

INSURANCE CONTINUING EDUCATION PROVIDER APPLICATION

Provider name:

DBA:

Mailing address:

City, State and Zip code:

Continuing Education Program Coordinator name:

Phone number (and Ext):

Email address:

Secondary contact person name:

Secondary phone number:

Secondary e-mail address:

Website URL for course information:

Courses open to all producers? Yes No

1. Has the provider's owner(s), partner(s), officer (s), program coordinator, secondary contact person or others having access to client continuing education records been convicted of a felony as an adult within the last ten years?

Yes No

2. Has the provider's owner(s), partner(s), officer (s), program coordinator or secondary contact person been involved in an administrative action that resulted in a fine, suspension or revocation regarding their professional or occupational license in the past five years?

Yes No

3. Has the provider's owner(s), partner(s), officer (s), program coordinator, secondary contact person or others having access to client continuing education records been found liable in a lawsuit, or arbitration proceeding involving allegations of fraud, conversion of funds or breach of a fiduciary duty in the past ten years?

Yes No

If you answered "Yes" to any of these questions, provide an explanation on a separate page.

I certify the information I provided on this form is complete and true and I have reviewed WAC 284-17-200 to 284-17-312 (<http://apps.leg.wa.gov/wac/default.aspx?cite=284-17>).

Name of provider's authorized submitter:

Date: