ALDOI Form AL-PL-1  (Revised 6/2020)

ALABAMA DEPARTMENT OF INSURANCE
PRODUCER PRELICENSING PROVIDER APPLICATION

| Provider Name: ___________________________________________________ | For Departmental Use Only |
| FEIN: ___________________________________________________ | Provider # ______________________ |

Provider is (check one):  
[ ] Statewide Agents Association  
[ ] Insurance Trade Association  
[ ] Authorized Insurer  
[ ] Employer offering classes exclusively to employees  
[ ] Licensed Private Educational Institution (attach copy of license from ACCS)  
[ ] Public Educational Institution

Mailing Address: _____________________________________________________  
Street Address: _____________________________________________________  
(if different)  _____________________________________________________

Telephone#(s) (____) ____ - ________     (____) ____ - ________     Fax# (____) ____ - ________

Name of Provider Representative (Contact Person): _______________________________________________________

First Name   MI   Last Name

Email Address: ____________________________________________________________________________________

WEB Address: ____________________________________________________________________________________

Courses to be offered (check all that apply):  
[ ] Property & Casualty (40 hours)  
[ ] Property only (20 hours)  
[ ] Casualty only (20 hours)  
[ ] Personal Lines (20 hours)  
[ ] Life and Health (40 hours)  
[ ] Life only (20 hours)  
[ ] Health only (20 hours)  
[ ] Bail Bond (20 hours)

Check one of the following:  
[ ] Courses offered to General Public  
[ ] Courses offered only to employees of provider

Check one or both of the following:  
[ ] Courses offered in classroom setting  
[ ] Courses offered online

By signing below, I do hereby swear or affirm that the information contained in this application is accurate.

______________________________________________________ Date: ________________________________

Signature of Authorized Representative of Prelicensing Provider

Sworn to and subscribed before me, this ________ day of ______________________, 20________.

______________________________________________________

Notary Public

My Commission Expires: _________________________________

Notary Seal

Mail form to:
State of Alabama Department of Insurance  
Producer Licensing Division / Prelicensing  
PO Box 303351  
Montgomery AL 36130-3351