

MARYLAND INSURANCE ADMINISTRATION

525 St. Paul Place Baltimore, Maryland 21202-2272

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 the Maryland Insurance Administration before taking the examination. (This form may be photocopied.)

AFFIDAVIT OF EMPLOYER
LIFE AND HEALTH INSURANCE

(Employers: The submission of FALSE information can be subject to 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) Life _____
Health _____ 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 _____

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 RESPONSIBLE DUTIES that the employee has been responsible for in the lines of insurance listed below. A "Responsible Duty" is a duty that would result in the applicant becoming reasonably familiar with the basic policy forms, fundamental procedures and practices for the line(s) of insurance for which the applicant is applying.

Life Insurance

Health Insurance

Signature of Employer Representative Official Title

Full 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: _____