



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

AGENT QUALIFICATION AND VERIFICATION OF EXPERIENCE FORM

PERSONAL LINES QUALIFICATIONS STATEMENT

Check one and initial:

Six Months of Experience

- ☐ I certify that I have six (6) months of responsible duties within the past four (4) years as a substantially full time bona fide employee in the area of property and casualty insurance AND have sold to individuals and families for noncommercial purposes.

INITIALS

Six Months Licensed and Appointed

- ☐ I certify that I have six (6) months of responsible duties within the past four (4) years as a licensed and appointed 4-40 customer representative, 04-42 limited customer representative, or 0-55 service representative lines agent.

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



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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.