

# Maryland Insurance Administration

200 Saint Paul Place, Suite 2700, Baltimore Maryland 21202

## INSURANCE ADVISER EXAMINATION WAIVER APPLICATION

Submission may be made via email to [producerlicensing.mia@maryland.gov](mailto:producerlicensing.mia@maryland.gov), via fax to (410)468-2399 or mail to the above address.

Name of Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of Insurance Adviser Examination Waiver requested (check one):

LIFE/HEALTH	<input type="checkbox"/>	PROPERTY/CASUALTY	<input type="checkbox"/>
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Under the provisions of the Maryland Insurance Laws, resident applicants for the Adviser License may be granted a waiver of the Adviser Life/Health exam or the Adviser Property/Casualty exam. (Reference: §10-204 Ins. Article)

Individuals requesting the **Adviser Life/Health** authority who actively hold one of the designations below may be granted a waiver from the examination.:

Chartered Life Underwriter (CLU)	<input type="checkbox"/>	Certified Employee Benefit Specialist (CEBS)	<input type="checkbox"/>
Certified Insurance Counselor (CIC)	<input type="checkbox"/>	Certified Financial Planner (CFP)	<input type="checkbox"/>

Individuals requesting the **Adviser Property/Casualty** authority who actively hold one of the designations below may be granted a waiver from the examination.

Fellow of the Casualty Actuarial Society	<input type="checkbox"/>	Certified Insurance Counselor (CIC)	<input type="checkbox"/>	Chartered Property and Casualty Underwriter (CPCU)	<input type="checkbox"/>
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Please provide letter of good standing issued by the organization conferring the designation along with this form.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_