



AGENT QUALIFICATION AND VERIFICATION OF EXPERIENCE FORM

SURPLUS LINES QUALIFICATIONS STATEMENT

Experience – One Year

I certify that I have had one (1) year of responsible duties within the past four (4) years as a substantially full time bona fide employee of surplus lines insurance. I further certify that I understand I must also be licensed and appointed as a Florida general lines agent in order to qualify to take the surplus lines examination.

Note: You must attach a typed statement with a detailed account of your experience.

INITIALS

EMPLOYER CERTIFICATION

As applicant’s current or prior employer, I certify that the applicant has completed the above experience qualification, and that compensation did/did not include, in whole or any part, any commissions and was not primarily based in the production of applications, insurance or premiums, except in cases where the applicant may have been properly licensed in this or another state and therefore, authorized to receive such compensation. I further certify that this applicant has not transacted business in violation of the Florida Statutes.

By signature of this form, applicant/employer declares, under penalty of perjury, that the foregoing statements and facts stated herein are true and correct:

 Applicant Signature

 Employer Signature

 Print Applicant Name

 Print Employer Name

 Applicant’s Social Security Number

 Agency Name

 Agency Address

 City State Zip



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent and Agency Services – Bureau of Licensing
200 East Gaines Street, Larson Building Room 419
Tallahassee, FL 32399-0319

Privacy Statement

Pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under § 119.071(5)(a)2.a., F.S., a state agency may collect your social security number if the collection is:

- (I) specifically authorized by law; or
- (II) imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is mandatory pursuant to the Welfare Reform Act, 42 U.S.C. § 666, and §§ 626.171(2)(a) and (7), 626.231(2)(a), 626.541(1), and 626.9953(3)(a) and (7), F.S.

The purposes for the requested information are to verify the identity of an applicant for licensure, to conduct criminal and disciplinary history background checks, and to determine if the applicant lacks the fitness or trustworthiness to engage in the business of insurance. Your social security number is confidential and exempt from the disclosure requirements of § 119.07(1), F.S., and § 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purposes provided herein, or as otherwise authorized under § 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by § 119.071(5)(a)3., F.S.