

INFORMATIONAL LETTER

No. 51

May 1988

TO: ALL INSURANCE COMPANIES LICENSED IN WEST VIRGINIA
TO SELL CREDIT LIFE AND CREDIT ACCIDENT & SICKNESS
INSURANCE AND OTHER INTERESTED PARTIES

RE: Licensing of Credit Life and Credit Accident & Sickness Agents

[The provisions of this letter have been affected by Senate Bill 143 (1991)
See Informational Letter 85.]

The West Virginia Insurance Commissioner has established a new license to be issued to individuals selling credit life and credit accident & sickness coverage through automobile dealerships, financial institutions, or any other businesses where credit life and credit accident & sickness insurance is offered in connection with the products offered by these facilities.

This limited lines license will be required of one individual in each facility who will supervise the activities of personnel who solicit, negotiate, make or procure the credit insurance offered by your company through the facility.

Due to the limited nature of this license, these individuals will not be required to sit for the current licensing examination. Individuals applying for this license will, however, be required to satisfy all other provisions of the West Virginia Code.

Individuals currently holding an agents license for Life and Accident & Sickness will not be required to obtain the limited lines license since these powers include credit insurance.

The insurance companies underwriting the coverages being sold will be responsible for appointing the individuals who are applying for the limited lines license or who are currently licensed as Life, Accident & Sickness agents.

The effective date of the new licensing category will be July 1, 1988.

Attached are instructions and the application form. Additional forms or information may be obtained by contacting the Agent Licensing Section of this office at 2101 Washington Street, East, Charleston, WV 25305. (Telephone 304 348-0610)

FRED E. WRIGHT
Insurance Commissioner
State of West Virginia

Licensing Instructions
Credit Life and Credit Accident & Sickness

I APPLICATION

A. New Agent: Resident or Non-Resident

Form CLA-1 (5/88):

Part I -- Completed by applicant with notarized signature. Out-of-state notaries MUST affix seal.

Part II -- Completed by an Appointing Official of the sponsoring company.

Resident applicants who have ever been licensed in any other state(s) must obtain Clearance Letter from the state(s) insurance department and submit same with the application.

Non-Resident applicants must be licensed in their state of domicile for the same lines for which they are making application. Letter of Certification from that states insurance department must accompany the application.

B. AGENT CURRENTLY LICENSED FOR LIFE, ACCIDENT & SICKNESS

An individual who holds an active regular Resident or Non-Resident Agents license does not need to apply for the limited lines license. The sponsoring insurance company need only to appoint the individual.

Resident Agent -- Form RNS-6

Non-Resident Agent -- Form AL-1 and Letter of Certification

II ACKNOWLEDGMENT OF LICENSE

Upon issuance of a license, acknowledgment will be mailed to the sponsoring insurance company. A self-addressed envelope must be submitted with any form. The actual license will be mailed directly to the Agents home mailing address within four (4) weeks.

III FEES

Resident \$25.00

Non-Resident \$25.00 minimum-retaliatory

Make checks payable to: West Virginia Insurance Commissioner

IV TERMINATION OF AGENT APPOINTMENTS

The company may terminate any residents or non-residents appointment on Form RNS-6. Termination will be processed and the yellow copy will be acknowledged and returned to the company. A self-addressed envelope must be provided.

V RENEWALS

All licenses expire annually on May 31st. The insurance companies will be provided with a computer print-out of all agents and instructions for renewing the agents prior to May 31st each year.

VI INSURANCE LAWS

The insurance company is responsible with providing all applicants with copies of West Virginia Regulation, Series 6-1971, Regulation of Credit Life Insurance and Credit Accident & Sickness Insurance and all articles and sections of the West Virginia Code of 1931 mentioned in the Regulation.

Mail completed applications and send requests for forms to:

West Virginia Insurance Commissioner
Agent Licensing
2101 Washington St., E. -- Room 250
Charleston, WV 25305

Telephone (304) 348-0610

11. Have you had any previous experience in insurance? YES NO
If Yes, explain. _____

12. Name of immediate superior or supervisor: _____ Telephone No.: _____

13. Address of immediate supervisor: _____
I certify that the insurance company named in Part II of this application has furnished me with copies of the West Virginia Laws and Regulations pertaining to Credit Life and Credit Accident & Sickness and that I have read, understand and agree to abide by the same.

I further understand that I will be responsible for supervising the credit insurance activities of personnel who solicit, negotiate, make or procure such coverages at the business named in Item #5 in this application.

14. Applicants handwritten signature: _____

15. Applicants legal residence address: _____

16. State of _____, County of _____
_____ whose name appears signed to the writing above, after first being duly sworn by me, says that the above statements are true to the best of his knowledge and belief.

Taken, sworn to and subscribed before me this day of _____, 19 _____.
(SEAL)

Notary Public

My commission expires _____

PART II TO BE COMPLETED BY THE INSURANCE COMPANY COMPANY I.D. #:

17. The _____
FULL NAME OF COMPANY

18. Hereby appoints _____
NAME OF APPOINTEE

RESIDENCE ADDRESS
19. _____ Resident Agent for CREDIT LIFE and CREDIT ACCIDENT & SICKNESS
AS A: _____ Non-Resident Agent for CREDIT LIFE and CREDIT ACCIDENT & SICKNESS

The company certifies that a credit and character investigation of the appointee has been made.
The company further certifies that the above named appointee, prior to application for license, has received copies of West Virginia Regulation, Series 6-1971, Regulation of Credit Life Insurance and Credit Accident & Sickness Insurance and all articles and sections of the West Virginia Code of 1931 mentioned in the Regulation.

20. Has the applicant ever been licensed as an Insurance Agent, Broker or Solicitor by this or any other state? _____

TYPE	NUMBER	STATE	YEAR LICENSED
This application must be accompanied by:			
\$25.00 License Fee (Paid by the Company)			
Clearance Letter, if applicable (Resident Applicants Only)			
Letter of Certification (Non-Resident Applicants Only)			
Self-Addressed Return Envelope			

21. _____
APPOINTING OFFICIAL

TITLE

DATE

Send to:
West Virginia Insurance Commissioner
Agent Licensing
2101 Washington Street, E. – Room 250
Charleston, WV 25305

A License will be mailed directly to the Licensee.

<p align="center">FOR DEPARTMENT USE ONLY</p> <p>Check Number _____ Date _____ Amount _____</p>
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