



**State of Maine
Bureau of Insurance
APPRENTICE INSURANCE PRODUCER SPONSOR APPLICATION**

Note: Be sure to complete the entire application or it will not be processed.

Do not leave any fields blank. Please print or type clearly.

Purpose: The purpose of the Apprentice Insurance Producer License is to provide the opportunity for the Apprentice Insurance Producer to gain professional experience while studying for a Maine insurance producer license examination. The Sponsor is responsible for training the Apprentice Insurance Producer and supervising all activities of the Apprentice Insurance Producer throughout their nonrenewable 180-day apprenticeship.

Sponsor Demographic Information		
1. Full Legal Name - Last	First	Middle
2. SSN		3. Date of Birth
4. Email Address		5. Telephone Number
6. Home Address		
7. Business Name		8. Business License Number or FEIN
9. Business Address		10. Business Phone
11. Designated Mailing Address - for communications from the Maine Bureau of Insurance, please indicate preferred mailing address: <input type="radio"/> Home Address (#6) <input type="radio"/> Alternate Address (please provide): _____ <input type="radio"/> Business Address (#9)		
12. Are you a citizen of the United States? <input type="radio"/> Yes <input type="radio"/> No - if no, country of citizenship: _____ and provide proof of eligibility to work in the U.S.		

Background Information
1. What is your Maine License Number? _____
2. Which lines of authority do you currently hold? _____
3. Has your license been in good standing* for at least one year? <input type="radio"/> Yes <input type="radio"/> No

*"Good standing" means you have not had any restriction placed on your producer license, including, but not limited to, being on probation or having any disciplinary reporting requirements to the Superintendent, and that you are current with all licensing requirements, including continuing education requirements.

4. Have you sponsored any other Apprentice Insurance Producer(s) during this calendar year or are you currently sponsoring an Apprentice Producer?

- Yes
- No

If yes, please provide the following:

- a) Name(s) of the Apprentice Insurance Producer(s): _____
- b) License Number(s) of the Apprentice Insurance Producer(s): _____
- c) Current status of apprenticeship(s): _____
- d) Start and end date of the apprenticeship(s): _____

Apprentice Insurance Producer Information

Please provide the following information regarding the Apprentice Insurance Producer you wish to sponsor.

Apprentice Name: _____	Apprentice Business Address: _____ _____
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Apprentice Telephone Number: _____ _____	Apprentice Email Address: _____ _____
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Please check all lines of authority for which the apprentice is applying:

Accident and Health		Personal Lines	
Property		Credit	
Casualty		Title	

Note: An Apprentice Insurance Producer may not perform any activities that require training or authority in addition to an insurance producer license, including activities under the federal Affordable Care Act.

Sponsor's Certification and Attestation

The Sponsor must read the following very carefully and sign the application.

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of this application and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the State of Maine, I hereby designate the Superintendent of Insurance to be my agent for service of process regarding all insurance matters in the State of Maine and agree that service upon the Superintendent of Insurance, or other appropriate party, is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Superintendent of Insurance, or other appropriate party, to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I authorize the Maine Bureau of Insurance to give any information concerning me, as permitted by law, and in the furtherance of the Superintendent's official duties, to any federal, state or municipal agency, my Apprentice Insurance Producer, or any other organization, and I release any such agency, sponsor, or other organization, including the Maine Bureau of Insurance, and any person acting on their behalf in the furtherance of official duties from any and all liability of whatever nature by reason of furnishing such information.
5. I understand that Maine law requires notification to the Superintendent within 30 days of: changes in address, telephone number, name, or other material changes in the conditions or qualifications set forth in the original application. I understand that failure to provide this notification may result in the automatic levying of a late fee in accordance with 24-A M.R.S. § 1419 and further administrative action.
6. I understand that I am responsible for ensuring that the scope of the Apprentice Insurance Producer's duties do not exceed the authorities requested in this application and in the Apprentice Insurance Producer's application, the activities authorized under my own licensing authority, the authorities granted upon issuance of the Apprentice Insurance Producer license, and other limitations pursuant to 24-A M.R.S. § 1420-Q. This responsibility includes, but is not limited to, ensuring that the Apprentice Insurance Producer's activities are limited to the State of Maine, the Apprentice Insurance Producer does not act as an agent of an insurer unless appointed by the insurer pursuant to 24-A M.R.S. § 1420-M, and the Apprentice Insurance Producer does not perform any activities that require training or authority in addition to an insurance producer license, including but not limited to activities requiring a producer license involving the federal Affordable Care Act, long-term care insurance, annuities, and life insurance.
7. I understand that the Superintendent may revoke my authorization to employ an Apprentice Insurance Producer for failing to comply with any requirement of the sponsorship and for any of the reasons for disciplinary action under 24-A M.R.S. §1420-K.
8. I hereby certify that I will furnish the Maine Bureau of Insurance with copies of any documents requested by Maine Bureau of Insurance.
9. I understand that I am responsible for the timely reporting of any actions involving the Apprentice Insurance Producer in the same manner as required of a producer under 24-A M.R.S. § 1420-P.
10. I understand that if I terminate the Apprentice Insurance Producer's employment or the sponsorship prior to the end of the 180-day period under 24-A M.R.S. §1420-Q(4), I shall notify the Superintendent within five (5) business days of the end of the employment or sponsorship in accordance with 24-A M.R.S. §1420-Q(10).
11. I understand that I am responsible for training and supervising the Apprentice Insurance Producer. Given the 180-day nonrenewable apprenticeship period, I further acknowledge the importance of providing the Apprentice Insurance Producer sufficient time to study and prepare for the Maine insurance producer exam.

12. I accept full responsibility for the Apprentice Insurance Producer's actions while under my supervision and understand that I will be held accountable for any misconduct or violation of laws or regulations committed by the Apprentice Insurance Producer.

Month/Day/Year

Apprentice Sponsor Signature

Return application with the completed corresponding Apprentice Insurance Producer Application to:

For US Postal Service deliveries including overnight express:

Bureau of Insurance
34 State House Station
Augusta, ME 04333-0034

For private deliveries such as FedEx and UPS:

Bureau of Insurance
76 Northern Ave
Gardiner, ME 04345-2832

Questions? Contact us at:

Phone: (207) 624-8475

E-mail: Insurance.pfr@maine.gov