

## Ohio Department of Insurance

John R. Kasich – Governor  
Mary Taylor – Lt. Governor/Director



# PRE-LICENSING EDUCATION PROVIDER RENEWAL APPLICATION

Provider Name: \_\_\_\_\_ Provider ID#: \_\_\_\_\_  
Provider Address: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Street: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_  
Internet Address: \_\_\_\_\_

Type of Provider: (mark one)

- |  |  |
|--|--|
| <input type="checkbox"/> Trade Association       | <input type="checkbox"/> Insurance Company       |
| <input type="checkbox"/> College/University      | <input type="checkbox"/> Community/Tech. College |
| <input type="checkbox"/> Private Business School | <input type="checkbox"/> Other: _____            |

Course Method Type: (mark only one)

- Classroom Only       Self-Study/Online Only       Self-Study with Prep

Subject Matter Category(ies) for which approval is sought:

- |  |                                   |   |
|--|-----------------------------------|---|
| <input type="checkbox"/> Life              | <input type="checkbox"/> Property | <input type="checkbox"/> Personal         |
| <input type="checkbox"/> Accident & Health | <input type="checkbox"/> Casualty | <input type="checkbox"/> Surety Bail Bond |

Course Material Title: \_\_\_\_\_

Author and Edition\*: \_\_\_\_\_

\* If online course, must include name, author and edition of online materials.

School Fees: Tuition \$ \_\_\_\_\_ Study Material \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Explanation of other fees \_\_\_\_\_

School Tuition Fee Refund Policy: \_\_\_\_\_

\_\_\_\_\_

**Authorized Provider Personnel**

List any person identified by a provider as being authorized to certify/sign a provider certification of course completion form, a certification of pre-licensing course completion form, a schedule of courses form, student registration forms and attendance forms.

Name (Print)	Signature	Position with School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please submit appropriate fees with applications:  
(check or money order made payable to the "State of Ohio Treasurer")**

- Renewal Fee for Provider:            \$100.00 per application**
- Course Application Fee:            \$200.00 per course method**
- Subject Matter Category Fee:    \$ 25.00 per subject matter**
- Instructor Renewal Fee:            \$ 25.00 per registration**

**Certification of Authorized Provider Official:**

I hereby certify that I have read the Superintendent's Administrative regulations regarding provider, courses, instructors and general information and that the provider and its instructors will comply fully with the Superintendent's requirements relating to the conduct of insurance pre-license courses. I further certify that all instructors meet the established minimum requirements and that the school facilities are designed and equipped to assure full and free access by handicapped persons. I understand that I must notify the Department of Insurance, in writing, within fifteen days of all changes and modifications to this application. I also certify the information provided is true and correct to the best of my knowledge. I understand that any omission, inaccuracy or failure to make a full disclosure constitutes grounds for denial of approval or suspension/revocation of approval.

_____	_____
Name (Type or Print)	Date
_____	(      )
Signature	Telephone Number

**Departmental Use Only**

Date of Renewal: \_\_\_\_\_ Approved By: \_\_\_\_\_  
 Provider Renewal Fee: \_\_\_\_\_ Instructor Renewal Fee: \_\_\_\_\_