

**STATE OF ALABAMA DEPARTMENT OF INSURANCE
PRODUCER LICENSE RENEWAL QUESTIONNAIRE**

Carefully read each statement, being certain that you answer truthfully and completely before signing this page.

YOU MUST ANSWER EACH OF THE FOLLOWING QUESTIONS. YOU MUST RETAIN THIS RENEWAL FORM FOR A PERIOD OF NO LESS THAN 2 YEARS FOLLOWING THE ONLINE RENEWAL DATE AND WILL UPON THE REQUEST OF THE COMMISSIONER, FORWARD SAME TO THE DEPARTMENT

1. Since your **LAST** renewal, have you had an application for an insurance license denied by an insurance department? Yes ___ No ___
2. Since your **LAST** renewal, has your contract/appointment been terminated involuntarily by an insurer for any reason other than lack of production? Yes ___ No ___
3. Since your **LAST** renewal, have you 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. Since your **LAST** renewal, have you been charged with or convicted of a felony or misdemeanor? Yes ___ No ___
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? NA ___ Yes ___ No ___
5. **I further swear or affirm that:** **MARK ONE:**
- I have satisfied the **12** hours of continuing education requirements established by law
 - I have satisfied the **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
 - I am a non-resident and am in compliance with my home state's licensing and continuing education requirements
 - I am exempt from continuing education requirements as indicated by the code circled below:
- (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 or 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 one of the following designations (**You must circle one**)
- CPCU – Chartered Property & Casualty
 - CIC – Certified Insurance Counselor
 - ChFC – Chartered Financial Consultant
 - CFP – Certified Financial Planner
 - RHU – Registered Health Underwriter
 - CLU – Chartered Life Underwriter
 - CHC – Certified Health Consultant
 - ARM – Associate Risk Manager

- I am hereby applying for an extension by circling the appropriate Extension Code [(o), (p), or (q)] **You must circle one**
 - (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.
 - (q) Request has been submitted to the Insurance Commissioner for an extension from continuing education compliance due to extraordinary circumstances beyond my control.

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 this page, 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

Signature: _____ Date: _____ License #: A _____