

**ALABAMA DEPARTMENT OF INSURANCE  
PRODUCER PRELICENSING PROVIDER APPLICATION**

Provider Name: \_\_\_\_\_  
FEIN: \_\_\_\_\_

For Departmental Use Only  
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 or P.O. Box City State Zip

Street Address: \_\_\_\_\_  
(if different) Street City State Zip

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)
  - Life and Health (40 hours)
  - Life only (20 hours)
  - Bail Bond (20 hours)
  - Casualty only (20 hours)
  - Health only (20 hours)
  - Personal Lines (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.

\_\_\_\_\_  
Signature of Authorized Representative of Prelicensing Provider Date: \_\_\_\_\_

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