



**State of New Jersey**  
 DEPARTMENT OF BANKING AND INSURANCE  
 CONSUMER PROTECTION SERVICES

PO Box 329  
 TRENTON, NJ 08625-0329

TEL (609) 292-5316 EXT 50552  
 FAX (609) 984-2792

## INSURANCE EDUCATION WAIVER APPLICATION

**Submission may be made using Mail, Fax, or E-Mail.** Mail to Joseph A. McDougal New Jersey Department of Banking and Insurance, Office of Consumer Protection Services- Insurance Education, P.O. Box 329, Trenton New Jersey 08625-0329; Fax to (609) 984-2792; or scan and e-mail to insed@dobi.nj.gov.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Type of education waiver requested:

- LIFE     ACCIDENT, HEALTH OR SICKNESS     PROPERTY     CASUALTY
- TITLE     PERSONAL LINES     BAIL BONDS

Reason for requested ninety-day waiver: (circle choice)    **1**    **2**    **3**

1. Maintain approved insurance designation in good standing. Provide letter of good standing issued by the organization conferring the designation; (see Department website for listing of approved insurance designations - [www.dobi.nj.gov](http://www.dobi.nj.gov))
2. Equivalent college courses taken. Attach transcript of insurance course showing college credits and official course description from college catalog.
3. New Jersey admitted attorney requesting the waiver of Prelicensing education for authority to transact Title insurance. Attach current certificate of good standing issued by the Clerk of the New Jersey Supreme Court.

I certify that the information on this application and any attachment is correct. I understand that I am responsible to take and pass the licensing examination and that the Department of Banking and Insurance does not supply study material. I understand the waiver is only valid for the ninety days during which time I can take the examination multiple times.

\_\_\_\_\_  
 Applicant's signature

\_\_\_\_\_  
 Date