

**NEW YORK STATE INSURANCE DEPARTMENT  
LICENSING SERVICES BUREAU**  
Continuing Education Program  
One Commerce Plaza  
Albany, New York 12257

<b>FOR DEPARTMENT USE ONLY</b>
Approval No.: _____
Examined By: _____
Date Approved: _____

**INSTRUCTOR APPROVAL APPLICATION**

1.

Name of Instructor	Last	First	M.I.	Date of Birth	Gender	Social Security No. *
					M <input type="checkbox"/> F <input type="checkbox"/>	
Business Address	Number and Street (Required)					P.O. Box (if any)
City, Town or Village				County	State	Zip Code
Residence	Number and Street (Required)					P.O. Box (if any)
City, Town or Village				County	State	Zip Code
Telephone Numbers:						Email Address:
Business: ( ) _____						_____
Home: ( ) _____						
Fax: ( ) _____						

2. Qualification to act as a Continuing Education Instructor (Check one and provide documentation):

- A.  Licensed teacher in the subject to be taught (Documentation: Copy of license);
- B.  Employment for three (3) out of the last five (5) years involving the subject to be taught (Documentation: Complete the attached Statement of Employer);
- C.  Licensed by a U.S. Insurance Department for at least five (5) years in the class(es) of license and line(s) to be taught (Documentation: Copy of license(s) or letter from Home State Insurance Department verifying license(s);
- D.  College Degree or Professional Designation in the field to be taught; and/or
- E.  Instructor already approved by the Department to teach this subject matter (Documentation: Copy of Instructor Approval Document).

3. Is the proposed instructor named in question 1 under obligation to pay child support? YES NO

If "YES," attach signed Child Support Obligation Form† for proposed instructor if he/she is under such obligation.

\* See Privacy Notification on Page 6..

† See Child Support Notification on Page 6.

4. Has the applicant or any of its officers, directors, partners or members, individually or through connection with a corporation, limited liability company or partnership, for other than traffic violations, ever:
- (a) Been charged by any governmental agency, insurer, society, employer or others, with irregularities of any nature? .....  YES  NO
  - (b) Compromised liabilities with creditors, been insolvent or adjudged a bankrupt? .....  YES  NO
  - (c) Been fined, refused a license or had one suspended or revoked by any governmental agency or authority? .....  YES  NO
  - (d) Any criminal action(s) pending? .....  YES  NO
  - (e) Been convicted (even if charge was reduced to a violation) in any criminal action? .....  YES  NO
  - (f) Been denied approval to participate in the Continuing Education Program of any state or had approval withdrawn? .....  YES  NO
  - (g) Had professional credential revoked, suspended, annulled or denied? .....  YES  NO

If the answer to any of the questions (a) - (g) is "YES," explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Also, attach a Certificate of Court in which the case was tried or a Certificate of Relief from Disabilities, if one was issued.

5. Are you acting as a Continuing Education Instructor for any other provider organization? .....  YES  NO

If "YES," list Provider Organization Name(s), Provider Organization Approval Number(s), Course Title(s) and Course Approval Number(s):

Name of Provider	Provider Organization	Course Title	Course Approval
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

You must notify Provider Organization(s) immediately of any changes in information on this application.

**I have read the Department's Continuing Education criteria and will comply.**

**Under the penalties of perjury I affirm that the information given in the foregoing application is true and hereby subscribe thereto.**

\_\_\_\_\_  
**Signature of Proposed Instructor** \_\_\_\_\_  
**Date**

**The remainder of this application must be completed by the Provider Organization.**

6. List the approved Continuing Education Course Title(s) or Insurance subject area(s) which this Instructor, if approved, shall teach:

<u>Course Title</u>	<u>Course Approval Number</u>

Insurance Subject Area:

- Life                       Life/Accident & Health                       Property & Casualty

7. List Affiliate(s) by name (as filed with Department) for which this instructor, if approved, may teach:

n/a	

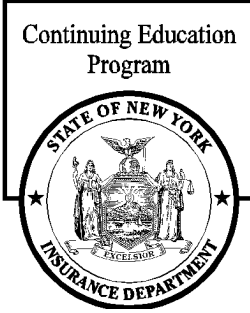
The Provider Organization must notify the Department immediately of any changes in the information on this application. A non-refundable application fee of \$50.00 must accompany this application.

**Make check payable to Superintendent of Insurance.**

I verify that the Provider Organization has satisfied itself as to the validity of the information on this application and on the attached documentation.

<u>A.D. Banker &amp; Company, L.L.C.</u> <b>Provider Organization Name</b>	<u>NYPO-100269</u> <b>Provider Organization Approval No.</b>
<u> </u> <b>Signature of Provider Organization Designated Person</b>	<u> </u> <b>Date</b>
<u>Laurie Coe</u> <b>Print or Type Above Name</b>	<u>913-451-1280</u> <b>Telephone Number</b>
<u>laurie@adbanker.com</u> <b>Email Address</b>	<u>913-451-3766</u> <b>Facsimile Telephone Number</b>

**A person may NOT act as an Instructor for THIS Provider Organization until the Insurance Department's approval of this application has been received by THIS Provider Organization.**



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**STATEMENT OF EMPLOYER**  
**THIS FORM MUST BE COMPLETED BY THE EMPLOYER ONLY IF 2B IS CHECKED.**

Name of Employer			Tax Identification Number *		Telephone Number *	
Business Address: No. & Street (Required)		P.O. Box (if any)	City, Town or Village	County	State	Zip Code
Name of Employee: Last First M.I.			Social Security Number *		Telephone Number *	
Residence: No. & Street (Required)		P.O. Box (if any)	City, Town or Village	County	State	Zip Code

In what line(s) of business was the applicant employed, which constitutes qualifying duties relating to the subject to be taught.

Life     Accident & Health     Property & Casualty     Other: \_\_\_\_\_

List the qualifying duties of employee and the hours per day devoted to each duty:

Specific Duties	Hours per Day Devoted to each Duty

Dates of employment with above duties:

From: \_\_\_\_\_ To: \_\_\_\_\_ Was employment full time?  YES  NO  
Month/Day/Year                      Month/Day/Year

During said period, was payment made for unemployment insurance tax? .....  YES  NO

If answer is "NO," provide explanation: \_\_\_\_\_

**Under the penalties of perjury I affirm that I have completed this statement and the information contained herein is true.**

_____	_____
Signature of Employer	Date
_____	_____
Print Above Name	Title

*Note: If the employer is a corporation this form must be signed by an officer or director.  
If the employer is a limited liability company this form must be signed by a member.  
If the employer is a partnership this form must be signed by a member of the partnership.*

**\* \* \* CHILD SUPPORT NOTIFICATION \* \* \***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to § 11-0713 of the Environmental Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under § 175.35 of the Penal Law.

**\* \* \* PRIVACY NOTIFICATION \* \* \***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by Director, Licensing Services Bureau, New York State Insurance Department, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Insurance Department will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

## CHILD SUPPORT OBLIGATION FORM

\_\_\_\_\_  
Name of Entity on Application (Please Print)

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Name of Individual (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

	YES	NO
Are you under obligation to pay child support?	<input type="radio"/>	<input type="radio"/>
If "YES," (a) Are you less than four (4) months in arrears?	<input type="radio"/>	<input type="radio"/>
(b) Are you paying by income execution plan agreed to by courts or parties	<input type="radio"/>	<input type="radio"/>
(c) Is the obligation subject of pending court proceeding?	<input type="radio"/>	<input type="radio"/>
(d) Are you receiving public assistance or supplemental security income?	<input type="radio"/>	<input type="radio"/>

If answer to the question regarding obligation to pay child support is "YES," one of the answers to (a)-(d) must be "YES" or license will expire six (6) months from the effective date of this license unless you notify the Department by that time which answer has changed to "YES."

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including, but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under the penalties of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

\_\_\_\_\_  
**Printed Name of Applicant**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**