

**State of California – Department of Insurance**  
**Title 10, Chapter 5, Subchapter 1, California Code of Regulations**  
**Article 6.5, Preclicensing and Continuing Education**  
**TEXT OF REGULATIONS**

**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

**§2186 Authority and Purpose.**

(a) These regulations are promulgated pursuant to authority granted to the Insurance Commissioner under the provisions of Section 1749.7 of the California Insurance Code. The purpose of these regulations is to set forth the preclicensing education curriculum standards for approval of courses and providers of preclicensing and continuing education, and to set forth standards of conduct for students and providers of preclicensing and continuing education.

(b) All forms referenced in this Article shall be found in Section 2188.50.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Sections 1749, 1749.1, 1749.3, 1749.31, 1749.32, 1749.33, ~~and~~ 1749.4, 1749.5, and 1749.8, Insurance Code.

**§2186.1 Definitions.**

For purposes of these regulations:

~~(i)~~(a) "Approved course" means a course for which the Commissioner has granted his written approval. The Commissioner reserves the right to reduce the hours requested if the course fails to meet all of the criteria set forth in these regulations.

~~(e)~~(b) "Certified provider" means a provider who or which has been determined by the Commissioner to have met the requirements of Section 2188 of this article.

~~(g)~~(c) "Classroom" means:

(1) any space sufficiently designed so that instructor(s) and students can communicate with a high degree of privacy and relative freedom from outside interference; or

(2) for ~~continuing~~ education courses ~~only~~, classroom may include teleconferences with audio/visual interface, internet ~~webcast~~chat rooms, or other electronic devices used to accommodate technological changes.

(d) "Controlling person" means any of the following persons within a provider possessing decision making authority in matters pertaining to preclicensing and/or continuing education: a provider director, partner, corporate director, officer, shareholder owning a ten percent (10%) or more interest in the organization, or other person with decision making authority.

~~(h)~~(e) "Course" means any program of instruction, as defined in these regulations, taken or given to satisfy the requirements of Sections 1749, 1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.5, 1749.8 and 10234.93(a)(4) of the California Insurance Code as follows:

(1) A "contact course" includes the following:

(A) is a live classroom presentation, seminar, workshop, conference, lecture, or teleconference with monitored attendance. A "class" is a contact course presentation;

~~(2B) An "interactive course" is an~~ "interactive continuing education course" that allows for an agent or broker and the instructor or proctor to exchange information using technological mediums such as

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video, compact diskette (CD), digital versatile disc (DVD), internet webcast~~chat rooms~~, webinar, web conference or other similar ~~form~~ technology designed for the exchange of information electronically;

(2) A "non-contact course" includes the following:

(3A) A "self-directed course is a continuing education course" that is not an interactive course, with study material in text, video, audio cassette, compact diskette (CD), digital versatile disc (DVD), internet webcast, or other similar form technology designed for individual study by a licensee. Attendance monitoring is not required.

(B) An "online preclicensing course" that is delivered to and taken by a student using computer-based technology with a connection to a host home or office computer, the Internet, or other computer-based technology and shall include but is not limited to the following:

(i) "Participatory Activities" that include regular inquiry periods and/or activities designed to test the students' subject matter knowledge of a completed chapter or section in order to assess the student's progress and provide feedback on areas requiring further study. Participatory activities may include but are not limited to "live" interchanges such as polling, instant surveys, public/private/moderated text chat, and "open floor" audio chats; and,

(ii) "Inquiry Periods" that provide an interval in which the student actively participates in the online course by responding to questions or, in the case of incorrect responses to questions, by searching the online course material to review previously presented material and answer questions correctly in order to progress through the online preclicensing course.

(34) A "combination course" is a course that includes both ~~self-directed~~ non-contact and contact course requirements to total a minimum of three (3) continuing education hours. It is mandatory for the student to complete the ~~self-directed~~ non-contact portion prior to completing the contact course portion of the course. Successful completion ~~will~~ shall be determined by the provider in the same manner as described in Sections 2188.6(e), ~~(d)~~ and ~~(e)~~.

~~(f)~~ (f) "Curriculum" is a statement describing the general content required in a course of study to satisfy the requirements of Sections 1749 et. seq. of the California Insurance Code. Each curriculum is approved by the curriculum board and the Commissioner.

~~(m)~~ (g) "Electronic filing" is the method by which the provider submits the course rosters and class presentation schedules. The electronic filing methods include, but are not limited to, the California Department of Insurance's Web site, electronic flat file, diskette, compact diskette (CD), or digital versatile disc (DVD).

~~(h)~~ (h) "Electronic signature" means an assigned student log-in/log-out number from an approved provider that allows a student to log into a computer-based class presentation. The approved provider must maintain the time attendance of each student who participates in the computer-based course.

~~(e)~~ (i) "Instructor" means:

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(1) For a contact course, a person who conveys curricular content to students on behalf of a provider and who possesses the required experience as stated in Section 2188.1 of these regulations;

(2) For a non-contact course, a person who is assigned by the provider to respond to student questions and who possesses the required experience as stated in Section 2188.1 of these regulations. For online preclicensing courses only, a person who is assigned by the provider to respond to student questions within twenty-four (24) hours, excluding state holidays and who possesses the required experience as stated in Section 2188.1 of these regulations.

~~(k)~~(j) "Original signature" means the provider director's actual signature. Original signatures are required on all provider and course applications and renewals, as well as on each "Preclicensing/Continuing Education Program Out-of-State Provider Jurisdiction Agreement" form (~~Form~~LIC 446-40) and "Preclicensing and Continuing Education Provider Stipulation to Maintain Records Outside of California" form (~~Form~~LIC 446-32) as set forth in Section 2188.50, herein. A provider ~~may~~shall utilize either a controlled signature stamp, or a computer generated signature, or appoint an authorized designee for purposes of signing any other forms. Prior to using either a signature stamp or a computer generated signature, the provider must submit to the Department a thorough explanation of the steps the provider has taken to ensure the security of either the stamp or computer facsimile. Prior to utilizing an authorized designee, the provider must submit to the Department a list of the names of the persons so authorized, along with a sample of each person's signature.

~~(a)~~(k) "Provider" means any institution or organization as described in Section 1749.4 of the California Insurance Code, including an authorized insurer, recognized agents' association or insurance trade association, and any accredited college, or university, or any other person or entity offering classes, courses, seminars, programs and self-directed study in insurance intended to satisfy the requirements of Sections 1749, 1749.3, 1749.31, 1749.32, 1749.33, 1749.8 or 10234.93(a)(4) of the California Insurance Code.

~~(b)~~(l) "Provider director" means the individual within a provider organization with responsibility for the administration of the programs approved by the Commissioner pursuant to Sections 1749, 1749.3, 1749.31, 1749.32, 1749.33, 1749.8 and 10234.93(a)(4) of the California Insurance Code.

~~(f)~~(m) "Student" means:

(1) an individual taking a preclicensing education course that is required as a prerequisite to obtaining a life agent, life-only agent, accident and health insurance agent, fire and casualty broker-agent, or personal lines broker-agent, or limited lines automobile insurance agent license pursuant to California Insurance Code Section 1749; or,

(2) an individual taking ~~a~~ continuing education course to satisfy the requirements of Sections 1749.3, 1749.31, 1749.32, 1749.33, 1749.8 and 10234.93(a)(4) of the California Insurance Code.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.8, 10234.93(a)(4), Insurance Code.

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**§2187-4 Preclicensing Education for Life Agents (Life-Only and Accident and Health Agents).**

(a) Any course taken to satisfy the Life-Agent preclicensing education requirement of Section 1749(e), effective ~~January 1, 2002~~, of the California Insurance Code shall be in a classroom and shall use the general subject matter derived from the following curriculum:

I. GENERAL INSURANCE

A. Basic Insurance

1. History

2. Concepts and Principles

B. Contract Law

C. The Insurance Marketplace

1. Distribution Systems

2. Producers

3. Insurers

4. Market Regulation - General

II. LIFE INSURANCE

A. Life Insurance: Basic Concepts

B. Types of Life Policies and Riders

C. Annuities

D. California Insurance Code Requirements for Policy Replacement and Flat Cancellation

E. The Life Insurance Contract

F. Taxation of Life Insurance Premium and Proceeds

G. Employee Benefits Plans: Life

H. Social Insurance System

I. General Concepts of Underwriting, Pricing and Claims

J. Financial Structure of Insurers

III. HEALTH and DISABILITY INCOME INSURANCE

A. Basic Disability Insurance Principles and Concepts

B. Medical Expense Insurance

C. Medicare and Medi-Cal Insurance

D. Long Term Care Insurance

E. HICAP Program - Health Insurance and Counselling Advocacy Program

F. Disability Income Insurance

G. Workers Compensation Insurance

1. General Concepts

2. Concept of 24-Hour Coverage

IV. NEW DEVELOPMENTS

A. Legal

B. Insurance Products and Practices

(b) The examination required for licensure as a life agent pursuant to California Insurance Code Section 1676 shall be based on the subject matter reflected in the foregoing curriculum.

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NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

**§2187.1 Preclicensing Education for Life-Only Agents**

(a) Any course taken to satisfy the Life-Only Agent preclicensing education requirements of Section 1749 of the California Insurance Code shall use the general subject matter derived from the following curriculum:

I. GENERAL INSURANCE (30 percent of questions)

- A. Basic Insurance Concepts and Principles
- B. Contract Law
- C. The Insurance Marketplace
  - 1. Distribution Systems
  - 2. Producers
  - 3. Insurers
  - 4. Market Regulation – General
  - 5. Fair Claims Settlement Practices Regulations

II. LIFE INSURANCE (65 percent of questions)

- A. Life Insurance - Basics
- B. Types of Life Policies
- C. Annuities
- D. Life Insurance and Annuities - Policy Replacement / Cancellation
- E. The Individual Life Insurance Contract
- F. Taxation of Life Insurance and Annuity - Premium and Proceeds
- G. Employee Benefits Plans – Life
- H. Social Insurance System
- I. Underwriting / Pricing / Claims
- J. Financial Structure of Insurers

III. LIFE POLICY RIDERS (5 percent questions)

IV. NEW DEVELOPMENTS

(b) The examination required pursuant to Insurance Code Section 1676 shall be based on the subject matter in the foregoing curriculum.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

**§2187.2 Preclicensing Education for Accident and Health Agents.**

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(a) Any course taken to satisfy the Accident and Health Agent prelicensing education requirement of Section 1749 of the Insurance Code shall use the general subject matter derived from the following curriculum:

I. GENERAL INSURANCE (25 percent of questions)

- A. Basic Insurance Concepts and Principles
- B. Contract Law
- C. The Insurance Marketplace
  - 1. Distribution Systems
  - 2. Producers
  - 3. Insurers
  - 4. Market Regulation – General
  - 5. Fair Claims Settlement Practices Regulations

II. ACCIDENT AND HEALTH INSURANCE (65 percent of questions)

- A. Medical Expense Insurance
- B. Senior Health Products
- C. Medicare and Medi-Cal
- D. Disability Insurance
- E. Worker's Compensation
  - 1. Twenty-Four Hour Coverage and General Concepts
- F. Social Insurance System
- G. Underwriting / Pricing / Claims
- H. Financial Structure of Insurers

III. LONG TERM CARE (5 percent of questions)

IV. HEALTH AND DISABILITY INSURANCE (5 percent of questions)

- A. Basic Accident and Health Insurance Principles and Concepts
- B. Health Insurance and Counseling Advocacy Program (HICAP)
- C. Disability Income Insurance

V. NEW DEVELOPMENTS

(b) The examination required pursuant to Insurance Code Section 1676 shall be based on the subject matter in the foregoing curriculum.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

**§2187.3 Prelicensing Education for Fire and Casualty Broker-Agents.**

(a) Any course taken to satisfy the Fire and Casualty Broker-Agent prelicensing education requirement of Section 1749(a) of the California Insurance Code ~~shall be in a classroom and~~ shall use the general subject matter derived from the following curriculum:

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I. GENERAL INSURANCE

A. Basic Insurance

1. History
  2. Concepts and Principles
- B. Insurance Contract Law
- C. The Insurance Marketplace
1. Distribution Systems
  2. Producers
  3. Insurers
  4. Market Regulation

II. BASIC CONCEPTS OF PROPERTY AND LIABILITY INSURANCE

- A. Basic Legal Concepts: Tort Law
- B. Property and Liability Basics
- C. Property and Liability Policies: General Concepts

III. PERSONAL LINES INSURANCE

- A. Dwelling Insurance
1. Dwelling Insurance: General Concepts
  2. Dwelling Fire/Homeowners Section I
  3. Homeowners Section II / (Comprehensive Personal Liability)
  4. Selected Homeowners Endorsements
- B. Inland Marine
1. Inland Marine: General Concepts
  2. Inland Marine: Personal Insurance
- C. Government/Pools/Catastrophe - Property Insurance
1. Earthquake Coverage
  2. FAIR Plan
  3. National Flood Insurance
- D. Personal Auto
1. Personal Auto - General Concepts
  2. Personal Auto - Liability/Medical/Uninsured Motorist
  3. Personal Auto - Physical Damage/Miscellaneous
  4. California Automobile Assigned Risk Plan (CAARP)
- E. Umbrellas and Excess Liability Insurance

IV. COMMERCIAL COVERAGES

- A. ISO Mobilized Commercial Lines Program
- B. Commercial Property
1. Commercial Property: General Concepts
  2. Building and Personal Property Coverage Form
  3. Causes of Loss Form(s)
  4. Property Indirect Damage Insurance
  5. Other Endorsements and Coverages
- C. Commercial General Liability
1. Commercial General Liability: General Concepts

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- 2. CGL Coverage Form (Occurrence Basis)
- 3. Professional Liability and "Claims Made" Coverage
- 4. Umbrella and Excess Liability
- D. Commercial Crime
- E. Boiler, Machinery and Plate Glass
- F. Commercial Inland Marine
- G. Commercial Auto
  - 1. Commercial Auto: General Concepts
  - 2. Business Auto Coverage
  - 3. Garage Auto Coverage
  - 4. Truckers Coverage
- H. Farm
- I. National Flood - Commercial
- J. Businessowners
  - 1. Businessowners: General Concepts
  - 2. Businessowners Policy Property Coverages
  - 3. Businessowners Policy Liability Coverages
- K. Ocean Marine
- L. Surety Bonds and General Bond Concepts
- M. Worker's Compensation
- N. Excess and Surplus Lines
- V. HEALTH AND DISABILITY INCOME INSURANCE
  - A. Health and Disability Insurance - General Concepts
  - B. Medical Expense Insurance
  - C. Disability Income Insurance
  - D. Senior Health Products
- VI. NEW DEVELOPMENTS
  - A. Legal
  - B. Insurance Products and Practices

(b) The examination required for licensure as a fire and casualty broker-agent pursuant to California Insurance Code Section 1676 shall be based on the subject matter reflected in the foregoing curriculum.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

**§2187.34 Prelicensing Education for Personal Lines Broker-Agent.**

(a) Any course taken to satisfy the Personal Lines Broker-Agent prelicensing education requirement of Section 1749(b) of the California Insurance Code ~~as effective January 1, 2002, shall be in a classroom and~~ shall use the general subject matter derived from the following curriculum:

- I. GENERAL INSURANCE
  - A. Basic Insurance



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1. History
2. Concepts and Principles
- B. Insurance Contract Law
- C. The Insurance Marketplace
  1. Distribution Systems
  2. Producers
  3. Insurers
  4. Market Regulation
- II. BASIC CONCEPTS OF PROPERTY AND LIABILITY INSURANCE
  - A. Basic Legal Concepts: Tort Law
  - B. Property and Liability Basics
  - C. Property and Liability Policies: General Concepts
- III. PERSONAL LINES INSURANCE
  - A. Dwelling Insurance
    1. Dwelling Insurance: General Concepts
    2. Dwelling Fire/Homeowners Section I
    3. Homeowners Section II/(Comprehensive Personal Liability)
    4. Selected Homeowners Endorsements
  - B. Inland Marine
    1. Inland Marine: General Concepts
    2. Inland Marine: Personal Insurance
  - C. Government/Pools/Catastrophe - Property Insurance
    1. Earthquake Coverage
    2. FAIR Plan
    3. National Flood Insurance
  - D. Personal Auto
    1. Personal Auto - General Concepts
    2. Personal Auto - Liability/Medical/Uninsured Motorist
    3. Personal Auto - Physical Damage/Miscellaneous
    4. California Automobile Assigned Risk Plan (CAARP)
    5. Motorcycles
    6. Recreational Vehicles
    7. GAP Coverage
  - E. Umbrella and Excess Liability Insurance
  - F. Low-Cost Automobile Insurance
    1. Be able to identify:
      - (a) What is low-cost automobile insurance?
      - (b) What are the costs for this insurance?
      - (c) Who is eligible to purchase low-cost automobile insurance?
      - (d) What are the cancellation and renewal procedures for low-cost automobile insurance?
      - (e) What are the coverages and limits available?
- IV. NEW DEVELOPMENTS
  - A. Legal

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B. Insurance Products and Practices

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

**§2187.45 Prelicensing Curriculum Education for Personal Lines Licensees To Become Fire and Casualty Broker-Agents.**

(a) Any course taken to satisfy the Personal Lines Licensees To Become Fire and Casualty Broker-Agent prelicensing education requirement of Section 1749(~~f~~), of the California Insurance Code ~~shall be in a classroom and~~ shall use the general subject matter derived from the following curriculum:

I. ~~COMMERCIAL~~Commercial COVERAGES

A. ISO Modulized Commercial Lines Program

B. Commercial Property

1. Commercial Property: General Concepts
2. Building and Personal Property Coverage Form
3. Causes of Loss Form(s)
4. Property Indirect Damage Insurance
5. Other Endorsements and Coverages

C. Commercial General Liability

1. Commercial General Liability: General Concepts
2. CGL Coverage Form (Occurrence Basis)
3. Professional Liability and "Claims Made Coverage
4. Umbrella and Excess: Liability

D. Commercial Crime

E. Boiler, Machinery and Plate Glass

F. Commercial Inland Marine

G. Commercial Auto

1. Commercial Auto: General Concepts
2. Business Auto Coverage
3. Garage Auto Coverage
4. Truckers Coverage

H. Farm

I. National Flood -- Commercial

J. Businessowners

1. Businessowners: General Concepts
2. Businessowners Policy Property Coverages
3. Businessowners Policy Liability Coverages

K. Ocean Marine

L. Surety Bonds and General Bond Concepts

M. Worker's Compensation

N. Excess and Surplus Lines

II. ~~HEALTH~~Health and ~~DISABILITY~~isability ~~INCOME~~ncome ~~INSURANCE~~nsurance

A. Health and Disability Insurance -- General Concepts

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- B. Medical Expense Insurance
- C. Disability Income Insurance
- D. Senior Health Products

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

**§2187.6 Preclicensing Education for Limited Lines Automobile Insurance Agent.**

(a) Any course taken to satisfy the Limited Lines Automobile Insurance Agent preclicensing education requirement of Section 1749 of the California Insurance Code shall use the general subject matter derived from the following curriculum:

I. GENERAL INSURANCE (15percent of questions)

- A. Basic Insurance Concepts and Principles
- B. Contract Law
- C. The Insurance Marketplace
  - 1. Distribution Systems
  - 2. Producers
  - 3. Insurers
  - 4. Market Regulation – General
  - 5. Fair Claims Settlement Practices regulations
  - 6. Excess and Surplus (E&S) Lines

II. PROPERTY AND LIABILITY BASICS (5 percent of questions)

- A. Basic Legal Concepts - Tort Law
- B. Property and Liability Basics
- C. Property and Liability Policies - General

III. PERSONAL AUTO INSURANCE (80 percent of questions)

- A. Personal Auto
  - 1. Personal Auto - General
  - 2. Personal Auto - Liability / Medical/ Uninsured Motorists
  - 3. Personal Auto - Physical Damage / Miscellaneous
  - 4. California Automobile Assigned Risk Plan (CAARP)
  - 5. Motorcycles
  - 6. Recreational Vehicles
- B. Umbrellas and Excess Liability Insurance
- C. Low-Cost Automobile Insurance
- D. New Developments - Personal Auto

(b) The examination required pursuant to Insurance Code Section 1676 shall be based on the subject matter in the foregoing curriculum.

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NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

**§2187.27 Preclicensing Education on Ethics and the California Insurance Code.**

(a) Any course taken to satisfy the Ethics and Code preclicensing education requirement of Section 1749(d) ~~effective January 1, 2002, of the California Insurance Code shall be in a classroom and~~ shall use the general subject matter derived from the following curriculum:

I. GENERAL INSURANCE

- A. Basic Insurance Concepts and Principles
- B. Contract Law
- C. Producers
- D. Insurers
- E. Marketing Regulation: General Concepts

II. PROPERTY and LIABILITY (Fire and Casualty and Personal Lines, effective January 1, 2002)

- A. General
- B. Personal Auto
- C. Excess and Surplus Lines

III. LIFE INSURANCE (Life Insurance only)

- A. Life Insurance
- B. Annuities

IV. HEALTH & DISABILITY INCOME INSURANCE (excluding Personal Lines, effective January 1, 2002)

- A. Health and Disability Income
- B. Senior Health Products

VI. NEW DEVELOPMENTS

- A. Legal
- B. Insurance Products and Practices

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

**§ 2188. Provider ~~Qualification, Certification, and Renewal~~, and Qualification.**

(a) Original Provider Certification

(1) Every person desiring to be certified as a provider shall submit to the Commissioner a provider application on form LIC 446-2 (Preclicensing/Continuing Education Program Provider Certification/Renewal Application) REV. 9/95, ~~incorporated by reference~~ as set forth in section 2188.50 herein, along with the filing fee specified in California Insurance Code Section 1751.1. The provider application shall request information that shall include but not be limited to the following:

(i) the name and qualifications (experience, professional designations, degrees, licenses held) of the provider director;

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(ii) whether the provider director, or a controlling person of a provider organization, has been convicted of a crime, refused a professional, occupational or vocational license or has had such a license suspended, restricted or revoked by any licensing authority, or been fined or placed on probation by an administrative agency;

(iii) the location, including street address, city, telephone number and contact person, of records required to be maintained by provider; if records are to be kept outside of California, form LIC 446-32 (Prelicensing/Continuing Education Provider Stipulation to Maintain Records Outside of California) as described in Section 2188.4(e) and set forth in section 2188.50 herein must be completed and signed by the Provider Director;

(iv) the attendance record forms proposed for use meeting the requirements delineated in Section 2188.5(b);

(v) the provider's status with the Council for Private Post Secondary and Vocational Education;

(vi) whether the provider is a sole proprietorship, partnership, association or corporation;

(vii) certification that no course shall be offered for credit unless the provider has been certified as a provider by the Commissioner;

(viii) the original signature of the provider director certifying accuracy of information provided; and

(ix) the full legal name, social security number, and date of birth of each controlling person.

(2) No provider shall be certified if the application referred to above is incomplete. The Department shall inform all provider applicants in writing within seven days from the Department's receipt of the provider application either that it is complete and accepted for filing, or that it otherwise contains deficiencies requiring correction. Incomplete provider applications shall remain active for one year unless withdrawn by the applicant. After one year, a new application is required, along with the filing fee specified in California Insurance Code Section 1751.1. Notification that an application is complete does not necessarily mean the Department considers all information contained therein to be sufficient, and submission of insufficient information may be a basis for denial of provider certification. The Department shall decide whether to grant or renew provider certification within sixty days from its receipt of a completed application, however, the sixty-day time period shall be tolled during any such time that a provider applicant comes under formal investigation by the Department.

(3) The Commissioner may refuse to certify a provider if:

(i) the applicant or any controlling person is not properly qualified to perform the duties of a provider;

(ii) the granting of certification would be against the public interest;

(iii) the applicant or any controlling person is not of good business reputation;

(iv) the applicant or any controlling person is lacking in integrity;

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- (v) the applicant or any controlling person has been refused a professional, occupational or vocational license, had such a license suspended, revoked, or restricted, or been fined or placed on probation by any licensing authority for reasons other than the applicant's or controlling person's failure to meet the licensing authority's technical requirements for licensure;
- (vi) the applicant or any controlling person has knowingly, willfully, or recklessly made any misstatement in any application to the Commissioner or in a document filed in support of such application, or has made a false statement in testimony given under oath before the Commissioner or any other person acting in his stead;
- (vii) the applicant or any controlling person has previously engaged in a fraudulent practice or act or has conducted any business in a dishonest manner;
- (viii) the applicant or any controlling person has shown incompetency or untrustworthiness in the conduct of any business, or has by commission of a wrongful act or practice in the course of any business exposed the public or those dealing with him to the danger of loss;
- (ix) the applicant or any controlling person has been convicted of a felony, a misdemeanor denounced by any law regulating insurance, a public offense having as one of its necessary elements a fraudulent act or an act of dishonesty in the acceptance, custody, or payment of money or property, or a public offense which indicates any potential for future conduct detrimental to students or the insurance industry;
- (x) the applicant or any controlling person has aided or abetted any person in an act or omission which would constitute grounds for certification denial of or disciplinary action under the California Insurance Code against the person aided or abetted; or
- (xi) the applicant or any controlling person has permitted any person in his employ to violate any provision of the California Insurance Code.
- (4) Every nonresident applicant for provider certification shall file with the Commissioner the agreement included on form LIC 446-40 ([Prelicensing/Continuing Education Program Out-of-State Provider Jurisdiction Agreement] ~~REV. 9/95~~), incorporated by reference as set forth in section 2188.50 herein. The agreement shall give jurisdiction over and shall be binding upon the applicant executing it. Service ~~may~~shall be made upon the Commissioner under the circumstances described in the agreement and in the manner provided in the Insurance Code.
- (5) Upon the filing of an original or renewal application to be certified as a provider, the Insurance Commissioner may make such investigation and require the filing of such supplementary documents, affidavits and statements as may be necessary to obtain a full disclosure of such information as will aid him in determining whether the prerequisites for the certification or renewed certification of said provider have been met.
- (b) Renewal of Provider Certification
- (1) Every person desiring to renew certification as a provider shall submit to the Commissioner a provider renewal application on form LIC 446-2 ([Prelicensing/Continuing Education Program Provider

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Certification/Renewal Application] ~~REV. 9/95~~), ~~incorporated by reference~~ as set forth in section 2188.50, herein.

(2) No provider certification shall be renewed if the application referred to above is incomplete. The Department shall inform all provider renewal applicants in writing within seven days from the Department's receipt of the provider renewal application either that it is complete and accepted for filing, or that it otherwise contains deficiencies requiring correction. Incomplete provider applications shall remain active for one year unless withdrawn by the applicant. After one year, a new application is required, along with the filing fee specified in California Insurance Code Section 1751.1. Notification that an application is complete does not necessarily mean the Department considers all information contained therein to be sufficient, and submission of insufficient information may be a basis for denial of provider certification. The Department shall decide whether to renew provider certification within sixty days from its receipt of a completed application, however, the sixty-day time period shall be tolled during any such time that a provider comes under formal investigation by the Department.

(3) Provider renewal applications shall be received by the Department not less than sixty days prior to the expiration of provider status to maintain continuity of certification.

(4) A provider with an expired certification is not permitted to offer any of its approved courses until such time as its active status has been renewed.

(c) Provider Qualifications

(1) A certified provider shall notify the Commissioner in writing no later than ten days following any change in any of the items listed in subdivision (a) (1) of this Section.

~~(2)~~ A certified provider and applicant for certification shall obtain the Commissioner's written approval prior to using any fictitious name under which it acts in a capacity for which certification is required. A certified provider or applicant shall file with the Commissioner any change in or discontinuance of a true or fictitious name. The Insurance Commissioner may in writing disapprove the use of any fictitious or true name, other than the bona fide natural name of an individual, on any of the following grounds:

~~(A)~~ (1A) the name is an interference with or is too similar to a name already filed and in use by another certified provider;

~~(B)~~ (1B) the use of the name might mislead the public in any respect; or

~~(C)~~ (1C) the provider or applicant has already obtained approval for the use of a fictitious name, and has not agreed to discontinue the use of that name. This subdivision shall not prevent a provider or applicant who has lawfully purchased or succeeded to the business or businesses of other providers from using for each such business not more than two additional names, true or fictitious, consisting of names used by the predecessor businesses in their conduct as certified providers.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.4, Insurance Code.

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**§2188.1 Instructor Qualifications.**

(a) An approved provider shall ~~as~~ensure all of the following:

(1) that each course approved to satisfy the requirements of California Insurance Code Sections 1749.2 ~~or~~ 1749.3, 1749.31, 1749.32, 1749.33, 1749.5, 1749.8 and 10234.93 shall be taught or presented by an instructor who meets at least one of the following qualifications:

(~~1~~A) three years experience within the last five years in the course or related subject matter, or

(~~B~~) currently licensed as an insurance or life agent or broker-agent for the subject being taught and which experience may include holding an appropriate the insurance license for three of the last five years for the subject being taught, or

(~~2~~C) possession of a college degree in the subject matter being taught, or a related recognized professional designation, or related recognized professional credentials in the subject matter being taught and two years experience within the last five years in the course or related subject matter;

(2) that each classroom and online preclicensing education instructor, as defined in these regulations, shall meet all instructor qualifications as stated in this section and shall receive comprehensive training by the Provider;

(3) that each online preclicensing education instructor, as defined in these regulations, shall meet all instructor qualifications as stated in this section and shall be available by telephone within twenty-four (24) hours, excluding state holidays, to respond to an online preclicensing student's course content questions. Technical questions regarding course requirements and materials may be responded to by other approved provider staff; and,

(4) that each continuing education non-contact course instructor, as defined in these regulations, shall meet all instructor qualifications as stated in this section and shall be available by telephone to respond to continuing education non-contact student's course content questions. Technical questions regarding course requirements and materials may be responded to by other approved provider staff.

(b) An approved education provider shall collect and maintain sufficient documentation to demonstrate that each instructor meets the minimum qualifications as set forth in this section. All documentation shall be maintained by the provider for a minimum of five years after termination of instructor employment. Documentation shall include the Preclicensing/Continuing Education Program Instructor Qualification form LIC 446-4 signed under penalty of perjury as set forth in Section 2188.50 herein and at least two of the following:

(1) Copy of degree, license, or certificate in the subject being taught;

(2) Curriculum vita, resume or transcripts stating Instructor's experience, qualifications and education;



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- (3) Documents or letters from a third party including but not limited to a supervisor, professor, attorney, legislator, or Certified Public Accountant that demonstrate the Instructor meets the minimum requirements;
- (4) Documentation that the Instructor has successfully completed a course that meets the requirements of California Insurance Code Section 1749.4.

(b) The Department shall have the right to review existing records of instructors and direct the provider not to use an instructor who does not meet the instructor qualifications as set forth in this Section or does not adhere to other applicable requirements stated in these regulations.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.4, Insurance Code.

**§2188.2 Course Approval.**

(a) Every provider desiring to obtain approval of a course shall submit to the Commissioner, on form LIC 446-3 (~~{Preclicensing/Continuing Education Program Course Approval Application}~~ ~~REV. 3/06~~), as set forth in Section 2188.2350, a course approval application, along with the applicable filing fee specified in California Insurance Code Section 1751.1. The course approval application form shall request information which shall include but not be limited to the following:

- (1) the title of the course;
- (2) a detailed statement of how each specific course is relevant to insurance topics or insurance products;
- (3) a detailed outline of approximately one (1) page per hour of instruction for a contact course, including the time each topic is being presented; or a copy of all materials presented to each student and the time each topic is being presented.
- (4) the number of credit hours requested for the course and how the number was determined;
- (5) the applicable license type(s) of the intended audience;
- (6) an agenda showing the beginning and ending times, breaks, and time allotted for exams, if given;
- (7) the examination proposed to be used for the course when completion by examination is required; the exam shall include the answers along with a page and paragraph reference for each answer to the source material; and a statement on how the provider will maintain the integrity of the examination including a page and paragraph reference to the source book(s) for the answers; the length of time students have to complete a course; a copy of the exam instruction sheet that goes to the students; an explanation of how a course's completion date is determined, who maintains control of the answer key, what constitutes a passing grade and the provider's procedures in the event that a student fails an exam;
- (8) when using another vendor's source material as the basis for the course, a current letter of authorization from the author or publisher;
- (9) whether the course is open to the public; and
- (10) the original signature of the provider director certifying accuracy of information provided.

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(b) Every provider desiring to obtain approval of a contact course shall advise the Insurance Commissioner of the course's proposed location, including street address, city, state and zip code, and dates and time of the course. Such information shall be received at least fourteen days before the course is scheduled to begin. The provider shall provide this information on form LIC 446-12 (~~{Class Presentation Schedule Form}~~ REV 11/05) as set forth in Section 2188.2450.

(c) Any requests for course approval shall be received by the Department not less than thirty (30) days prior to the date of the course offering. The Department shall inform all providers and provider applicants submitting such requests within seven (7) days from the Department's receipt of an application whether it is complete and accepted for filing, or that it otherwise contains deficiencies requiring correction. Incomplete course applications shall remain active for one (1) year unless withdrawn by the applicant. After one (1) year, a new application is required, along with the applicable filing fee specified in California Insurance Code Section 1751.1. Notification that an application is complete does not necessarily mean the Department considers all information contained therein to be sufficient, and submission of insufficient information may be a basis for denial of course approval. The Department shall decide whether to approve or reject a course within thirty (30) days of its receipt of a request, however the thirty-day (30) time period shall be tolled during any time that a provider or provider-applicant comes under formal investigation by the Department.

(d) All advertisements for approved courses shall include the name of the provider, course title as approved by the Commissioner, license type for which the course is approved and the credit hour(s) assigned. No course shall be advertised as approved for credit by the Insurance Commissioner until approved in writing by the Insurance Commissioner.

(e) A course may be advertised as submitted for approval if a complete filing pursuant to Section 2188.2(a) has been submitted within the time specified by Section 2188.2(c), and if such advertisement includes an advisement, in at least the same size type as any language regarding the course having been submitted for approval, that the course is pending approval.

(f) Minor changes to courses that do not affect course content or presentation time should be reported in letter form not less than thirty (30) days prior to implementation of the change. A new edition of a book with approximately the same content may be considered a minor change.

(g) Major changes that affect presentation time or ~~that materially~~ alter the course content shall be filed as a new course. The course application shall be received by the Department not less than thirty (30) days prior to the date of the first course offering using the new material. Use of a different source book is considered a major change.

(h) Any changes regarding the location or date of any previously approved course, or notification of any additional date or location offering of a previously approved course shall be submitted on form LIC 446-12 (~~{Class Presentation Schedule Form}~~ REV 11/05) as set forth in Section 2188.2450, and such notification must be received by the Commissioner at least ten (10) days prior to the course offering. Late submission of a class presentation schedule must be accompanied by a letter of explanation signed by the provider director, in order for the Department to consider the course for approval. Continued noncompliance with the notification requirements of this subsection, including any failure to submit a letter of explanation, shall be considered grounds for the rescission of a provider's certification.

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(i) Credit hours for contact courses, such as seminars, workshops or conferences, are determined using a fifty (50) minute hour. A contact course student shall not receive credit for more than eight (8) hours or 400 minutes per day of instruction. Credit hours for non-contact courses and the non-contact portion of a combination course self-directed programs will ~~shall~~ be determined using a sixty (60) minute hour. ~~Fractional hours or e~~ Credit of less than one (1) hour will ~~shall~~ not be granted.

(j) ~~No student shall receive contact instruction for more than eight (8) hours per day.~~  
A provider must assure the Department that adequate measures are employed to ensure that students are actively engaged in course material for non-contact courses and the non-contact portion of combination courses. A provider shall ensure that, at a minimum, the following measures are employed:

- (1) the course must contain a minimum of 4,600 words for each hour of credit; and,
- (2) the course examination time must total at least 10 percent and not more than 15 percent of the course completion time; and,
- (3) a final examination at the end of the course must contain a minimum of three questions for each credit hour.

(k) Subjects qualifying for continuing education course approval shall include, but not be limited to, insurance contract analysis, risk management techniques, and rating and classification sessions. The overriding consideration in determining whether a specific program or course qualifies for continuing education credit is that it be a structured learning program which contributes directly to the professional or technical competence of the individual licensed. Courses on nontraditional insurance products or programs may be acceptable if the course contributes to the professional or technical competence of the individual person in the capacity for which they are licensed.

(l) Contact and self-directed course subjects that do not qualify for continuing education course approval shall include but not be limited to: sales training, communication skills, motivational training, meetings offered by insurers to launch new products or programs, and self-improvement programs.

(m) Combination courses having identical content in both the self-directed and contact portions of the course may not be approved. Combination courses having identical content in both the self-directed and contact portions of the course may be subject to a reduction in requested hours.

(n) Courses may fail to qualify for continuing education credit if the subject matter is deemed to be too basic, or is not at least as comprehensive as any applicable portion of the prelicensing curriculum. Courses which have, as a majority of their allocated time, general subject matter such as economics, demographics, taxation and law will be decided on a case by case basis. Courses on retirement planning, financial planning and estate planning may not qualify if the course curriculum does not reflect a substantial allocation of course time to training the agent to provide product- specific information to insurance consumers.

(o) No course approved for prelicensing or continuing education credit shall be construed to be endorsed by the Commissioner.

(p) Only an approved provider can offer and schedule an approved course; providers cannot delegate this authority to instructors or other parties.

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(q) When scheduled courses are cancelled, providers must take reasonable efforts to notify all registrants and maintain documentation of those efforts.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749.2-1749.6, 1749.8, Insurance Code.

**§2188.2.5 Online Preclicensing Course Approval**

(a) Every provider desiring to obtain approval of an online preclicensing course, in addition to meeting the Course Approval requirements of Section 2188.2 shall include the following in the course:

- (1) clear instructions to the student on how to access and participate in the course;
- (2) a methodology to ensure that the student taking the course cannot complete the course in less time than the period for which the course certification is granted by the department;
- (3) an electronic component that:
  - (A) monitors, tracks and provides rosters on the student's time spent completing each section of the course;
  - (B) authenticates the student's identity on a periodic basis, including upon entering and during the course (i.e. employs miscellaneous types of questions that only the student would know and requires the student to answer correctly);
  - (C) prevents the student from skipping the course content materials before answering the review questions; and,
  - (D) logs the student out of the course after a period of inactivity of twenty minutes, requiring the student to log back in and re-enter the course;
- (4) encryption of all non-public personal student information so that the information cannot be read as it passes across the internet;
- (5) a participatory component that:
  - (A) requires students to answer the review questions after each section or requires a minimum of four interactive multiple choice inquiry periods during each hour of the course. Inquiry periods shall occur at regular intervals and shall cover material presented in that section of the course.
  - (B) identifies all incorrect responses and informs the student of the correct response with an explanation of the correct answer. Examples include but are not limited to: a response to the student with a correct answer and explanation or a reference back to the student with the section/screen that pertains to the question.
  - (C) requires students to answer one hundred percent (100%) of the review questions before allowing the student to proceed to the next section or to complete the course.
  - (D) provides the student with the ability to review any unit/section/chapter of the course at any time.
  - (E) provides the student with the ability to contact an online preclicensing course instructor regarding course material. Online preclicensing course instructors shall respond to the student within twenty-four (24) hours with the exception of state holidays.

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(b) Every provider desiring to obtain approval of an online preclicensing course shall ensure that each student completes the following minimum number of review questions per course, per section:

(1) Fire and Casualty Agent Courses:

<u>12-Hour Course:</u>		<u>Question Total = 36</u>
<u>40-Hour Course:</u>	<u>Section I&amp;II-</u>	<u>37 Review Questions</u>
	<u>Section III -</u>	<u>45 Review Questions</u>
	<u>Section IV-</u>	<u>32 Review Questions</u>
	<u>Section V-</u>	<u>6 Review Questions</u>
		<u>Question Total = 120</u>

(2) Life Agent Courses:

<u>12-Hour Course:</u>		<u>Question Total = 36</u>
<u>40-Hour Course:</u>	<u>Section I -</u>	<u>31 Review Questions</u>
	<u>Section II</u>	<u>44 or 45 Review Questions</u>
	<u>Section III</u>	<u>44 or 45 Review Questions</u>
		<u>Question Total = 120</u>

(3) Life-Only Courses:

<u>12-Hour Course:</u>		<u>Question Total = 36</u>
<u>20-Hour Course:</u>	<u>Section I -</u>	<u>19 Review Questions</u>
	<u>Section II</u>	<u>20 Review Questions</u>
		<u>Question Total = 39</u>

(4) Accident and Health Courses:

<u>12-Hour Course:</u>		<u>Question Total = 36</u>
<u>20-Hour Course:</u>	<u>Section I -</u>	<u>19 Review Questions</u>
	<u>Section II</u>	<u>20 Review Questions</u>
		<u>Question Total = 39</u>

(5) Personal Lines Agent Courses:

<u>12-Hour Course:</u>		<u>Question Total = 36</u>
<u>20-Hour Course:</u>	<u>Section I&amp;II -</u>	<u>19 Review Questions</u>
	<u>Section III -</u>	<u>20 Review Questions</u>
		<u>Question Total = 39</u>

(6) Limited Lines Automobile Insurance Agent Courses:

<u>12-Hour Course:</u>		<u>Question Total = 36</u>
<u>20-Hour Course:</u>	<u>Section I -</u>	<u>19 Review Questions</u>
	<u>Section II</u>	<u>20 Review Questions</u>
		<u>Question Total = 39</u>

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, Insurance Code.

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**§ 2188.3. Course Renewal**

(a) Every provider desiring to renew approval of an unchanged course or a course with only minor changes shall receive from the Commissioner an electronically generated Provider Course Renewal Letter, form LIC 446-38, incorporated by reference herein, that lists the courses to be renewed. The Provider shall submit form LIC 446-38 to the Insurance Commissioner on Form 446-38, [(Preclicensing/ Continuing Education Program Course /Renewal Application)(REV 9/95], incorporated by reference herein, a course renewal application, along with the applicable renewal fee specified in California Insurance Code Section 1751.1. The course renewal application form shall request information which shall include but not be limited to the following:

(1) the title of the course and Department of Insurance approval number;

(2) the number of credit hours currently assigned;

(3) for contact courses:

(i) a certification stating that the course remains unchanged from its last approval, signed by the provider-director; and

(ii) for minor changes not affecting time or course content, a course outline and agenda highlighting the changes made;

(4) for self-directed courses:

(i) a copy of all material(s) received by the student, the examination proposed to be used for the course, including the answers along with a page and paragraph reference for each answer to the source material;

(ii) a statement on how the integrity of the exam will be maintained; including a page and paragraph reference to the source book(s) for the answers; the length of time students have to complete a course; a copy of the exam instruction sheet that goes to the students; an explanation of how a course's completion date is determined, who maintains control of the answer key, what constitutes a passing grade and the provider's procedures in the event that a student fails an exam; and

(iii) when using another vendor's source material as the basis for the course, a current letter of authorization from the author or publisher; and

(5) an original signature of the provider director certifying accuracy of information provided.

(b) The Department reserves the right to revise the number of credit hours previously assigned for courses submitted for renewal approval.

(c) Course renewal applications shall be received by the Department not less than sixty days prior to the expiration of the course's approval to ensure continuity of the approval status.

(d) No provider shall be permitted to offer for continuing education credit a course with an expired status until such time as the active approval status of the course has been renewed.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.4, 1749.5, Insurance Code.

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**§2188.4 Maintenance of Records**

(a) All providers shall maintain completed instructor qualification information on form LIC 446-4 (~~{Prelicensing/Continuing Education Program Instructor Qualification Form} REV. 9/95~~), as set forth in Section 2188.50 ~~incorporated by reference~~ herein.

(b) All providers shall maintain records of enrollments, and/or registrations, provider rosters, examination answer sheets and grades of students attending approved courses. Prelicensing education providers shall also maintain student resident addresses and telephone numbers. In addition, prelicensing providers shall maintain online prelicensing student affidavits as required by Section 2188.5.5.

(c) All providers shall maintain attendance records on forms approved by the Commissioner pursuant to Section 2188.5 (b).

(d) Records of attendance in accordance with this Section shall be maintained by the provider (including the local chapter of educational entity) for classroom programs referred to in Insurance Code Section 1749.4 (a) through (e).

(e) Provider records are to be maintained for a period of five (5) years and must be made available to the Insurance Commissioner for inspection and copying immediately upon request. All records of providers with an office in this State, or which are otherwise doing business in this State, shall be maintained at a location within the State unless form LIC 446-32 (~~{Prelicensing/and Continuing Education Provider Stipulation to Maintain Records Outside of California} Rev. 8/96~~), ~~incorporated by reference~~ as set forth in Section 2188.50 herein, is submitted by the provider director. Failure to comply with this subdivision shall be grounds for rescission of a provider's certification.

(f) Providers shall maintain records such as bank statements, ledgers, journals, receipt books, invoices, and checks, which establish an audit trail of all fees collected from and refunded to students for prelicensing and continuing education courses.

(g) Providers shall maintain copies of all advertisements, mailers and solicitations used in connection with the advertising or offering of prelicensing and continuing education courses to the public. Providers are not required to retain such items for a period in excess of two years, unless they have been notified by a representative of the Department of Insurance that a longer retention period is required.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.4, 1749.5, Insurance Code.

**§2188.5 Successful Completion of Prelicensing Courses.**

(a) A student's successful completion of a course intended to meet the prelicensing education requirements referred to in California Insurance Code Section 1749 shall be by attending one-hundred percent (100%) of a scheduled course.

(b) Course attendance shall be determined by the provider completing and maintaining a daily attendance record, at both the beginning and end of each session. Such attendance record can be maintained on form LIC 446-5 (Prelicensing/Continuing Education Program Course Attendance Record

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and Verification Form) ~~REV. 8/96~~, ~~incorporated by reference~~ as set forth in Section 2188.50 herein, or on a form selected by the provider, as long as the form contains the following minimum requirements:

- (1) name, signature, social security number ~~and~~ or insurance license number (if any) of the student;
- (2) provider name and Department of Insurance certification number;
- (3) course title and Department of Insurance approval number;
- (4) date and location of course; and
- (5) whether the record is for the beginning or end of a session.

(c) Providers of courses referenced in California Insurance Code Section 1749.4 (f) are exempt from the attendance record keeping requirements of Section 2188.5 (b) above. A student's successful completion of such courses will be by obtaining a passing grade of at least seventy percent (70%) on a final examination, or an instructor's certification that such student attended at least eighty percent (80%) of the scheduled course.

(d) The provider/instructor has the authority to withhold credit for program completion when, in his or her opinion, the student did not pay satisfactory attention, or otherwise failed to demonstrate acceptable student conduct in class.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, Insurance Code.

**§2188.5.5 Successful Completion of Online Preclicensing Courses.**

(a) A student's successful completion of an online preclicensing course intended to meet the preclicensing education requirements referred to in California Insurance Code Section 1749 and these regulations shall be determined by the student's compliance with the following:

- (1) actively engaged in one-hundred percent (100%) of an approved online preclicensing course and completion of the total number of required training hours;
- (2) completion of one-hundred percent (100%) of the inquiry period review questions;
- (3) successful identity authentication throughout the course as defined in Section 2188.2.5 of these regulations; and,
- (4) student signature on a completed affidavit (paper or electronic) that declares that the identified student has completed the entire course including 20 or 40 hours of product training, whichever is applicable, and 12 hours of code and ethics training.

(b) Online preclicensing course attendance shall be verified by the provider who shall complete and maintain attendance records that contain at a minimum the following:

- (1) date and time student logs into and exits the online preclicensing course;
- (2) date and amount of time spent on each session of product training and Code and Ethics training;  
and,
- (3) completed affidavit signed by student as defined above.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, Insurance Code.



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**§2188.8 Certificates of Completion**

(a) Certificates of completion shall be provided by the approved provider to any student successfully completing a preclicensing, continuing education, or training course. Duplicate certificates of completion shall be issued by providers upon request in the case of lost or destroyed certificates. Certificates of Completion may be electronically issued to the student upon request. Certificates of completion shall contain the following information:

- (1) original signature of the student and the instructor, or the provider director, or in the case of supervised audio/video courses, the original signature of the provider director designee who supervised the course and verified attendance;
- (2) the title and Department of Insurance course approval number of the course completed;
- (3) the provider name, address, telephone number and Department of Insurance approval number;
- (4) for contact courses, the date/s of the course taken, the date completed and the city, including street address and zip code, where taken;
- (5) the number of hours approved for the course;
- (6) a statement that submitting a false or fraudulent certificate of completion to the Commissioner may subject any application for an insurance license to denial, and any issued license to suspension or revocation; and
- (7) certificates of completion or the records of final examination grades of courses taken to satisfy the requirements of California Insurance Code Section 1749, 1749.3, 1749.31, 1749.32, 1749.33, 1749.8 and 10234.93(a)(4) shall state that the student should retain the certificate for five (5) years.

(b) The provider shall provide the Commissioner with a roster of students given certificates of completion as follows:

- (1) The preclicensing roster is to be submitted within ten (10) business days following the completion of the course.
- (2) The continuing education roster is to be submitted thirty (30) calendar days following the completion of the course. Said roster shall include the name of the instructor if the instructor is requesting credit for the course.
- (3) The roster shall be submitted through an electronic filing method which can include, but is not limited to, the California Department of Insurance's Web site, electronic flat file, diskette, compact diskette (CD), or digital versatile disc (DVD). Specific requirements for submitting rosters using one (1) of the methods noted above will be provided by the education unit.
- (4) Submission of typed hard copy form (~~LIC 446-13~~), [Provider Roster]-~~Rev. 3/06~~, as set forth in Section ~~2188.8350~~ herein, or typed on a form selected by the provider, as long as the form contains the following minimum requirements, will only be accepted under special circumstances previously approved by the CDI:
  - (A) the name, social security number and insurance license number (if any) of the student;
  - (B) the provider name and Department of Insurance approval number;
  - (C) the course title and Department of Insurance approval number;

**State of California – Department of Insurance  
 Title 10, Chapter 5, Subchapter 1, California Code of Regulations  
 Article 6.5, Preclicensing and Continuing Education  
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**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

- (D) the date and location of course including street address and zip code;
- (E) the number of hours approved for the course; and
- (F) the signature of the provider director certifying accuracy of information provided.

(c) Submission of a late roster shall be accompanied by a letter of explanation signed by the provider director. Continued noncompliance, including any failure to supply a letter of explanation, shall be considered grounds for the rescission of a provider's certification.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.8 and 10234.93(a)(4), Insurance Code.

**§2188.50      Forms**

**(a) Preclicensing/Continuing Education Program Provider Certification/Renewal Application**  
**LIC 446-2**

State of California

Department of Insurance

**Preclicensing/Continuing Education Program  
 Provider Certification/Renewal Application**  
 LIC 446-2 (Rev. 11/08)

Producer Licensing Bureau – Education Section  
 320 Capitol Mall  
 Sacramento, CA 95814-4309  
[www.insurance.ca.gov](http://www.insurance.ca.gov)  
 Information (916) 492- 3064

1.	Check one only: <input type="checkbox"/>	Original filing <input type="checkbox"/>	Renewal <input type="checkbox"/>	Change of Provider Director <input type="checkbox"/>	Provider Number: _____	DEPARTMENT USE ONLY:  Provider Number _____  Effective date: _____  BY:            Date:
2.	Check one only: <input type="checkbox"/>	Continuing Education <input type="checkbox"/>	Preclicensing Education <input type="checkbox"/>			
3.	Entity Type: <input type="checkbox"/>	Sole Proprietor SSN _____	<input type="checkbox"/>	Corporation FEIN: _____		
	<input type="checkbox"/>	Partnership FEIN: _____	<input type="checkbox"/>	Association FEIN: _____		
4.	Entity name:					
5.	Does the organization intend to use a fictitious (DBA) name? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list such name: _____ (Name must be approved by the Department prior to use)					
6.	Business Address*	Number/Street (PO Box is not acceptable)				
		City/State/Zip				

**State of California – Department of Insurance  
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		* If located outside of California, attach completed form LIC 446-40, Out-of-State Provider Jurisdiction Agreement.		
7.	Mailing Address:	Number/Street/PO Box		
		City/State/Zip		
8.	Phone Numbers:	Toll free ( )	Business ( )	Fax ( )
9.	Record Storage Address**	Number/Street (PO Box is not acceptable)		
		City/State/Zip		
		** If address is outside of California, attach completed form LIC 446-32, Stipulation To Maintain Records Outside of California.		
10.	Record Storage Contact Person:	Last	First	Middle
		Business Phone ( )		Fax number ( )

**PROVIDER DIRECTOR:** Individual within a provider organization with responsibility for the administration of the programs approved by the Commissioner pursuant to Sections 1749 and 1749.3, 1749.31 and 1810.7 of the California Insurance Code.

11.	Director Name:	Last	First	Middle
12.	Residence Address:	Number/Street		
		City/State/Zip		
13.	Phone Numbers:	Residence ( )	Business ( )	Fax ( )
14.	E-mail Address:			
15.	Provider Director Qualifications (experience [i.e. insurance, teaching], professional designations, degrees, licenses held, etc.)			
16.	Is this organization now using or has it ever used any name other than listed in #4 or #5 above? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list such names and dates used:			
17.	Has the organization submitted to the Department within the last year, a filing for which an approval has not been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, list name under which the filing was made and date filed: _____			

**COMPLETE THE AREA BELOW FOR YOUR ORGANIZATION TYPE.** (Attach additional sheets if more space is needed.)

18) CORPORATE or ASSOCIATION APPLICANT: Complete the following **and** attach a copy of the articles of incorporation. (If you are an admitted insurer and there have been no changes in officers, directors or stockholders since the last official filing with the Department, submit a letter stating such. If there have been changes, the following must be completed.)

	Name: Last	First	Middle	Residence Address	Social Security No. *
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**State of California – Department of Insurance  
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**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

President			
Vice President			
Secretary			
Treasurer			
Director			
Director			
Director			
Stockholder			
Stockholder			

19) PARTNERSHIP APPLICANT: List name and address of all partners and attach copy of the partnership agreement. If no agreement, submit letter signed by all partners.

Partner Name: Last    First                    Middle	Residence Address	Social Security No. *

20) SOLE PROPRIETOR APPLICANT: List name and address of proprietor.

Name: Last            First                    Middle	Residence Address	Social Security No. *

\*PERSONAL INFORMATION NOTICE: Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1997 (Civil Code Section 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principle purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.2 of the IPA of 1997. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

21.	<p>Is there any person within the organization, other than listed in question (18), (19), or (20), who acts in the capacity of a Controlling Person as defined in Section 1668.5 of the California Insurance Code, who possesses decision making authority in matters pertaining to prelicensing and/or continuing education?</p> <p><input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>If YES, list name, residence address, and social security number of such person(s): attach a separate sheet if more space is needed. _____</p>
22.	<p>Has the organization or have any of its partners, members, controlling persons, officers, directors, or any shareholders owning a 10% or more interest in the organization, been the subject of any administrative agency disciplinary action? For the purpose of this question, administrative agency disciplinary action includes but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order.    <input type="checkbox"/> YES</p>

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23.	<p>Has the organization or have any of its partners, members, controlling persons, officers, any shareholders owning a 10% or more interest in the organization, ever been convicted of a crime?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>"Crime" includes a felony or misdemeanor and military 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, having had any charge dismissed, expunged or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.</p>
-----	---

**IMPORTANT NOTE:** If the answer is "YES" to question (22) or (23) above, attach a detailed statement, signed by an authorized person for the organization, listing the events which led to the charges (dates and places). If the matter was heard in court, attach copies CERTIFIED BY THE COURT of the Criminal Complaint and the Sentencing Minute Order showing the final plea, judgment and sentence. If any disciplinary action was taken by an administrative agency, attach a certified copy of the action.

24.	<p>Is the organization registered with the Bureau for Private Postsecondary &amp; Vocational Education?  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>If YES, list approval number: _____</p>
25.	Describe the organization's experience in offering educational programs to insurance licensees: Attach separate sheet if more space is needed.
26.	Provide a complete statement of your refund policy and describe how this policy will be transmitted to students before registration (submit sample):
27.	<p>Indicate instruction method of courses to be offered:    <input type="checkbox"/>    Contact (attendance required)    <input type="checkbox"/>    Non-Contact (self-directed)    <input type="checkbox"/>    Both Contact and Non-Contact</p>
28.	<p>For Contact courses, the following information is required:</p> <ol style="list-style-type: none"> <li>1) Sample of attendance record forms proposed for use meeting the requirements sections 2105.7 and 2188.5 (b) of California Code of Regulations.</li> <li>2) Sample of Certificate of Completion (see sections 2105.10 (a) and 2188.8 of Title 10 California Code of Regulations).</li> </ol>
29.	<p>For Non-Contact courses, a statement providing the following information is required:</p> <ol style="list-style-type: none"> <li>1) How long do students have to complete the course and how is that information transmitted to them?</li> <li>2) What is your method for determining what date to use for course completion date and how is that information communicated to students?</li> <li>3) Please supply information about protecting the integrity of the exam: who has control of the answer key(s); what is a passing grade; if someone fails the exam may they retake the exam and, if so, how many times and would it be the same exam; and do you return exams to students or discuss the answers with them?</li> <li>4) Please enclose copy of your instruction sheet that goes to the student upon registration.</li> <li>5) Sample of Certificate of Completion (see sections 2105.10 (a) and 2188.8 of Title 10 California Code of Regulations)</li> </ol>

**CERTIFICATION**

**State of California – Department of Insurance**  
**Title 10, Chapter 5, Subchapter 1, California Code of Regulations**  
**Article 6.5, Preclicensing and Continuing Education**  
**TEXT OF REGULATIONS**

**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

I agree to (a) maintain records of enrollments, attendance, exam grades and other pertinent information as requested by the Commissioner for a period of five years (b) provide certificates of completion to those students who successfully complete courses (c) use only qualified instructors to conduct courses (d) timely provide the Commissioner with completed course approval applications for programs submitted for credit approval, and (e) comply with the preclicensing and continuing education regulations and all applicable California Insurance Code sections. Further, I certify under penalty of perjury that I am the person who has responsibility for the administration of the operations contained in this application; that the information contained in this application is true and correct; and that no approved course will be offered for credit unless the organization holds an active provider approval status. Lastly, I understand that I must promptly report to the Commissioner any changes in the information contained in this form.

\_\_\_\_\_  
Original Signature of Provider Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

**FILING INSTRUCTIONS:**

This form must be completed by each entity desiring to be certified or to renew certification as a preclicensing or continuing education provider.

Type or print clearly in ink. All sections of this form must be completed and submitted with proper attachments and filing fees to the Department.

Attach additional sheets if more space is needed to answer questions.

Please send this completed application, other required attachments and a NON-REFUNDABLE \$64.00 filing fee to:

Make checks	California Department of Insurance
payable to:	Producer Licensing Bureau – Education Section
	PO Box 957
	Sacramento CA 95812-0957

Education Section Inquiries: (916) 492-3064

NOTE: Authority cited: Section 1749.7, Insurance Code.

Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.8, 10234.93(a)(4), Insurance Code.

**(b) Preclicensing/Continuing Education Program Out-of-State Provider Jurisdiction Agreement**  
**LIC 446-40**

**State of California – Department of Insurance  
Title 10, Chapter 5, Subchapter 1, California Code of Regulations  
Article 6.5, Preclicensing and Continuing Education  
TEXT OF REGULATIONS**

**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

**Out-of-State Provider Jurisdiction Agreement**

LIC 446-40 (Rev. 05/08)

Producer Licensing Bureau – Education Section  
320 CAPITOL MALL  
SACRAMENTO, CA 95814-4309  
Information (916) 492-3064  
www.insurance.ca.gov

<p><b>INSTRUCTIONS:</b></p> <p>* This form must be completed by every provider and provider applicant whose head office is located outside of California.</p>	<p><b>DEPARTMENT USE ONLY:</b></p> <p>Provider Number _____</p> <p>Date Received _____</p>
---	--

Provider Number (if none, mark "pending"): \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

On behalf of the above named provider, I stipulate and agree:

- (a) That in any action or special proceeding brought against the provider in the State of California, any document or process may be served on the Commissioner with the same effect as though served upon the provider, and such service will give jurisdiction over the provider to the same extent as if the provider were a resident of the State of California.
- (b) That any action or special proceeding brought by the provider against the Insurance Commissioner of the State of California shall be brought in the County of Los Angeles, County of Sacramento or the City and County of San Francisco.
- (c) That the provider will appear at the Office of the Insurance Commissioner in the County of Los Angeles, County of Sacramento or the City and County of San Francisco at any time, pursuant to notice of hearing, order to show cause, or subpoena issued by the Commissioner, if such document is deposited in the United States mail, certified and postage prepaid, in a cover addressed to the provider at the last address filed by it with the Commissioner, such deposit in mail being 31 or more days before the date specified in such document for such appearance, and that in the event of failure so to appear the provider hereby consents to rescission or denial of provider certification by the Commissioner.

PROVIDER DIRECTOR NAME \_\_\_\_\_  
(Print or type)

PROVIDER DIRECTOR SIGNATURE: \_\_\_\_\_

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DATE: \_\_\_\_\_

NOTE: Authority cited: Section 1749.7, Insurance Code.

Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.4, 1749.8 and 10234.93(a)(4), Insurance Code.

**(c) Preclicensing/Continuing Education Provider Stipulation to Maintain Records Outside of California LIC 446-32**

State of California  
**Preclicensing/Continuing Education Provider**  
**Stipulation to Maintain Records Outside of California**  
LIC 446-32 (Rev. 05/08)

Department of Insurance

Producer Licensing Bureau – Education Unit  
320 Capitol Mall  
Sacramento, CA 95814-4309  
(916) 492-3064  
[www.insurance.ca.gov](http://www.insurance.ca.gov)

**APPLICATION**

The undersigned, as provider director of a preclicensing or continuing education provider duly authorized by the California Department of Insurance, has requested the Commissioner's authorization to maintain provider records at a location outside of California.

**REFERENCE**

**California Insurance Code, Section 1749.7. Administration: rules and regulations.**

The Commissioner may, pursuant to Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, adopt reasonable rules and regulations necessary for the convenient administration of this article.

**California Code of Regulations, Title 10, Chapter 5, Section 2188.4. Maintenance of records.**

(e) Provider records are to be maintained for a period of five (5) years and must be made available to the Insurance Commissioner for inspection and copying immediately upon request. All records of providers with an office in this State, or which are otherwise doing business in this State, shall be maintained at a location within the State unless form LIC 446-32 (Preclicensing/Continuing Education Provider Stipulation to Maintain Records Outside of California), as set forth in section 2188.50 herein, is submitted by the provider director. Failure to comply with this subdivision shall be grounds for rescission of a provider's certification.

**STIPULATION**

In consideration of the Commissioner's granting of authorization to maintain the records described in California Code of Regulations, Section 2188.4, at a location outside of California, the undersigned provider director, on behalf of the duly authorized education provider, agrees to reimburse the California Department of Insurance for the expense of travel for the Commissioner's agent to conduct routine records examinations. Any refusal by a provider to reimburse the California Department of Insurance shall constitute grounds for automatic termination of the Commissioner's authorization to maintain records outside of the state, and may



**State of California – Department of Insurance  
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also be considered in any subsequent hearing on the rescission of provider status. This agreement will remain in force concurrent with the provider's certification period.

Provider Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_  
 (Print or type)

Provider Director Name: \_\_\_\_\_  
 (Print or type)

Provider Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Authority cited: Section 1749.7, Insurance Code.

Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.8, 10234.93(a)(4), Insurance Code.

**~~§2188.23.~~ (d) Precicensing/Continuing Education Program Course Approval Application LIC 446-3**

State of California

Department of Insurance

**Precicensing/Continuing Education Program  
 Course Approval Application**

LIC 446-3 (Rev. 10/08)

**Producer Licensing Bureau - Education Section**

320 CAPITOL MALL  
 SACRAMENTO, CA 95814-4309  
 Information (916) 492-3064  
[www.insurance.ca.gov](http://www.insurance.ca.gov)

<p>Instructions:</p> <ul style="list-style-type: none"> <li>▪ This form must be completed for each course to be approved.</li> <li>▪ A completed application with the proper attachments and filing fee must be received in the Department at least <b>30 days</b> prior to the first course presentation.</li> <li>▪ Courses must be at least one hour, no fractional hours are granted.</li> <li>▪ Ethics and Annuity course applications must include responses to the guideline questions located below.</li> </ul>	<p><b>Department Use Only:</b></p> <p>Course #: _____</p> <p>Approval period: _____</p> <p>Credit Hours: _____ Category code: _____</p>	
First course presentation date:	Provider Number:	Phone Number: (    ) _____
Provider Name:	_____	
Address:	Street _____	City _____ State _____ Zip _____
Course Title:*	_____	
Check one course type:		
<input type="checkbox"/> Precicensing <span style="margin-left: 200px;"><input type="checkbox"/> Continuing Education</span>		
Precicensing course hours:	If continuing education, is this course intended to meet any statutory requirements? <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, indicate requirement below)	

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<input type="checkbox"/> 12-hour <input type="checkbox"/> 20-hour <input type="checkbox"/> 32-hour <input type="checkbox"/> 40-hour <input type="checkbox"/> 52-hour	<input type="checkbox"/> California Long-Term Care <input type="checkbox"/> 24-Hour Care Coverage <input type="checkbox"/> California Partnership for Long-Term Care <input type="checkbox"/> Annuity <input type="checkbox"/> 8-Hour <input type="checkbox"/> 4-Hour <input type="checkbox"/> Ethics <input type="checkbox"/> 4-Hour <input type="checkbox"/> 2-Hour <input type="checkbox"/> Independent Adjuster <input type="checkbox"/> Public Adjuster
<b>Instruction Method:</b> Contact: <input type="checkbox"/> Seminar <input type="checkbox"/> Workshop <input type="checkbox"/> Conference <input type="checkbox"/> Classroom/Lecture <input type="checkbox"/> Teleconference (monitored)	
Non-Contact: <input type="checkbox"/> Audio Cassette <input type="checkbox"/> Video Tape <input type="checkbox"/> Correspondence/Text Book <input type="checkbox"/> Computer Diskette <input type="checkbox"/> Internet <input type="checkbox"/> Other:	
<b>License Type(s): (check one or more)</b> <input type="checkbox"/> Fire and Casualty <input type="checkbox"/> Personal Lines <input type="checkbox"/> Life Agent <input type="checkbox"/> Life-Only	
<input type="checkbox"/> Accident and Health <input type="checkbox"/> Limited Line Automobile <input type="checkbox"/> Independent Adjuster <input type="checkbox"/> Public Adjuster	
Number of continuing education course credit hours requested (Note: partial hours will not be accepted):	
Number of times to be given during approval period?	Include on Department's list of courses open to public? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this course part of a designation program? <input type="checkbox"/> Yes <input type="checkbox"/> No    If so, which program?	
<b>For Department use only:</b> ____ Course approved    ____ Course <b>not</b> approved. _____ _____ _____	
By: _____ _____ Education Section Staff Signature	_____ _____ Date

\*Advertising and course materials must use this exact title. Courses based on another provider's material must be approved by that provider and must use same name.

**State of California – Department of Insurance**  
**Title 10, Chapter 5, Subchapter 1, California Code of Regulations**  
**Article 6.5, Preclicensing and Continuing Education**  
**TEXT OF PROPOSED REGULATIONS**

**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

**REQUIRED ATTACHMENT CHECKLIST:**

**A. For Contact (Interactive) Courses:**

1. \_\_\_ A detailed statement on how the course is relevant to insurance topics and insurance products.
2. \_\_\_ A detailed outline of approximately one page per hour of instruction including the time each topic is being presented.
3. \_\_\_ A copy of all materials presented to each student if a detailed outline is not submitted with application.
4. \_\_\_ An agenda showing the beginning and ending times, breaks, and time allotted for exams, if applicable.
5. \_\_\_ A completed Class Presentation Schedule form for each presentation.
6. \_\_\_ A current authorization letter from the author or publisher if using another vendor's source material as the basis for the course.
7. \_\_\_ California preclicensing curriculum and educational objectives with every line page-referenced to the source book(s) used.  
**(For Preclicensing Courses Only)**

**B. For Non-Contact (Non-Interactive) Courses:**

1. \_\_\_ A detailed statement on how the course is relevant to insurance topics and insurance products.
2. \_\_\_ Audio cassette, video tape, computer diskette, text book for the course or copy of the text cover, copyright page and table of contents if using another vendor's pre-approved material/book.
3. \_\_\_ Internet courses must include your Internet address, security measures, log-on and password for our review of course(s). Answers to exam questions must reference section and screen for answer source.
4. \_\_\_ A final examination with the questions scrambled (not in chapter order).
5. \_\_\_ Answers to all exam questions with page and paragraph referencing to the source book(s) used.
6. \_\_\_ A current authorization letter from the author or publisher if using another vendor's source material.
7. \_\_\_ Copy of instruction sheet sent to students.

**C. Ethics Training Course Questions:**

1. Describe how this course contributes to an agent's understanding of his/her ethical responsibilities.
2. Point out where in the course examples of "good" licensee conduct are given, as well as examples of "bad" licensee conduct.
3. Explain how this course contributes to an agent's understanding of the complexities of ethical decision-making within the context of insurance transactions.
4. Describe where in the coursework an agent may find tools that are provided to help the agent identify, prevent, and resolve ethical dilemmas that arise in the course of conducting insurance business.
5. How will the content of this course contribute to the producers understanding of proper vs. improper, honest vs. dishonest behavior?
6. Please provide two samples of licensee conduct you will use in this course to contrast ethical with unethical behavior and details supporting the judgment of ethical or unethical behavior.
7. Identify how this course demonstrates to whom the licensee "owes" an ethical responsibility in this course and how this course will help the licensee understand his or her ethical responsibilities to such an entity.
8. How will this course help the licensee distinguish between legal and ethical behavior and legal but unethical behavior?

**D. Four-Hour Annuity Training Course Questions:**

1. Illustrate with examples how this course provides an enriched and more thorough education than the training in Section IV or Section IX from the "California Department of Insurance 2004 Annuity Training Outline, Topics To Be Included in 8-Hour Annuity Training Course".
2. Point out where in the course the examples of how annuity contract provisions impact the senior consumer (Section IV, "How fixed, variable, and index annuity contract provisions affect consumers", from the California Department of Insurance 2004 Annuity Training Outline, Topics To Be Included in 8-Hour Annuity Training Course) OR where in the course there are examples of proper and improper annuity sales practices discussed (Section IX, "Introduce sales practices for California insurance agents" from the California Department of Insurance 2004 Annuity Training Outline, Topics To Be Included in 8-Hour Annuity Training Course).
3. Explain how this course contributes to an agent's understanding of the laws governing the design of annuities and the sale of annuity products to seniors in California.
4. Describe where in the course there are tools provided to assist an agent to identify when an annuity product and/or an annuity sales practice are out of compliance with the law.

**CERTIFICATION:** I certify under penalty of perjury that I have read and understand the information and requirements contained in this application, that all statements are true and nothing has been withheld which would influence a complete evaluation of this course.

Original Signature of Provider Director

Date

**State of California – Department of Insurance**  
**Title 10, Chapter 5, Subchapter 1, California Code of Regulations**  
**Article 6.5, Prelicensing and Continuing Education**  
**TEXT OF PROPOSED REGULATIONS**

**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

\_\_\_\_\_  
Printed Name of Provider Director

PLEASE SEND THIS COMPLETED APPLICATION ALONG WITH THE PROPER ATTACHMENTS AND FILING FEE TO:

California Department of Insurance  
Producer Licensing Bureau-Education Section  
P.O. Box 957  
Sacramento, CA 95812-0957  
Insurance

Filing fees:  
\$32 per Continuing Education Course  
\$64 per Prelicensing Education Course  
Make check payable to: California Department of

Course applications must be received in this office at least 30 days prior to the first course presentation date. No education credit will be granted prior to the 30th day from receipt of the completed application. Course advertisements for pending courses must clearly state that the course has been submitted and is pending approval, if the course application is complete and submitted within the appropriate time frame. EDUCATION SECTION INQUIRIES: (916) 492-3064.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Sections 1749, 1749.1, 1749.4, 1749.8 and 10234.93(a)(4), Insurance Code.

**(e) Prelicensing/Continuing Education Program Course Attendance Record and Verification**  
**LIC 446-5**

State of California

Department of Insurance

**PRELICENSING / CONTINUING EDUCATION PROGRAM**

**COURSE ATTENDANCE RECORD AND VERIFICATION LIC 446-5 (Rev. 05/07)**

Producer Licensing Bureau – Education Section  
320 CAPITOL MALL  
SACRAMENTO, CA 95814-4309  
Information (916) 492-3064  
[www.insurance.ca.gov](http://www.insurance.ca.gov)

Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Provider Number: \_\_\_\_\_

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

Class Location: \_\_\_\_\_  
Street City State Zip Code

Class Date(s): \_\_\_\_\_

**VERIFICATION:**

**State of California – Department of Insurance**  
**Title 10, Chapter 5, Subchapter 1, California Code of Regulations**  
**Article 6.5, Prelicensing and Continuing Education**  
**TEXT OF PROPOSED REGULATIONS**

**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

I have reviewed and verified that the persons named on the attached Course Attendance Record Sheet(s), consisting of \_\_\_\_\_ pages, were present at this class during the times and days indicated.

---

*Original Signature of Instructor*

*Date*

---

*Printed Name of Instructor*

**CERTIFICATION:**

I have reviewed this Course Attendance Record Verification and the attached Course Attendance Record Sheet(s), and certify that I find them accurate and in order, to the best of my knowledge.

---

*Original Signature of Provider Director*

*Date*

---

*Printed Name of Provider Director*

**State of California – Department of Insurance  
 Title 10, Chapter 5, Subchapter 1, California Code of Regulations  
 Article 6.5, Prelicensing and Continuing Education  
 TEXT OF PROPOSED REGULATIONS**

**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

**COURSE ATTENDANCE RECORD**

Provider #:	Provider Name:	Page	of
Course #:	Course Name:		
Date:	Begin Time:	End Time:	Session of
Location:			Instructor:
	Street	City	
		Zip	

**NOTE: Those students who do not sign in and out will not be granted continuing education credit.**

TIME-IN : AM/PM	PRINTED NAME (LAST, FIRST M.I.)	SOCIAL SECURITY NUMBER*	INDIVIDUAL INSURANCE LICENSE #	TIME-OUT : AM/PM	SIGNATURE I CERTIFY UNDER PENALTY OF PERJURY THAT THESE ARE MY CORRECT ATTENDANCE TIMES.

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

\*The Department requests disclosure of a student's social security number pursuant to Insurance Code Sections 1749, 1749.2, 1749.3, 1749.31, 1749.4, 1749.5, 1749.7, 1810.7 and CCR, Title 10, Chapter 5, Sections 2105.7 (c) (1), 2105.10 (b) (1), and 2188.5. This information is requested so that the Department can properly identify and assign credit to students who have completed prelicensing or continuing education courses. While a student's disclosure of his or her social security number here is not mandatory, any failure to provide this information may delay or otherwise impede the Department in assigning credit for the completion of such courses to the appropriate students.

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.8, 10234.93(a)(4), Insurance Code.

**STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE**  
**TITLE 10, CHAPTER 5, SUBCHAPTER 1, CALIFORNIA CODE OF REGULATIONS**  
**ARTICLE 6.5, PRELICENSING AND CONTINUING EDUCATION**  
**TEXT OF PROPOSED REGULATIONS**

**Proposed changes are indicated by ~~strikeout~~ for deletions and underlining for additions.**

**§ 2188.24. (f) Class Presentation Schedule LIC 446-12**

State of California

Department of Insurance

**Class Presentation Schedule**

LIC 446-12 (Rev. 12/08)

Producer Licensing -- Education Section  
 320 CAPITOL MALL  
 SACRAMENTO, CA 95814-4309  
 Information (916) 492-3064  
 www.insurance.ca.gov

**Instructions:**

- Type or print clearly. **USE A SEPARATE SHEET FOR EACH CLASS PRESENTATION.**
- To inform the Department of a new class, mark NEW box and provide all pertinent information below.
- To notify the Department of a change to a class schedule previously submitted, mark CHANGE, give the original date, time, and location and provide new information below.
- To cancel a class previously submitted, mark CANCEL and complete information below.
- Completed form must be received by the Department at least 14 days prior to the original class presentation. Subsequent presentations must be received at least 10 days prior to class presentation. No faxes will be accepted.
- Late schedules may not be accepted and attendees may not receive continuing education credit.
- The information provided below must match the information on the certificate of completion and the provider roster.

**CHECK ONE:** New  Cancel  Change

In-House Offering   
 (If marked this will not show on Department's website Provider and Course Search.)

Original Date/Time:
Original Location:
Combination Course <input type="checkbox"/>

Provider ID #:
----------------

Provider Name
---------------

Course ID#:	Credit Hours:	Instructor Name:	
Course Name:			
Start Date*:	Start Time:	End Date:	End Time:

Military Time Military Time

\*If course spans more than one day, each day must be listed in Daily Presentation Schedule chart below.

**Location of Presentation:**

Street:	Room/Suite:
City:	State: <input style="width: 50px;" type="text"/> Zip: <input style="width: 50px;" type="text"/>

**Daily Presentation Schedule: Times must be shown in military time (i.e. 8:00 AM = 0800; 2:00 PM = 1400)**

Day	Date: (month/day/year)	Begin Time	End Time
Day 1			
Day 2			

**STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE**  
**TITLE 10, CHAPTER 5, SUBCHAPTER 1, CALIFORNIA CODE OF REGULATIONS**  
**ARTICLE 6.5, PRELICENSING AND CONTINUING EDUCATION**  
**TEXT OF PROPOSED REGULATIONS**

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Day 3			
Day 4			
Day 5			
Day 6			
Day 7			

(Attach sheet for additional days)

I certify that the class information provided here is true and correct to the best of my knowledge. Any changes will be provided to the Department promptly.

Original Signature of Provider Director \_\_\_\_\_ Date \_\_\_\_\_  
 ( )  
 Printed Name of Provider Director \_\_\_\_\_ Phone Number \_\_\_\_\_

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.8, 10234.93(a)(4), Insurance Code.

**§ 2188.83- (g) Provider Roster LIC 446-13**

State of California  
**Provider Roster**  
 LIC 446-13 (Rev. 12/08)

Department of Insurance

Producer Licensing -- Education Unit  
 320 CAPITOL MALL  
 SACRAMENTO, CA 95814-4309  
 Information (916) 492-3064  
 www.insurance.ca.gov

Important: This form must be submitted to the Department within 30 days following the completion of the course.

**Late rosters may not be accepted.**

Pre-licensing Course:  Continuing Education Course:  Combination Course:

Contact course:  Non-Contact course:  *\*(marked items not required for non-contact courses)*

Provider ID #: \_\_\_\_\_ Provider Name \_\_\_\_\_

Course ID #: \_\_\_\_\_ Credit Hours: \_\_\_\_\_ Course Name: \_\_\_\_\_

\*Course Start Date: \_\_\_\_\_ \*Beginning Time: \_\_\_\_\_ \*End Time: \_\_\_\_\_ Completion Date: \_\_\_\_\_

(\*Military time (i.e. 1300 = 1:00 P.M.))

\*Class location: \_\_\_\_\_  
 Street Address \_\_\_\_\_ Suite/Room \_\_\_\_\_

City

State

Zip Code

The CDI requests disclosure of a student's social security number pursuant to Insurance Code Sections 1749, 1749.2, 1749.3, 1749.4, 1749.5, 1749.7, and California Code of Regulations, Title 10, Chapter 5, Section 2188.6. This information is requested so that the Department can properly identify and assign credit to students who have completed prelicensing or continuing education courses. While a student's disclosure of his or her social security number here is not mandatory, any failure to provide this information may delay or otherwise impede the CDI in assigning credit for the completion of such courses to the appropriate students.

**ALL ENTRIES MUST BE TYPED.**



**STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE**  
**TITLE 10, CHAPTER 5, SUBCHAPTER 1, CALIFORNIA CODE OF REGULATIONS**  
**ARTICLE 6.5, PRELICENSING AND CONTINUING EDUCATION**  
**TEXT OF PROPOSED REGULATIONS**

**Proposed changes are indicated by strikeout for deletions and underlining for additions.**

#	Social Security Number	Licensee Name: Last	First	M.I.	Individual License #
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
Please use back side for additional names.					

**Certification**

I have reviewed this Provider Roster and the associated Course Attendance Records or examination information and certify to the best of my knowledge that the individuals listed here meet the requirements for credit.

▶

(      )

Original signature of Provider Director

Date

Telephone

Printed Name of Provider Director

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.32, 1749.33, 1749.4, 1749.8, 10234.93(a)(4), Insurance Code.

**(h) Prelicensing/Continuing Education Program Instructor Qualifications LIC 446-4**

**STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE**  
**TITLE 10, CHAPTER 5, SUBCHAPTER 1, CALIFORNIA CODE OF REGULATIONS**  
**ARTICLE 6.5, PRELICENSING AND CONTINUING EDUCATION**  
**TEXT OF PROPOSED REGULATIONS**

**Proposed changes are indicated by ~~strikeout~~ for deletions and underlining for additions.**

State of California  
**Prelicensing/Continuing Education Program**  
**Instructor Qualification**  
LIC 446-4 (Rev. 05/08)

Department of Insurance

Producer Licensing Bureau – Education Section  
320 Capitol Mall  
SACRAMENTO, CA 95814-4309  
Information (916) 492-3064  
www.insurance.ca.gov

**INSTRUCTIONS:**

- This form must be completed by each proposed instructor, lecturer, moderator, person conducting a classroom course, seminar, workshop, conference, etc. or person identified by the provider to respond to non-contact course student questions.
- Type or print clearly in ink.
- Provider Director must verify the information provided by the instructor.
- **DO NOT SUBMIT THIS FORM TO THE DEPARTMENT. PLEASE RETAIN THIS FORM IN YOUR FILES FOR FIVE YEARS.**
- **Attach additional sheets if more space is needed to answer questions.**

Provider Number: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Instructor Name: \_\_\_\_\_ Residence Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street City State Zip Code

List the course titles and course numbers to be taught:  
Course Title Course Number

\_\_\_\_\_  
\_\_\_\_\_

Describe your experience (within the last 5 years) in the course or related subject matter:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you hold or have ever held an insurance license, complete the following:

License Type	License Number	State or Province	Dates License Held	From	To
_____	_____	_____	_____	_____	_____

If you have a college degree in the subject matter being taught, complete the following:  
Name of College or University Course of Study Degree Date Completed

**STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE**  
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**TEXT OF PROPOSED REGULATIONS**

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Please indicate if you hold a recognized professional insurance designation and the date earned:

LUTC  CLU  AAI  CPCU  CIC  Other \_\_\_\_\_ Date \_\_\_\_\_

If you hold a recognized professional credential in the subject matter being taught, complete the following:

Type of Credential	Credential Number	Date Earned	State/Province Issued
--------------------	-------------------	-------------	-----------------------

---

Have you ever been an instructor for another approved prelicensing or continuing education provider?

YES  NO If YES, list the provider names, dates and reasons for leaving:

---

---

1. Have you been the subject of any administrative agency disciplinary action?  YES  NO

For the purpose of this question, administrative agency disciplinary action includes but is not limited to: having any professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order.

2. Have you ever been convicted of a crime?  YES  NO

"Crime" includes a felony or misdemeanor and military 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, having had any charge dismissed, expunged or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.

**IMPORTANT NOTE:** If the answer is "YES" to either of the above two questions, attach a detailed statement, signed by you, listing the events which led to the charges (dates and places). If the matter was heard in court, attach copies CERTIFIED BY THE COURT of the Criminal Complaint and the Sentencing Minute Order showing the final plea, judgment and sentence. If any disciplinary action was taken by an administrative agency, attach a certified copy of the action.

**INSTRUCTOR CERTIFICATION**

I certify under penalty of perjury that the information contained in this application is true and correct and that nothing has been withheld which would influence a complete evaluation of my qualifications and conduct as an instructor.

I understand that this completed application will be maintained by the provider and made available to the Commissioner as requested.

---

Original Signature of Instructor

Date

**STATE OF CALIFORNIA – DEPARTMENT OF INSURANCE**  
**TITLE 10, CHAPTER 5, SUBCHAPTER 1, CALIFORNIA CODE OF REGULATIONS**  
**ARTICLE 6.5, PRELICENSING AND CONTINUING EDUCATION**  
**TEXT OF PROPOSED REGULATIONS**

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**PROVIDER VERIFICATION**

I certify under penalty of perjury that I have reviewed and verified the qualifications of the instructor named above. To the best of my knowledge and belief, this person meets at least one of the following instructor qualification requirements as stated in sections 2105.4 and 2188.1 of the California Code of Regulations:

\_\_\_\_\_ Three years experience within the last five years in the course or related subject matter.

\_\_\_\_\_ Currently licensed as an insurance agent or broker for the subject being taught and holding the insurance license for three of the last five years.

\_\_\_\_\_ Possession of a college degree in the subject matter being taught, or a related recognized professional designation or related recognized professional credential in the subject matter being taught and two years experience within the last five years in the course or related subject matter.

**DO NOT SUBMIT THIS FORM TO THE DEPARTMENT. PLEASE RETAIN THIS FORM IN YOUR FILES FOR REVIEW DURING A PROVIDER AUDIT.**

\_\_\_\_\_  
Original Signature of Provider Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Provider Director

NOTE: Authority cited: Section 1749.7, Insurance Code. Reference: Section 1749, 1749.1, 1749.3, 1749.31, 1749.4, 1749.8 and 10234.93(a)(4), Insurance Code.