



Becoming an Insurance Agent in Tennessee

Agent Qualifications

1. Must be at least 18 years old
2. Resident of Tennessee
3. You are competent, trustworthy, financially responsible, and have a good reputation.
4. Successfully complete a 30 hours pre-licensing insurance course. This 30 hour prelicensing course is available either online or in a classroom setting.
5. Pass the state exam (multiple choice)

To learn more about online courses or what classroom courses are nearest you please contact the Tennessee Department of Commerce & Insurance (Toll free 888-416-0868, or 615-741-2693).

Getting Started – 6 Easy Steps

1. Complete an insurance producer application. If there isn't an application with this letter you can obtain a copy of this application by going to the following website: www.state.tn.us/commerce/insurance/documents/discappind113006_000.pdf. If you are attending a classroom setting for your pre-licensing hours please bring the completed application with you. If you are completing your pre-licensing hours thru an online study please refer to step 2.
2. Once you have completed the 30 hour pre-licensing course contact Promissor (800-274-4957) and schedule a time to take the state exam (multiple choice test). Cost for the state exam is \$85.
 - If you completed the pre-licensing course online please bring your completed producer application with you.
3. Submit your application materials and filing fee (\$50.00) at the Promissor Testing Center when you sit for your examination.
4. Upon passing the test you will receive a certificate showing completion of the class along with a copy of your test results.
5. You will be issued a license by the Tennessee Department of Commerce and Insurance once you pass your examination and the Department of Commerce and Insurance is satisfied that you meet all other licensing requirements.
6. If you plan on making your insurance business a corporation or LLC you are required to register your business with the Tennessee Secretary of State. Sole Proprietorships are not required. For more information call 615-741-2286 or visit them online at www.state.tn.us/sos

For more information contact the Tennessee Department of Commerce & Insurance
Brenda Sechler – Agent License Director (Email: ce.agent.licensing@state.tn.us) 888-416-0868 or (615) 741-2693
or visit them online at: www.state.tn.us/commerce/insurance/agentsRes.html



Uniform Application for Individual Insurance Producer License

(Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____
 - Identify Home State License #: _____

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)			
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ___ (day) ___ (year) ___	
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City	⑫ State	⑬ Zip Code
⑭ Home Phone Number () -	⑮ Gender (Circle One) Male Female	⑯ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)			
⑰ Business Entity Name					
⑱ Business Address (Physical Street)		⑲ P.O. Box	⑲ City	⑲ State	⑲ Zip Code
⑲ Business Phone Number () -	⑲ Business Fax Number () -	⑲ Business E-Mail Address		⑲ Business Web Site Address	
⑳ Applicant's Mailing Address		㉑ P.O. Box	㉑ City	㉑ State	㉑ Zip Code
㉒ List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business.					

Agency or Business Entity Affiliations

㉓ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

㉔ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					

(State Use)

Background Information

59) The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

Applicants Certification and Attestation

④ The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

④ The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Nonresidents must submit a current and original home state certification letter from their resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

State of Tennessee

Lines of Authority Uniform Application Attachment

REQUIRED FEES: Resident - \$50.00 Application Fee.

FILING FEES ARE NONREFUNDABLE. Attach a money order, certified check, cashiers's check or insurance company check payable to the Tennessee Department of Commerce and Insurance.

Insurance Producer

Life	Property	Variable Contracts
Accident & Health	Casualty	Personal Lines
Title		

Limited Insurance Producer

Other – Limited Line (check all that apply)

- Bailbondsman
- Crop Hail
- Travel Accident & Baggage
- Legal
- County Mutual Fire
- Title – Practicing Attorney (Must file Title Certification and Bond)
- Credit Products (Includes Credit Life, Credit Disability, Credit Property, Credit Unemployment, Involuntary Unemployment, Mortgage Life, Mortgage Guaranty, Mortgage Disability, Guaranteed Automobile Protection (GAP) and any other form of insurance offered in connection with an extension of credit that is limited to, partially or wholly, extinguishing that credit obligation.)

***Lines requested should be entered on Page 2 of the Uniform Application

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

PRELICENSING EDUCATION
PROOF OF COMPLETION

(Form Must Be Completed by Prelicensing Provider and attached to Uniform Resident Application)

Name: _____ Social Security No. _____

Address: _____

Name of Provider

Authorization No.

No. of Hours

Lines of Insurance

Date Completed

1. _____

2. _____

3. _____

4. _____

TYPE OF LICENSE REQUESTED

Life Accident & Health Property Casualty Personal Lines Title

I certify that I personally completed the above course (s).

I certify that the above named student has successfully completed the prelicensing course listed above.

Student's Signature

Instructor's Signature

Date

Name of Instructor (Typed or Printed)

Date