

**Maryland Insurance Administration
200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202**

INSURANCE EDUCATION WAIVER APPLICATION / AFFIDAVIT OF EMPLOYER

Submission may be made via mail to the address above or via fax to (410) 468-2399.

Name of Applicant: _____ Date of Birth: _____

Social Security #: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Type of Education Waiver requested (check one):

LIFE	HEALTH	PROPERTY
CASUALTY	PERSONAL LINES	TITLE

Reason for requested education waiver (check one):

- Maintain approved insurance designation in good standing. Provide letter of good standing issued by the organization conferring the designation. (See MIA website for listing of approved designations - www.mdinsurance.state.md.us)
- Equivalent college courses taken. Attach transcript of insurance course(s) showing college credits and official course description(s) from college catalog.

Type of Affidavit of Employer requested (check one):

AFFIDAVIT OF EMPLOYER (TITLE)	AFFIDAVIT OF EMPLOYER (PROPERTY / CASUALTY/AUTO)	AFFIDAVIT OF EMPLOYER (LIFE & HEALTH)
--	---	--

Work experience can be substituted for course work in the lines of insurance for which the applicant will be testing (Reference: §10-104 and §10-105 of the Insurance Article, Annotated Code of Maryland.) The work experience must be with one of the following types of employers: Maryland Insurance Administration, Insurance Company, Insurance Producer (or Firm). The period of work experience must be one year within the past 3 calendar years. In order to meet the one-year requirement, more than one employer may need to complete an Affidavit. The completed Affidavits must be sent to and approved by the Maryland Insurance Administration before taking the examination. (This form may be photocopied.)

Under the provisions of the Maryland Insurance laws, and in support of an application for an insurance license examination I hereby declare the Applicant has been regularly employed by:

Name of Employer: _____ Signature of Employer Representative: _____ Title: _____

Address: _____

Type of Employer (check one): Insurance Company _____ Insurance Producer or Firm _____ For period(s): From _____ To: _____

Work Hours: Full Time (40+Hours) _____ Part-Time (Less than 40 Hours) _____ Please indicate hours per week _____

Please select and attach a description of the duties the employee has been responsible for in the lines of insurance listed below. A "Responsible Duty" is a duty that would result in the applicant becoming reasonably familiar with the basic policy forms, fundamental procedures and practices for the line(s) of insurance for which the applicant is applying.

Life Insurance	Property Insurance	Automobile Insurance
Health Insurance	Casualty Insurance	Other:

Please attach a description of the duties the employee has been responsible for in the categories of Title Insurance Experience listed below. Your employee should have experience in at least three of these categories.

Title Search & Abstract Review	Preparation & Review of Commitments / Policies
Examination of Title	Settlement Accounting Procedures

Name of Producer or Insurer

Telephone Number

Date

State of _____ City/ County of _____

On this _____ day of _____, _____, personally appeared before me the said named _____ known to me to be the person described in and who executed the foregoing instrument, and he/she acknowledge the same and, being duly sworn by me, made oath that the statements in the application are true.

Notary Public

My commission expires: _____