licensing Division, P.O. Box 303351, Montgomery, AL 36130-3351 or Fax: 334-240-3282.

**SECTION A: PERSONAL INFORMATION:** Review the printed information. If there are any changes, use the "Corrections" area to insert correct information, then proceed to Section B.

**FIRST, MIDDLE AND LAST NAME, SUFFIX**      **License Type:** 1 and 5  
**License #:**  
**S.S. #:**  
**DOB:**

**CORRECTIONS:**

Name and/or Address

Social Security #

Date of Birth

Telephone Number

**Note: Failure to notify the Department of a change in your legal name or change of address within 30 days of the change will result in a penalty of \$50. (Refer to [www.aldoi.gov](http://www.aldoi.gov))**

**PROVIDE COMPLETE EMAIL ADDRESS:**

**SECTION B: RENEWAL FEES** Follow the instructions in this section to arrive at the correct fees due.

A) RENEWAL FEE [for all lines of authority]	_____	A) \$40.00
B) LATE FEE	_____	B) \$100.00
C) TOTAL FEES BEFORE February 23, 2006	_____	C) \$140.00

**SECTION C: OATH / AFFIRMATION**

By signing below, I do hereby swear or affirm that I have carefully reviewed and acknowledge that the information within this form, including the answers to the questions and other information provided on page two, is true, complete, and correct in every aspect. I understand that I may be criminally prosecuted for perjury and may be subject to the suspension or revocation of my insurance license if I did not answer truthfully or withheld information on this application

Make check payable to  
and mail to:

Alabama Department of Insurance  
Producer Licensing Division  
PO BOX 830720  
Birmingham, Alabama 35283-0720

\_\_\_\_\_  
Signature

**CAUTION: DO NOT SIGN UNTIL YOU HAVE CAREFULLY REVIEWED THE INSTRUCTIONS AND RESPONDED TO THE QUESTIONS ON PAGE TWO.**

**PLEASE INCLUDE YOUR LICENSE NUMBER ON CHECK.**

**NOTE: YOU NOW HAVE THE OPTION OF RENEWING YOUR LICENSE ONLINE.**

**PLEASE VISIT OUR WEBSITE AT [www.aldoi.gov](http://www.aldoi.gov) FOR DETAILS.**

**NOTE:** If you do not wish to renew your license, no further action is necessary from you. Your license will expire after the deadline specified above.

**REMINDER NOTICE**  
**STATE OF ALABAMA -- DEPARTMENT OF INSURANCE**  
**2006 PRODUCER LICENSE RENEWAL FORM**  
**Read Instructions! Complete and return by February 23, 2006**

**SECTION D: QUALIFICATIONS FOR ANNUAL LICENSE RENEWAL**

(Carefully read each statement, being certain that you answer truthfully and completely before signing on page one.)

**YOU MUST ANSWER EACH OF THE FOLLOWING QUESTIONS:**

1. Have you **EVER** had an application for an insurance license denied by any insurance department? ..... Yes \_\_\_ No \_\_\_
2. Has your contract/appointment **EVER** been terminated involuntarily by an insurer for reasons other than lack of production? ..... Yes \_\_\_ No \_\_\_
3. Have you **EVER** had an insurance license denied, suspended or revoked by any insurance department or had a complaint or any administrative proceeding issued against you by any insurance department? You may exclude actions due solely to noncompliance with Continuing Education or failure to pay a renewal fee..... Yes \_\_\_ No \_\_\_
4. Have you **EVER** been charged with or convicted of a felony or misdemeanor?..... Yes \_\_\_ No \_\_\_  
*(If so, attach a copy of court records and, if convicted, attach copy of pardon restoring your rights.)*  
 If you have had a felony conviction, have you applied for a waiver as required in 18 US Code Section 1033?... NA \_\_\_ Yes \_\_\_ No \_\_\_  
 If so, was that waiver granted? (Attach copy of 1033 waiver approval by home state.) ..... NA \_\_\_ Yes \_\_\_ No \_\_\_

**A "yes" response to any of the above questions requires an explanation on a separate sheet(s) attached to this application.**

5. I further swear or affirm that:

MARK ONE:

- I have satisfied the **12** hours of continuing education requirements established by law. **(C.E. certificate(s) must be attached)** .....
- I have satisfied **6** hours of continuing education requirements as a producer or service representative employed by another producer or insurer to work **only** in the office of the employer, and am not licensed in any other state. **(C.E. certificate(s) must be attached)** .....
- I am a non-resident and am in compliance with my home state's licensing and Continuing Education requirements. **(No Letter of Certification is required.)** .....
- I am exempt from continuing education requirements as indicated by the code circled below: **(Exemption code must be circled)** ..... 
  - (a) I am licensed only for one or more of the following lines of insurance: credit, motor club, rental vehicle, legal services or industrial (debit) fire.
  - (b) I have been licensed in Alabama for at least 15 years and am at least 60 years of age.
  - (c) I am an officer of an insurance company who is not engaged in the active sale of insurance products.
  - (d) I am a newly licensed producer (less than 12 months).
  - (e) I currently hold the designation of Chartered Property & Casualty Underwriter (CPCU).
  - (f) I currently hold the designation of Certified Insurance Counselor (CIC).
  - (g) I currently hold the designation of Chartered Financial Consultant (ChFC).
  - (h) I currently hold the designation of Certified Financial Planner (CFP).
  - (i) I currently hold the designation of Registered Health Underwriter (RHU).
  - (j) I currently hold the designation of Registered Employee Benefits Consultant (REBC).
  - (k) I currently hold the designation of Chartered Life Underwriter (CLU).
  - (l) I currently hold the designation of Certified Health Consultant (CHC).
  - (m) I currently hold the designation of Associate Risk Manager (ARM).
- I am hereby applying for an extension by circling the appropriate Extension Code [(o), (p), or (q)] \* ..... 
  - (o) I request a medical extension. Documentation from attending physician must state that in his opinion, the individual is unable to perform the normal duties of an insurance representative due to the medical disabilities. **[This statement must also indicate an estimated date when the individual may be expected to resume normal duties.]**
  - (p) I request a military extension because of assignment for active duty in the armed forces. **[Documentation of military assignment must be attached.]**
  - (q) Request has been submitted to the Insurance Commissioner for an extension from continuing education compliance due to extraordinary circumstances beyond my control. **[Copy of letter requesting extension must be attached.]**

**\* If you circled Extension Code (o), (p), or (q), you should submit renewal form, supporting documentation, and renewal fee to Alabama Insurance Department, Producer Licensing Division, 201 Monroe Street, Suite 1700, Montgomery, AL 36104**

- > Be sure you have signed this form and attached copies of your CE Certificates.
- > You must return this entire form. Do not cut or detach the signature section from the form.
- > Only one check per FORM - DO NOT attempt to pay multiple renewal forms on the same check.
- > Failure to mail to the address indicated on this form may cause serious delays in processing your application, which may cause you to incur additional late fees and/or the expiration of your licensing privileges.

**DEFICIENCY NOTICE**

Correct item(s) circled below and return License Renewal Form, appropriate fees, and this Deficiency Notice to:

**Producer Licensing Division  
P O Box 830720  
Birmingham, AL 35283-0720**

Amount \$ \_\_\_\_\_ License # \_\_\_\_\_  
Postmark date \_\_\_\_\_ Last Name \_\_\_\_\_  
First Name \_\_\_\_\_

**DEPOSIT FUNDS:**

- (a) Overpayment. Check submitted for \$ \_\_\_\_\_  
The total fees due are \$ \_\_\_\_\_ as indicated on the renewal form.

**DO NOT DEPOSIT FUNDS:**

- (b) Received on \_\_\_\_\_, which is after the date shown on your renewal form. A late fee of \$50.00 must be included in your total renewal payment of \$70.00.
- (c) No funds were attached to your renewal form.
- (d) You did not send your renewal form with your payment.
- (e) Check was not made payable to the Alabama Department of Insurance.
- (f) Section C was not signed.
- (g) Section C was not dated.
- (h) You did not answer questions 1-5 on page 2 of the form.
- (i) You checked **yes** to question 1-4, but did not include an attachment.

**DEFICIENCY CODES (i-l) REFER TO QUESTION #5**

- (j) You checked you satisfied Continuing Education requirements, but did not attach CE certificates.
- (k) You checked you were exempt but did not circle an exemption code (a-m).
- (l) You requested to receive an extension, but did not circle an extension code (o-q) and/or include attachments.
- (m) Payment received after renewal period. Your license has expired.
- (n) Other: \_\_\_\_\_

22001