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## **INDIVIDUAL COUSE SUBMISSION PACKET FOR A MONTANA INSURANCE PRODUCER, ADJUSTER or CONSULTANT**

Producer/Adjuster/Consultant Name \_\_\_\_\_

Insurance License Number(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Course Name** \_\_\_\_\_

**Course Provider** \_\_\_\_\_

Checklist:

- \_\_\_ Submitted less than 45 days after course end
- \_\_\_ Copy of course completion certificate from course provider attached
- \_\_\_ All questions answered in attached packet
- \_\_\_ Copy of course agenda, syllabus or outline attached
- \_\_\_ Photocopy of this completed packet kept for my records
- \_\_\_ Application signed.

Course Number

For Departmental Use Only

Reception Number

1. The course was completed (month) \_\_\_\_\_ (day) \_\_\_\_\_, (year) \_\_\_\_\_.  
(please, use the date from the completion certificate)

2. I am a Montana Insurance Producer \_\_\_\_\_ Yes \_\_\_\_\_ No

3. I am a Montana Insurance Consultant \_\_\_\_\_ Yes \_\_\_\_\_ No

4. I am a Montana Insurance Adjuster \_\_\_\_\_ Yes \_\_\_\_\_ No

5. This was a college or university course \_\_\_\_\_ Yes \_\_\_\_\_ No

If, yes, name of college or university \_\_\_\_\_

6. The course was taught in this method:

\_\_\_\_\_ Classroom (an instructor or instructors taught the course materials).

\_\_\_\_\_ Correspondence (I studied a book and completed and passed a test).

\_\_\_\_\_ Videotape (I watched a videotape and completed and passed a test).

\_\_\_\_\_ Audiotape (I listened to an audiotape and completed and passed a test).

\_\_\_\_\_ Teleconference (I went to a scheduled teleconference site that was monitored by the course provider).

\_\_\_\_\_ Other (I completed a computer-based course and completed and passed a test) or (write a description of the method)

\_\_\_\_\_

\_\_\_\_\_

7. The name(s) of the instructor(s) is/are:

\_\_\_\_\_

\_\_\_\_\_.



9. The goals and objectives of the course were:

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10. The major course topic was:

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11. The course was \_\_\_\_\_ hours long.

12. To enroll in this course, I contacted \_\_\_\_\_  
at (phone number) \_\_\_\_\_  
(or address) \_\_\_\_\_

I request the attached materials be reviewed for certification and approval by the Montana Insurance Continuing Education Program. I certify the information submitted regarding this course is true and correct. I understand that additional material may be requested by the Montana Insurance Continuing Education Program, as part of the course review and certification process. I understand any approval or credit hours assigned this course as a result of this submission can only be used by me to meet my biennial insurance continuing education requirement.

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Name (please print)

Signature

Date

*Reproduction of this application packet is encouraged.*