

PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
(800) 733-9267

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

AFFIDAVIT OF EMPLOYER
PROPERTY, CASUALTY, PERSONAL LINES, AND AUTOMOBILE INSURANCE
(Employers: The submission of false information can be subject to a disciplinary hearing.)

To the Insurance Commissioner of Maryland:

Under the provisions of the Maryland Insurance laws, and in support of an application for a (Check all that apply)

Property _____ Casualty _____ Personal Lines _____ Automobile _____ insurance qualification examination by:

Name of Applicant: _____
First Middle Last

Address: _____

I hereby declare the Applicant has been regularly employed by:

Name of Employer: _____

Address: _____

Type of Employer (check one):
Insurance Company
Insurance Producer (or Firm)
Maryland Insurance Administration

For period(s):

From _____ To _____

Work Hours: Full time (40+hours) _____

Part-Time (less than 40 hours) _____

Please indicate hours per week _____



Please indicate the SPECIFIC DUTIES that the employee has been responsible for in the Lines of Insurance listed below.

Property Insurance

Casualty Insurance

Personal Lines Insurance

Automobile Insurance

The submission of FALSE information by the EMPLOYER will be subject to administrative action against the EMPLOYER.

Signature of Employer Representative

Official Title

Name of Representative (Please Print)

Name of Producer or Insurer

Telephone Number

Date

STATE OF _____

CITY/COUNTY OF _____

On this _____ day of _____, _____, personally appeared before me the said named

_____ known to me to be the person described in and who executed the foregoing instrument, and he/she acknowledge the same and, being duly sworn by me, made oath that the statements in the application are true.

Notary Public

My commission expires: _____

