Draft Pending Adoption

Draft: 8/18/26

Market Regulation and Consumer Affairs (D) Committee
Columbus, Ohio
August 14, 2026

The Market Regulation and Consumer Affairs (D) Committee met in Columbus, OH, Aug. 14, 2026. The following Committee members participated: Ann Gillespie, Chair (IL); Angela L. Nelson, Vice Chair (MO); Heather Carpenter (AK); Charles Bassett (AZ); Jimmy Harris (AR); Dean L. Cameron (ID); Holly W. Lambert (IN); Sharon P. Clark (KY); Ned Gaines (NV); D.J. Bettencourt represented by Keith Nyhan (NH); Michael Humphreys represented by David Buono (PA); and Erin K. Hunter (WV). Also participating were: Brett Bache and Matthew Gendron (RI); Mary Block (VT); Joylynn Fix (WV); and Bryan Stevens (WY).

1. Adopted its July 27 Minutes

Director Gillespie said the Committee met on July 27. During that meeting, the Committee: 1) adopted its Spring National Meeting minutes (*see NAIC Proceedings – Spring 2026, Market Regulation and Consumer Affairs (D) Committee*); 2) adopted Chapter 21B—Conducting the Pet Insurance Examination for Inclusion in the *Market Regulation Handbook;* 3) accepted the referral of Pharmacy Benefit Manager (PBM) examination standards from the Pharmacy Benefit Management (D) Working Group to the Market Conduct Examination Guidelines (D) Working Group; and 4) adopted Market Conduct Annual Statement (MCAS) pet insurance blank revisions.

Director Nelson made a motion, seconded by Commissioner Clark, to adopt the Committee's July 27 minutes (Attachment One). The motion passed unanimously.

2. Received an Update on Market Conduct Regulation Modernization

Director Gillespie said the Market Conduct Regulation Modernization (D) Working Group met Aug. 13 and continued to receive strong feedback from Committee members. She thanked members for their participation and said the level of engagement has been phenomenal and is helping to inform the Working Group's draft recommendations. Director Gillespie reported that the Working Group completed its area-of-exploration session on third-party oversight.

Director Gillespie said the remaining areas of exploration are training and workforce development. These will be the subject of the Working Group's next two sessions, with additional, deeper discussions to follow as needed. The areas of exploration addressed to date include: NAIC market conduct data collection (April 22); NAIC market conduct analysis tools (April 30); a property/casualty (P/C) listening session (May 11); a health listening session (May 26); a life, insurtech, and specialty lines listening session (June 9); a consumer representatives listening session (July 7); interstate collaboration (July 21); the *Market Regulation Handbook* (Aug. 4); and third-party oversight (Summer National Meeting).

Director Gillespie said the goal is to have draft recommendations ready for public distribution ahead of the Fall National Meeting in November, when the Working Group and the Committee will consider the recommendations for adoption. She described the overall timeline as follows: 2026 will focus on listening, identifying issues, and framing where the work should go next; 2027 will be devoted to design work to determine the specific paths to pursue; and implementation is anticipated in late 2027 through 2028.

3. Received an Update on the Development of a Cybersecurity Incident Response Framework

Bache said the Cybersecurity Event Response Coordination Framework addresses an effort by state insurance regulators to develop a coordinated, multi-jurisdictional response to cybersecurity events involving regulated entities. He said the 2025 and 2026 NAIC leadership assigned the project as a high priority. Bache said the framework consists of six sections: 1) purpose, scope, and use of the framework; 2) evaluation and response process; 3) coordinating lead state selection; 4) coordinating lead state responsibilities; 5) a flow chart illustrating the proposed framework process; and 6) the

framework's relationship to other NAIC documents and projects, such as the Cybersecurity (H) Working Group's adopted Cybersecurity Event Response Plan (CERP) and the NAIC Cybersecurity Event Notification Portal.

Bache said a previous version of the draft framework was discussed before the Spring National Meeting during the Market Conduct Examination Guidelines (D) Working Group's March 12 meeting, where discussion centered on defining triggering thresholds and the complexities of identifying lead states. A revised draft was distributed May 14 and discussed during the Working Group's May 20 meeting, where discussion addressed the proposed process, assigning lead states, and whether to add language addressing a coordinated state insurance regulator response to multistate third-party vendor cybersecurity events. A comment due date of June 22 was announced and subsequently extended to July 24.

Bache said comments on the exposure draft were received from the California Department of Insurance (DOI), the New York State Department of Financial Services, the chair and vice chair of the Information Technology (IT) Examination (E) Working Group, the American Council of Life Insurers (ACLI), AHIP, the American Property Casualty Insurance Association (APCIA), the Blue Cross Blue Shield Association (BCBSA), and the National Association of Mutual Insurance Companies (NAMIC). The comments were posted to the Working Group web page and distributed to Working Group members, interested regulators, and interested parties on Aug. 5. Bache said the Working Group plans to meet after the Summer National Meeting to allow all comment authors to present their comments and discuss feedback received. Next steps will include proposing initial edits for issues where solutions to the submitted comments are readily evident, and identifying solutions to the larger issues raised, after which a revised framework document will be drafted and circulated for further discussion at a future Working Group meeting.

4. Heard a Presentation from the APCIA on Consumers' Use of AI for Complaints

Lisa Brown, Kristin Abbott (APCIA), and David Snyder (APCIA) presented a summary of an APCIA member survey on consumers' use of artificial intelligence (AI) in complaints and related communications. Brown emphasized that APCIA is not suggesting that complaints or other communications submitted with the assistance of AI should be dismissed or treated as invalid. Rather, the issue is the operational challenges that both companies and regulators face as AI-generated and AI-assisted communications become more prevalent. She said members first raised the issue in the prior year, and the concern has been increasing, and she framed the presentation as the beginning of an ongoing dialogue among regulators, industry, and consumer representatives.

Abbott walked through the survey results, which reflect aggregated, anonymized, and largely anecdotal observations from claims, legal, compliance, customer service, and complaint-handling teams across a diverse group of P/C companies. She said 86% of respondents reported at least some operational impact—approximately 43% describing significant impacts and 43% describing moderate impacts, while 14% reported minimal or no observable impact. AI-assisted activity was most frequently observed in claims disputes, total-loss valuations, regulatory complaints, settlement demands, appeals, and complaint rebuttals. Abbott said such communications tend to be longer, highly structured, and professionally written, often citing statutes, regulations, or case law—sometimes inaccurate, outdated, or out of jurisdiction—requiring additional review and verification, though some respondents noted AI can help consumers present concerns in a more organized and less emotional way.

Snyder suggested questions for future dialogue among regulators, industry, and consumer representatives, including whether regulators are seeing similar trends, whether current complaint-handling timelines remain appropriate, how to address repetitive follow-up submissions after an issue has been resolved, what qualifies as new information requiring a response, how AI agents should be authenticated and authorized, how to prevent fraudulent manipulation of consumer and service processes, what metrics should be tracked, and how to balance efficient resolution with consumer access to AI tools.

Director Nelson noted that the trend is not insurance-specific and is being observed across other state agencies and regulated industries. Commissioner Gaines described the challenge of tracking and responding to multiple follow-up

submissions on closed complaints when the complainants bypass the state complaint portals and send the complaint directly to the department or the governor's office. Commissioner Gaines and Commissioner Clark both said their departments post disclaimers on their website that the complainant must verify the accuracy of any AI-generated content. They noted that the AI-generated content often cites statutes or authorities that are inapplicable or nonexistent.

Stevens said the Wyoming Insurance Department scrubs complaints and suggested the NAIC explore technology in complaint-capture systems, such as State Based Systems (SBS) and Sircon, to help address AI-generated complaints. Gendron said that responding to an AI-assisted complaint is similar to responding to a traditional complaint. Director Gillespie said there are self-styled "advocates" who also drive this trend. Commissioner Gaines agreed and noted that if a complainant inputs a hostile tone into the AI engine, the AI engine will adopt the same hostile tone. Director Nelson suggested training on handling and de-escalating issues. Commissioner Harris cautioned that complaints should not be automatically dismissed simply because they appear AI-generated, emphasizing that a consumer remains behind each complaint. Director Gillespie asked whether the topic warranted inclusion in the Market Conduct Regulation Modernization (D) Working Group's training and workforce development sessions. Members indicated it may be premature to solidify recommendations, but that it could be revisited in the future.

Amy Bach (United Policyholders) said that while AI presents challenges in its manifestations, many of the problems consumers report stem from practices some insurers have adopted, such as claim-handling changes and reductions in coverage. She said that to the extent AI helps consumers make their voices heard and call attention to patterns, it can be a positive development, and she encouraged regulators to use tools to identify obvious inaccuracies while recognizing that these communications are important sources of information. She urged regulators to be clear with consumers about the limits of their authority to adjudicate disputes, but not to adopt hardline rules that decline to process a complaint merely because AI signals are present. Director Gillespie agreed that the underlying complaint should be addressed and noted the difficulty of identifying the actual complaint when submissions contain numerous references to statutes or obligations that do not exist, suggesting an opportunity for further dialogue with industry and consumer representatives on how to help consumers file effective complaints.

Peter Kochenburger (Southern University Law School) said he appreciated the APCIA presentation and its suggestion to include consumer representatives in the work. He noted that verifying the accuracy of communications has always been part of the insurers' responsibility to provide clear and accurate communications to policyholders, and he observed that insurers are increasingly using AI in multiple areas, including claims, raising the question of what tests for accuracy apply to AI-generated or AI-assisted responses on both sides. Director Gillespie agreed that the issue is not AI itself but how it is used and the accuracy of the resulting information, noting that regulators are also beginning to consider how AI can help analyze incoming data.

5. Adopted the Reports of its Task Forces and Working Groups

Director Gillespie noted that adoption of the Producer Licensing (D) Task Force report includes the adoption of a new charge to develop a Uniform Appointment Termination for Cause Form and the formation of an ad hoc subgroup to prepare an initial draft of the form for the Task Force's review.

Commissioner Gaines made a motion, seconded by Director Carpenter, to adopt the reports of the following task forces and working groups: 1) Antifraud (D) Task Force (Attachment xxx); 2) Producer Licensing (D) Task Force (Attachment xxx); 3) Advisory Organization (D) Working Group; 4) Market Actions (D) Working Group; 5) Market Analysis Procedures (D) Working Group (Attachment xxx); 6) Market Conduct Annual Statement Blanks (D) Working Group (Attachment xxx); 7) Market Conduct Examination Guidelines (D) Working Group (Attachment xxx); 8) Market Conduct Regulation Modernization (D) Working Group (Attachment xxx); 9) Market Information Systems (D) Working Group; 10) Market Regulation Certification (D) Working Group (Attachment xxx); 11) Pharmacy Benefit Management (D) Working Group (Attachment xxx); and the 12) Speed to Market (D) Working Group (Attachment xxx). The motion passed unanimously.

Draft Pending Adoption

6. Received an Update from the Big Data and Artificial Intelligence (H) Working Group on the AI Risk Evaluation Supplement

Block, co-vice chair of the Big Data and Artificial Intelligence (H) Working Group, provided an update on the AI Risk Evaluation Supplement, formerly known as the AI Systems Evaluation Tool. She said the name was changed to address feedback and confusion caused by the word "tool," which had implied that AI was used to create the resource. Block said the supplement is designed to complement existing examinations and other processes by providing AI-specific guidance and resources for regulating insurers' use of AI.

Block said the pilot officially started in March and involves 12 states: California, Colorado, Connecticut, Florida, Iowa, Louisiana, Maryland, Pennsylvania, Rhode Island, Vermont, Virginia, and Wisconsin. The pilot began with training and has transitioned to weekly meetings to share what each state is hearing from pilot participants. She said common themes that have emerged include the need to update or clarify the definitions of AI systems and models, materiality, and risk assessment, as well as the inclusion of generalized linear models (GLMs) in the scope and the use of the term "direct impact." Block said the Working Group is not yet ready to discuss the specific updates but will make changes to address the feedback received. She said the goal is to provide a copy of the updated supplement on the Big Data and Artificial Intelligence (H) Working Group's virtual open meeting agenda for Aug. 31, where the changes will be explained and initial clarifying questions taken, with feedback continuing to be accepted beyond that call so that input from the pilot can be leveraged.

Having no further business, the Market Regulation and Consumer Affairs (D) Committee adjourned.

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Adopted by the Executive (EX) Committee and Plenary, Dec. XX, 2026
Adopted by the Market Regulation and Consumer Affairs (D) Committee, Nov. XX, 2026
Adopted by the Market Conduct Regulation Modernization (D) Working Group, Nov. 15, 2026

MARKET CONDUCT REGULATION MODERNIZATION RECOMMENDATIONS

MODERNIZATION PURPOSE AND CHARGES

The NAIC Membership began the Market Conduct Regulation Modernization initiative to assess whether the current market conduct regulatory framework is keeping pace with changing markets, business models, and consumer expectations. In addition, the NAIC Membership recognized market conduct regulation has largely evolved through incremental updates rather than a comprehensive review. To advance the modernization priority of the NAIC members, the Market Regulation and Consumer Affairs (D) Committee appointed the Market Conduct Regulation Modernization (D) Working Group at the 2026 Spring National Meeting.

- Charge 1 – Assess the Framework: Assess with input from NAIC members and interested stakeholders the current state of the market conduct regulatory framework and the need for changes in response to changing markets, business models, and consumer expectations.
- Charge 2 – Recommend Modernization: Provide recommendations for the improvement and modernization of the market conduct regulatory framework.

ASSESSMENT PROCESS

Timing	Focus
March **NAIC National Meeting**	• Public Discussion of Market Conduct Regulation Modernization • Adopt Charges and Appoint Market Conduct Regulation Modernization (D) Working Group
April	• Regulator Discussions • Market Conduct Data Collection, NAIC Resources, and Analytical Tools • Market Conduct Annual Statement (MCAS), Market Information Systems, Data Validation, Data Filing Frequency, Analytics, Multistate Information Sharing
May, June, July	• Interested-Party Listening Sessions: Property/Casualty, Health, Life, Insurtech, Specialty Lines, Consumers
July and August	• Regulator Discussions • Interstate Collaboration and Market Regulation Handbook Review • Interstate Coordination, Examination Consistency, Market Regulation Handbook Modernization
August **NAIC National Meeting**	• Public Update on Regulator Discussions • Third Party Oversight • Integration of Financial and Market Conduct Data

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Timing	Focus
September	• Regulator Discussions • Training and Workforce Development • Workforce Capabilities and Training Needs to Support Modernized Framework
September **NAIC Insurance Summit**	• Presentation on Modernization Efforts: Modernization Priorities, Input from Listening Sessions, Discussion of Common Themes
October	• NAIC Member Engagement on Modernization Priorities and Future Market Conduct Framework
November	• Regulator and Interested Party Review of Draft Recommendations
November **NAIC National Meeting**	• Consider Adoption of Draft Recommendations • Advance from Assessment to Design and Prioritization

Summary of Regulator Assessment: Focus on Data, Analytics, and Coordination

On regulator-to-regulator calls held April 22 and April 30, the Working Group provided their perspectives on the Market Conduct Annual Statement (MCAS), NAIC Market Information Systems, and analytical tools available for analysis. The Working Group discussed processes that work well and identified areas where improvements may be made. Regulators highlighted the following opportunities.

- Enhance MCAS Validation Process: Consistent validation and feedback process among states, NAIC staff, and filers to catch recurring errors and build confidence in the data.
- Rebalance the Filing Cadence: The current all-at-once submission schedule limits timely oversight; regulators favor a more phased, targeted approach to data collection (e.g., quarterly reporting).
- Replace Duplicative Workarounds: Some states have built their own prioritization tools to make raw MCAS data usable.
- Refine MCAS Data Scope by Line: Focus collection on the lines and data elements with the greatest regulatory value and reevaluate lines like health that do not offer the value needed.
- Market Conduct & Financial Data: Better align market conduct indicators with financial analysis (e.g., through Market Analysis Prioritization Tool - MAPT) for a complete view of insurer risk.
- Regular Cross-State Forums: Recurring, structured opportunities to exchange analytic findings and emerging market trends across jurisdictions.

Summary of Industry Assessment: Focus on Consistency, Data, and Proportionate Enforcement

From May through July, the Working Group held three listening sessions with property/casualty, health, life/Insurtech/specialty, and received written comments from American Council of Life Insurers (ACLI), America's Health Insurance Plans (AHIP), American Property Casualty Insurance Association (APCIA), Blue Cross Blue Shield Association (BCBSA), Insured Retirement Institute (IRI), National Association of Mutual Insurance Companies (NAMIC), and Verisk/Insurance Services Office (ISO). Industry highlighted the following opportunities.

- Standardize Data & Definitions: One national data model, shared templates, and more consistent terms (e.g., "confirmed complaint" and "denial").
- Risk-Based, Handbook-Driven Exams: Scope exams to risk indicators, apply the NAIC *Market Regulation Handbook* consistently, and minimize variation on approaches used by contract examiners.
- Greater Regulator Transparency: Share the reasoning behind exams and complaint decisions.

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- "One-Ask" Interstate Collaboration: A single lead-state request, shared templates, and recognition of remediation already completed in other jurisdictions.
- Proportionate Enforcement: Tiered corrective actions, assess regulator use of self-reporting, and set realistic timelines for remediation.
- Practical Third-Party Oversight: Focus on insurer governance/outcomes and oversight of Third-Party Administrators.

Summary of Consumer Assessment: Focus on Faster Analysis and Greater Transparency

On July 7, the Working Group held a listening session with NAIC Consumer Liaison Representatives. The NAIC Consumer Liaison Representative highlighted the following opportunities.

- Modern Data Infrastructure: Move toward data-lake style collection with direct, automated insurer uploads and standardized APIs — reducing reliance on PDFs and spreadsheets.
- Public, Company-Level Metrics: Publish claim-settlement times, denial rates, and complaint outcomes at the company level so consumers can compare insurers.
- National Exam Findings Portal: A searchable public repository of closed market conduct exam reports, modeled on state examples like Oregon's public disclosures.
- Oversight of AI & Telematics: Closer scrutiny of insurers' and vendors' use of consumer data through connected devices and automated decision tools.
- Faster, More Transparent Claims Review: Reduce the 18- to 20-month lag before MCAS data informs action and provided consumers greater visibility into data analysis, such as claims handling.
- A Structural, Not Just Incremental, Look: Address root gaps in consumer protection — resourcing, enforcement speed, and researcher access to data.

<u>Feedback Summary: Six Common Threads</u>

Across the discussions that took place in 2026, the following six themes were consistently raised by regulators, industry, and consumer advocates.

- Data Quality & Consistency of Definitions
- Enhanced Analytics & Modern Tools
- Integrated Analysis with Financial Data
- Communication & Transparency of Expectations
- Examination Consistency
- Confidentiality & Public Access to Data

STRATEGIC VISION: RISK-BASED MARKET CONDUCT REGULATION

The strategic vision establishes a long-term direction for modernization to a proactive, risk-based market conduct regulatory framework that supports consistent, coordinated oversight and stronger consumer protection as insurance markets, business models, and consumer expectations evolve. This vision centers on equipping NAIC Members with timely, trustworthy data and modern analytical tools to identify emerging risks and inform regulatory action. The strategic vision also calls for stronger interstate collaboration through shared definitions, common tools, and a lead state decision framework for multistate action. Finally, there is a recognition for the potential of expanded public reporting that gives consumers clearer, more useful insights into market conduct issues.

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RECOMMENDATIONS

Recommendation	Summary
Market Conduct Data and Related Systems & Tools	Enable regular, predictive analytics on market conduct through better data, timelier submissions, and modernized NAIC tools (MCAS, MIS Systems), including the development of a national complaint portal.
Market Conduct Standardization and Multistate Collaboration	Strengthen consistency and coordination across jurisdictions for national and regional companies, while respecting each state's unique market.
Opportunities for Additional Consumer Support	Expand public reporting, including the exploration of developing a consumer facing producer look-up portal.
Additional or Enhanced NAIC Support	Provide additional or enhanced NAIC support to achieve the objectives of Recommendations 1–3, including modernizing MAPT, the Market Analysis Review System (MARS), Level 1 and Level 2 analysis reviews, and better integration of financial data into market conduct analysis.

Recommendation 1: Assess and Update Market Conduct Data and Related Systems & Tools

Enable regulators to conduct regular analytics on current market conduct by providing data and tools/services that enable trend identification and predictive analyses outside of examinations.

Stakeholder Observations

- *Suboptimal timeliness of data, both as submitted and as made available to regulators.*
- *Comprehensive update of data elements needed.*
- *Need for improved data validation to ensure accuracy.*
- *Reduce variation among states by enhancing common definitions and use of FAQs.*
- *Improvements needed to the functionality of MCAS and Market Information Systems (MIS).*
- *Potential for new tools to better support the objective.*
- *Desire for a common complaint portal for use by all jurisdictions.*

Recommended Actions

A. Modernize Data Collection

1. Reassess the frequency of data submission and timeframe of data availability to regulators.
2. Strengthen validation methods for enhanced data accuracy.
3. Expand data definitions, FAQs, and training to improve consistency of data collection across jurisdictions.
4. Update data elements to reflect new business models (e.g., 2026 Homeowners Market Data Call).

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B. Modernize NAIC Tools & Systems

1. Identify barriers to consistent state use of Market Information Systems (Market Conduct Annual Statement, Market Analysis Review System, Market Action Tracking System, Regulatory Information Retrieval System, Complaint Database System, ATS, RIRS, CDS).
2. Develop modernized, more automated data collection from state back-office systems and websites.
3. Establish standards for timely, reliable, and comparable information for market conduct oversight.
4. Set modernization priorities for data integration, visualization, and search functionality.
5. Develop a prototype national complaint portal for companies and regulators.

Recommendation 2: Enhance Market Conduct Standardization and Multistate Collaboration

Enhance market regulation standardization and collaboration across jurisdictions to better support regulation of national and regional companies, while recognizing unique aspects of individual markets.

Stakeholder Observations

- *Inconsistencies in approaches across jurisdictions, separate from broader state policy, that contribute to additional cost of regulation.*
- *Suboptimal coordination across jurisdictions to address issues affecting multiple jurisdictions (e.g., claims payment practices).*
- *Lack of an agreed upon decision process for operational aspects of multistate actions (e.g., identifying leads, resources, scope, and triggers), resulting in lengthy examination timeframes and often suboptimal results.*

Recommended Actions

A. Formalize Multistate Collaboration

1. Establish a process for shared analytics prior to, or in lieu of, examinations.
2. Identify ways to ensure consistency in communications throughout the examination process.
3. Build a decision matrix for lead-state designation, factoring in the role of NAIC Zones, aspects of the financial regulation process, and the role of MAWG.
4. Assess the need for a Model Act or other framework to support more formalized collaboration.

B. Strengthen Handbook & Oversight Consistency

1. Update the NAIC *Market Regulation Handbook* to clarify the process, encourage consistency, and better equip regulators to address risks associated with current business models and products (e.g., revised ratios and new exam templates).
2. Clarify definitions, terms, and guidance through FAQs and training modules.
3. Expand collaboration with financial regulation through shared datasets/analytics and coordination between FAWG and MAWG.
4. Identify ways to improve consistency in oversight of contract examiners.

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Recommendation 3: Identify Opportunities for Additional Consumer Support

Strengthen consumer support by identifying opportunities to expand consumer-facing reports and coordination as part of market conduct modernization.

Stakeholder Observations

- *Consumers would benefit from clearer, more accessible public information regarding market conduct trends and state regulatory actions.*
- *Existing public reports and tools could be enhanced to support consumers' understanding of the insurance marketplace.*
- *Additional coordination will be needed across NAIC Committees and state insurance regulatory experts to ensure NAIC consumer-facing tools are accurate, reliable, and useful.*

Recommended Actions

A. Expand Public Reports and Consumer Engagement

1. Working with NAIC Consumer Liaisons Representatives, determine additional public reports, beyond existing MCAS summaries, that give consumers clearer insight into market conduct trends, complaint outcomes, and consumer protection concerns.
2. Collaborate with the NAIC Consumer Board of Trustees to support efforts to broaden Consumer Liaison engagement opportunities.
3. Leverage the expertise and feedback of state consumer affairs staff, public information officers, and the producer community to better understand consumers' concerns and information gaps.

B. Explore the development of a Producer Look-Up Portal

1. Evaluate whether to develop a producer look-up portal to provide consumers a reliable way to verify producer licensing status and history.

Recommendation 4: Identify Areas for Additional or Enhanced NAIC Support to Achieve the Objectives of Recommendations 1–3

Provide support to jurisdictions and to the development and operation of multistate collaboration, as needed, including transition of ongoing services.

Stakeholder Observations

- *There is significant variation among jurisdictions in market conduct regulatory resources.*
- *There are economies of scale to providing a single tool (e.g., a portal) for use by industry and regulators in certain circumstances.*

Recommended Actions

A. Modernize Tools and Resources

1. Review the use and design of MAPT, MARS Level 1 and Level 2 reviews to consistently identify potential consumer protection concerns and support consistent market analysis.
2. Assess regulator workflows and the use of NAIC data in daily regulatory functions and modernize NAIC analytical tools to better support state oversight.
3. Enhance the Market Regulation Handbook by making it more interactive and easier to navigate for everyday use.

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B. Broaden Analytical Integration

1. Evaluate how financial data and information can be further incorporated into market conduct analysis to provide a more complete view of insurer risk, operations, and market behavior.
2. Coordinate enhancements to NAIC support and systems with the NAIC budget process, as appropriate.

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Adopted by the Market Regulation and Consumer Affairs (D) Committee, XX, 2026

2027 Proposed Charges

MARKET CONDUCT REGULATION MODERNIZATION (D) TASK FORCE

The mission of the Market Conduct Regulation Modernization (D) Task Force is to implement and monitor the Market Conduct Regulation Modernization recommendations for the improvement and modernization of the market conduct regulatory framework in response to changing markets, business models, and consumer expectations. The Task Force will also work with NAIC Consumer Liaisons, the NAIC Consumer Board of Trustees, state consumer affairs staff, public information officers, and industry to improve transparency, engagement, and resources that help consumers understand the insurance marketplace.

1. The **Data Elements and Collection (D) Working Group** will:
   A. Develop a plan for improvements to market conduct data collection to enable use by regulators in proactive analysis and action and to enhance consistency across jurisdictions. The plan should address i) frequency of data submission; ii) improvements to NAIC timeframe to make data available for use by regulators; iii) methods for enhanced validation capability; iv) an expanded set of data definitions, FAQs, training, or other tools to improve consistency across jurisdictions; and v) an updated set of data elements reflecting new business models and operational patterns.
   B. Consider whether existing MCAS data elements should be retained, removed, or expanded. Review the collection of Principle-Based Reserving data and the 2026 Homeowners Market Data Call for guidance on potential data collection approaches.
   C. Develop a plan to update and enhance NAIC tools and processes to support improvements and/or the replacement of current tools (e.g., Market Conduct Annual Statement, Market Analysis Review System, etc). The plan should include the following: i) identification of barriers to consistent state use of NAIC Market Information Systems; ii) development of modernized data collection methods, including opportunities for more automated collection from state back-office systems and websites; iii) a review of data definitions and establishment of standards for timely submission practices to ensure regulators receive reliable, consistent, and comparable information for market conduct oversight and iv) development of NAIC Market Information Systems modernization priorities to integrate data sources, improve data visualizations, and strengthen search functionality to support more proactive, risk-based market conduct oversight.
   D. Develop guidance on the appropriate use of the NAIC Market Information Systems (MIS) and the data entered in them and establish MIS modernization priorities. This includes the following systems: i) Complaints Database System; ii) Market Actions Tracking System; iii) Regulatory Information Retrieval System; and iv) the 1033 State Decision Repository, in conjunction with the Antifraud (D) Task Force and the Producer Licensing (D) Task Force.
   E. Evaluate the need for a national complaint portal and, as appropriate, develop the portal for use by companies and regulators in reporting complaints and related activities.
   F. Coordinate with Anti-Fraud Task Force, Producer Licensing (D) Task Force, and other relevant groups (e.g., state PIOs, and NIPR) to evaluate the need for a producer look-up portal and, as appropriate, develop a portal to improve consumer access to reliable producer licensing and regulatory action information.

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2. The **Multistate Collaboration (D) Working Group** will:
   A. Identify enhancements to formalized multistate collaboration. This could include the following: i) a process for shared analytics prior to, or in lieu of, examinations; ii) a decision matrix for lead state designation for multi-state action, considering role of Zones, aspects of the Financial Regulation process that may be appropriate, and the role of MAWG; and/or iii) the need for an NAIC Model Act or other framework to support more formalized collaboration.
   B. Identify NAIC *Market Regulation Handbook* enhancements to support more standardization in market conduct regulation, including i) updates to reflect current industry business models and products (e.g., revised MCAS ratios); and ii) clarified definitions, terms and improved guidance to drive consistency (e.g., FAQs, training modules).
   C. Identify areas for enhanced collaboration with financial regulation, including: i) shared datasets and analytics; and ii) coordination between FAWG and MAWG.
   D. Identify ways to collaborate or improve consistency in oversight of contract examiners.
   E. Evaluate the effectiveness and usefulness of public and non-public MCAS ratios and recommend revisions for public reporting, as appropriate.

3. The **Data Analytics (D) Working Group** will:
   A. Review the use and design of the Market Analysis Prioritization Tool (MAPT), Market Analysis Review System (MARS), Level 1/Level 2 reviews and any other tools used for market analysis and develop a plan to ensure they proactively identify potential consumer protection concerns and support consistent market conduct analysis.
   B. Evaluate how financial data and information can be more effectively incorporated into market conduct analysis to provide regulators with a more complete view of insurer risk, operations, and market behavior and improve recommendations. Oversee training on incorporating financial data in market analysis.
   C. Assess regulator workflows and the use of NAIC MIS data in daily regulatory functions and modernize NAIC analytical tools to better support state market conduct oversight.

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Adopted by the Market Regulation and Consumer Affairs (D) Committee, XX, 2026

2027 Proposed Charges

MARKET REGULATION AND CONSUMER AFFAIRS (D) COMMITTEE

The mission of the Market Regulation and Consumer Affairs (D) Committee is to monitor all aspects of the market regulatory process for continuous improvement. This includes market analysis, regulatory interventions with companies, and multi-jurisdictional collaboration. The Committee will also review and make recommendations regarding the underwriting and market practices of insurers and producers, as those practices affect insurance consumers, including the availability and affordability of insurance.

Ongoing Support of NAIC Programs, Products, or Services

1. The **Market Regulation and Consumer Affairs (D) Committee** will:
   A. Monitor the centralized collection and storage of market conduct data, national analysis, and reporting at the NAIC, including issues regarding the public availability of data.
   B. Monitor and assess the current process for multi-jurisdictional market conduct activities, and provide appropriate recommendations for enhancement, as necessary.
   C. Oversee the activities of the Antifraud (D) Task Force.
   D. Oversee the activities of the Market Conduct Regulatory Modernization (D) Task Force.
   E. Oversee the activities of the Producer Licensing (D) Task Force.
   F. Monitor the underwriting and market practices of insurers and producers, as well as the conditions of insurance marketplaces, including urban markets, to identify specific market conduct issues of importance and concern. Hold public hearings on these issues at the NAIC national meetings, as appropriate.
   G. In collaboration with other technical working groups, discuss and share best practices through public forums to address broad consumer concerns regarding personal insurance products.
   H. Coordinate with the International Insurance Relations (G) Committee to develop input and submit comments to the International Association of Insurance Supervisors (IAIS) and/or other related groups on issues regarding market regulation concepts.
   I. Coordinate with the Health Insurance and Managed Care (B) Committee to provide policy recommendations regarding uniform state enforcement of the federal Affordable Care Act (ACA).

2. The **Advisory Organization (D) Working Group** will:
   A. Revise the protocols, as necessary, for the examination of national or multistate advisory organizations (including rating organizations and statistical agents) to be more comprehensive and efficient. Solicit input and collaboration from other interested and affected committees and task forces.
   B. Monitor the data reporting and data collection processes of advisory organizations (including rating organizations and statistical agents) to determine if they are implementing appropriate measures to ensure data quality. Report the results of this ongoing charge, as needed.
   C. Actively assist with and coordinate multistate examinations of advisory organizations (including rating organizations and statistical agents).
   D. Monitor the Third-Party Data and Models (H) Working Group in development of a third-party data and model vendor regulatory framework. Coordinate when the regulatory framework for advisory organizations should be consistent.

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MARKET REGULATION AND CONSUMER AFFAIRS (D) COMMITTEE *(Continued)*

3. The **Market Actions (D) Working Group** will:
   A. Facilitate interstate communication, and coordinate collaborative state regulatory actions.
   B. Facilitate interstate communication, and coordinate collaborative state regulatory activities involving nontraditional market actions through the Coordinated Market Investigation Subgroup.

4. The **Market Conduct Annual Statement Blanks (D) Working Group** will:
   A. Monitor and support the collection of MCAS data through the current MCAS blanks.
   B. Coordinate with the Data Collection (D) Working Group in developing and implementing recommendations adopted by the Data Collection (D) Working Gorup as they relate to MCAS Blanks.

5. The **Market Regulatory Actions (D) Working Group** will:
   A. Monitor the adoption and revision of NAIC models and develop market conduct examination standards to correspond with adopted NAIC models.
   B. Coordinate with the Innovation, Cybersecurity, and Technology (H) Committee to develop market conduct examiner guidance for the oversight of regulated entities' use of insurance and non-insurance consumer data and models using algorithms and artificial intelligence (AI).

6. The **Market Information Systems (D) Working Group** will:
   A. Provide maintenance and support on the use of current data for the following: i) Complaints Database System (CDS); ii) Electronic Forums; iii) Market Actions Tracking System (MATS); iv) Market Analysis Profile; v) Market Analysis Prioritization Tool (MAPT); vi) Market Analysis Review System (MARS); vii) Market Conduct Annual Statement (MCAS); viii) Regulatory Information Retrieval System (RIRS); and ix) 1033 State Decision Repository (SDR1033), in conjunction with the Antifraud (D) Task Force and Producer Licensing (D) Task Force.

7. The **Market Regulation Certification (D) Working Group** will:
   A. Implement the Voluntary Market Regulation Certification Program by: i) provisionally certifying each jurisdiction that submits a self-certification report; ii) assessing the submission and monitoring the progress of each provisionally certified jurisdiction towards compliance to each certification standard; and iii) providing peer review and guidance for any participating jurisdiction that requests guidance.
   B. Develop a mechanism for enabling participating jurisdictions to apply for full certification. This will include: i) forming an NAIC review team; and ii) developing methods for assessing and auditing full-certification requests. (**Charge B on Hold**)
   C. Review feedback from jurisdictions concerning any issues or recommended changes to the Voluntary Market Regulation Certification Program requirements and the *Voluntary Market Regulation Certification Program Self-Assessment Guidelines and Checklist Tool.*
   D. Consider new standards to be incorporated into the Voluntary Market Regulation Certification Program.

8. The **Speed to Market (D) Working Group** will:
   A. Discuss and oversee the implementation and ongoing maintenance/enhancement of speed-to-market operational efficiencies related to product filing needs, efficiencies, and effective consumer protection. This includes the following activities:
   B. Provide a forum to gather information from the states and the industry regarding tools, policies, and resolutions to assist with common filing issues. Provide oversight in evaluating product filing efficiency issues for state insurance regulators and the industry, particularly regarding uniformity.
   C. Use SERFF data to develop, refine, implement, collect, and distribute common filing metrics that provide a tool to measure the success of the speed-to-market modernization efforts, as measured by nationwide

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MARKET REGULATION AND CONSUMER AFFAIRS (D) COMMITTEE *(Continued)*

and individual state speed-to-market compliance, with an emphasis on monitoring state regulatory and insurer responsibilities for speed to market for insurance products.

D. Facilitate proposed changes to the product coding matrices (PCMs) and the uniform transmittal document (UTD) on an annual basis, including the review, approval, and notification of changes. Monitor, assist with, and report on state implementation of any PCM changes.
E. Facilitate the review and revision of the *Product Filing Review Handbook*, which contains an overview of all the operational efficiency tools and describes best practices for industry filers and state reviewers regarding the rate and form filing and review process.
F. Provide feedback to NAIC staff regarding SERFF functionality, implementation, development, and enhancements. Receive periodic reports from NAIC staff, as needed.
G. Conduct the following activities, as desired, by the Interstate Insurance Product Regulation Commission (Compact): i) Provide support to the Compact as the speed-to-market vehicle for asset-based insurance products, encouraging state participation in, and the industry's usage of, the Compact; and ii) Receive periodic reports from the Compact, as needed.

NAIC Committee Support: Tim Mullen/Randy Helder

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Draft: 11/13/26
Adopted by the Executive (EX) Committee and Plenary, XX, 2026
Adopted by the Market Regulation and Consumer Affairs (D) Committee, Nov. XX, 2026
Adopted by the Antifraud (D) Task Force, Nov. 2, 2026

2027 Proposed Charges

ANTIFRAUD (D) TASK FORCE

The mission of the Antifraud (D) Task Force is to serve the public interest by assisting the state insurance supervisory officials, individually and collectively, through the detection, monitoring, and appropriate referral for the investigation of insurance crime, both by and against consumers. The Task Force will assist the insurance regulatory community by conducting the following activities: 1) maintaining and improving electronic databases regarding fraudulent insurance activities; 2) disseminating the results of research and analysis of insurance fraud trends, as well as case-specific analysis, to the insurance regulatory community; and 3) providing a liaison function between state insurance regulators, law enforcement—i.e., federal, state, local, and international—and other specific antifraud organizations. The Task Force will also serve as a liaison to the NAIC Information Technology Group (ITG) and other NAIC committees, task forces, and/or working groups to develop technological solutions for data collection and information sharing. The Task Force will monitor all aspects of antifraud activities by its working groups on the following charges.

Ongoing Support of NAIC Programs, Products, or Services

1. The **Antifraud (D) Task Force** will:
   A. Work with NAIC committees, task forces, and working groups (e.g., Title Insurance (C) Working Group Force, etc.) to review issues and concerns regarding fraud activities and schemes related to insurance fraud.
   B. Coordinate efforts to address national concerns about agent fraud and activities of unauthorized agents related to insurance sales.
   C. Coordinate the enforcement and investigation efforts of state and federal securities regulators with state insurance fraud bureaus.
   D. Coordinate with state, federal, and international law enforcement agencies in addressing antifraud issues regarding the insurance industry.
   E. Review and provide comments to the International Association of Insurance Supervisors (IAIS) on its Insurance Core Principles (ICPs) regarding insurance fraud.
   F. Coordinate activities and information from national antifraud organizations, and provide information to state insurance fraud bureaus.
   G. Coordinate activities and information with state and federal fraud divisions to determine guidelines that will assist with reciprocal involvement concerning antifraud issues resulting from natural disasters and catastrophes.
   H. Coordinate efforts with the insurance industry to address antifraud issues and concerns.
   I. Evaluate and recommend methods to track national fraud trends.
   J. Develop seminars, trainings, and webinars regarding insurance fraud.

ANTIFRAUD (D) TASK FORCE (*Continued*)

2. The **Antifraud Technology (D) Working Group** will:
   A. Identify and refine business requirements for the further development and maintenance of the NAIC Antifraud Plan Repository to be used by insurers to create and store an electronic fraud plan for distribution among the states/jurisdictions.
   B. Evaluate sources of antifraud data, and propose methods for enhancing the utilization and exchange of information among state insurance regulators, fraud investigative divisions, law enforcement officials, insurers, and antifraud organizations.
   C. Enhance the effectiveness and usefulness of the NAIC Online Fraud Reporting System (OFRS).
   D. Review and recommend updates to fraud scheme and insurance type categories in the NAIC OFRS to simplify reporting and improve the quality of suspected insurance fraud data submitted to state insurance regulators. Submit recommended updates to the Antifraud (D) Task Force for consideration, and coordinate implementation following approval. Complete implementation by the second quarter of 2027.

3. The **Improper Marketing of Health Insurance (D) Working Group** will:
   A. Coordinate with state insurance regulators, both on a state and federal level, to provide assistance and guidance in monitoring the improper marketing of health plans and coordinate appropriate enforcement actions, as needed, with other NAIC committees, task forces, and working groups.
   B. Review existing NAIC models and guidelines that address advertising of health insurance products, including Medicare supplement insurance, and identify models and guidelines that may warrant updating or development to address current marketplace activities.

NAIC Support Staff: Greg Welker/Tim Mullen

Draft: 10/13/26

Adopted by the Executive (EX) Committee and Plenary, XX, 2026
Adopted by the Market Regulation and Consumer Affairs (D) Committee, XX, 2026
Adopted by the Producer Licensing (D) Task Force, Oct. XX, 2026

2027 Proposed Charges

PRODUCER LICENSING (D) TASK FORCE

The mission of the Producer Licensing (D) Task Force is to: 1) develop and implement uniform license applications, standards, interpretations, and treatment of producer and adjuster licensees and licensing terminology; 2) monitor and respond to developments related to licensing reciprocity; 3) coordinate with industry and consumer groups regarding priorities for licensing reforms; and 4) provide direction based on NAIC membership initiatives to the National Insurance Producer Registry (NIPR) Board of Directors regarding the development and implementation of uniform producer licensing initiatives, with a primary emphasis on encouraging the use of electronic technology.

Ongoing Support of NAIC Programs, Products, or Services

1. The **Producer Licensing (D) Task Force** will:
   A. Work closely with the National Insurance Producer Registry (NIPR) to encourage the full utilization of NIPR products and services by all states and producers, and encourage accurate and timely reporting of state administrative actions to the NAIC's Regulatory Information Retrieval System (RIRS) to ensure that this data is properly reflected in the State Producer Licensing Database (SPLD) and the Producer Database (PDB).
   B. Facilitate roundtable discussions, as needed, with state producer licensing directors to exchange views, opinions, and ideas on producer licensing activities in states and at the NAIC.
   C. Discuss, as needed, state perspectives regarding the regulation and benefit of the activities of the federal Affordable Care Act (ACA), established enrollment assisters (including navigators and non-navigator assisters and certified application counselors), and the activities of producers in assisting individuals and businesses purchasing in the health insurance marketplaces. Coordinate with the Health Insurance and Managed Care (B) Committee and the Antifraud (D) Task Force, as needed.
   D. Monitor the activities of the National Association of Registered Agents and Brokers (NARAB) in the development and enforcement of the NARAB membership rules, including the criteria for successfully passing a background check.
   E. Coordinate through NAIC committee support to provide guidance to NIPR on producer licensing-related electronic initiatives. Hear a report from NIPR at each national meeting.
   F. Coordinate with the Market Information Systems (D) Working Group and the Antifraud (D) Task Force to evaluate and make recommendations regarding the entry, retention, and use of data in the NAIC's Market Information Systems (MIS).
   G. Discuss how criminal convictions may affect producer licensing applicants, and review and amend the NAIC's *Guidelines for State Insurance Regulators to the Violent Crime Control and Law Enforcement Act of 1994*, as needed, to create a more simplified and consistent approach for states to use when reviewing 1033 waiver requests.
   H. Promote and monitor the implementation and use of the Uniform Appointment Termination for Cause Form.

PRODUCER LICENSING (D) TASK FORCE (*Continued)*

2. The **Adjuster Licensing (D) Working Group** will:
   A. Monitor state implementation of adjuster licensing and reciprocity, and update the NAIC adjuster licensing standards, as needed.

3. The **Producer Licensing Uniformity (D) Working Group** will:
   A. Work closely with state producer licensing directors and exam vendors to ensure that: 1) states achieve full compliance with the standards in order to achieve greater uniformity; and 2) the exams test the qualifications for an entry-level position as a producer.
   B. Provide oversight and ongoing updates to the *State Licensing Handbook*, as needed.
   C. Monitor and assess the state implementation of the Uniform Licensing Standards (ULS), and update the standards, as needed.
   D. Review and update the NAIC's uniform producer licensing applications and uniform appointment form, as needed. Provide any recommended updates to the Producer Licensing (D) Task Force by the NAIC Summer National Meeting.

4. The **Uniform Education (D) Working Group** will:
   A. Update the reciprocity guidelines, the uniform application forms for continuing education (CE) providers, and the process for state review and approval of instructors and courses, as needed. Provide any recommended updates to the Producer Licensing (D) Task Force by the Fall National Meeting.
   B. Coordinate with NAIC parent committees, task forces, and/or working groups to review and provide recommendations on prelicensing education and CE requirements that are included in NAIC model acts, regulations, and/or standards, as needed.

NAIC Support Staff: Tim Mullen/Greg Welker

PROJECT HISTORY

***INDEPENDENT ADJUSTER LICENSING GUIDELINE* (GL 1224)**

1. Purpose, Description of the Project, Date Adopted

The *Independent Adjuster Licensing Guideline* (GL 1224), adopted by the NAIC Membership in 2008, provides uniform resident licensing standards among the states, while allowing a properly licensed independent adjuster, through reciprocity, to become licensed in many states as dictated by insurer needs. The purpose of the guideline is to govern the qualifications and procedures for licensing independent adjusters and to specify the duties of and restrictions on independent adjusters. Without uniform regulation of independent adjusters among the states, the insured consumer may not be sufficiently served and protected.

Because not all states license independent adjusters, an applicant may need to select a designated home state that differs from the state in which the adjuster is physically located. The revisions to the guideline clarify that an adjuster seeking to select a designated home state must choose a state that requires resident independent adjusters to pass a licensing examination, undergo a national criminal background check, and complete continuing education (CE).

2. Relationship to Federal Legislation, If Any

There is no relationship with current federal legislation. There have been prior federal proposals for a Claims Licensing Advancement for Interstate Matters (CLAIM) Act to improve uniformity and reciprocity in insurance adjuster licensing across states, particularly for independent adjusters.

3. Name of Group Responsible for Drafting the Model and States Participating

The Adjuster Licensing (D) Working Group drafted the revisions. The 2026 Working Group members are: Rhode Island (Chair); Louisiana (Vice Chair); Alaska; Arkansas; California; Florida; Georgia; Michigan; New Mexico; Oklahoma; Pennsylvania; Texas; Utah; Virginia; Washington; and Wyoming.

4. Project Authorized by What Charge and Date First Given to the Group

After the initial adoption of GL 1224, the Producer Licensing (D) Task Force established the following charge for the Adjuster Licensing (D) Working Group: "Monitor state implementation of adjuster licensing and reciprocity, and update the NAIC adjuster licensing standards, as needed." The Working Group began discussing the need to revise GL 1224 in 2025 and initiated drafting of changes in 2026.

5. A General Description of the Drafting Process (e.g., drafted by a subgroup, interested parties, the full group, etc). Include any parties outside the members that participated (attach a list)

The drafting of the revisions was primarily completed by the Working Group chair through coordination with state licensing directors.

The Working Group met March 18, April 22, May 27, June 25, and July 15 to discuss proposed revisions to 1224. The Working Group conducted an e-vote after its June 25 meeting to adopt the revised guideline and reported its e-vote adoption during its July 15 meeting.

6. A General Description of the Due Process (e.g., exposure periods, public hearings, or any other means by which widespread input from industry, consumers and legislators was solicited)

The revised GL 1224 was presented to the Producer Licensing (D) Task Force Aug. 12 during the NAIC Summer National Meeting. The Task Force exposed the revised guideline for a 30-day public comment period ending Sept. 11. The Task Force received comments from California, Nevada, the American Property Casualty Insurance Association (APCIA), and Collision Consulting. The comments were publicly distributed.

The Task Force considered the comments during its Oct. 8 meeting. It met again Nov. 5 and asked for additional comments. After receiving none, the Task Force unanimously adopted the revised guideline.

7. A Discussion of the Significant Issues (items of some controversy raised during the due process and the group's response)

The most significant issues were the addition of a new definition of "designated home state" and a revised definition of "home state."

The revised guideline defines "designated home state" as a qualifying state or territory of the U.S. that:

1. Issues independent adjuster licenses.
2. Requires its resident independent adjusters to:
   A. Pass a license examination to meet the knowledge qualification.
   B. Undergo a national criminal background check to meet the fitness and character qualification.
   C. Complete continuing education as required in this guideline to ensure continued compliance.
3. Will permit its designation as the home state of a nonresident who resides in a state that does not license independent adjusters if that nonresident meets the same application and ongoing licensure requirements that its residents must meet.

The revised guideline defines "home state" as any state, the District of Columbia, or territory of the U.S. in which an independent adjuster maintains their principal place of residence or principal place of business where the adjuster physically works or is physically located (the single location where an applicant or licensee physically spends the majority of their time conducting the business of insurance) and is licensed to act as a resident independent adjuster.

8. List the key provisions of the model (sections considered most essential to state adoption)

The key provisions that were revised for adoption are the definitions of: 1) designated home state (Subsection 2.D); 2) home state (Subsection 2.F); and 3) staff/company adjuster (Subsection 2.K).

9. Any Other Important Information (e.g., amending an accreditation standard)

The definition of “home state” is unique to independent adjuster licensing. The definition in GL 1224 is different from the definition of “home state” in the NAIC *Producer Licensing Model Act* (#218) and the *Public Adjuster Licensing Model Act* (#228).

Draft: 6/30/26

Adopted by the Executive (EX) Committee and Plenary, XX, XX
Adopted by the Market Regulation and Consumer Affairs (D) Committee, XX, 2026.
Adopted by the Producer Licensing (D) Task Force, Nov. 5, 2026.
Adopted by the Adjuster Licensing (D) Working Group, July 15, 2026.

Revision marks reflect proposed changes to Guideline 1224 as adopted by the NAIC.

INDEPENDENT ADJUSTER LICENSING GUIDELINE

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Section 1. Purpose and Scope

This Guideline governs the qualifications and procedures for licensing independent adjusters. It specifies the duties of and restrictions on independent adjusters.

Drafting Note: It is recommended that any statute or regulation inconsistent with this Guideline be repealed or amended.

Drafting Note: A state may adopt these guidelines to include staff (company) adjuster licensing where required.

Drafting Note: A state that issues independent adjuster licenses but does not require licensure of staff adjusters may consider permitting a staff adjuster who is a resident of another state to obtain a resident independent adjuster license to facilitate reciprocal licensure in other states.

Section 2. Definitions

A. "Apprentice independent adjuster" means one who is qualified in all respects as an independent adjuster except as to experience, education and/or training.

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B. "Business entity" means a corporation, association, partnership, limited liability company, limited liability partnership, or other legal entity.

C. "Catastrophe" means an event that results in large numbers of deaths or injuries; causes extensive damage or destruction of facilities that provide and sustain human needs; produces an overwhelming demand on state and local response resources and mechanisms; causes a severe long-term effect on general economic activity; or severely affects state, local and private sector capabilities to begin and sustain response activities. A catastrophe shall be declared by the Governor of the state, district, or territory in which the catastrophe occurred.

Drafting Note: Some states may need to expand the authority to include the insurance commissioner or other eligible governmental or regulatory body, if they are authorized to declare a catastrophe.

D. Designated Home State means a qualifying state or territory of the United States that:

(1) issues independent adjuster licenses;

(2) requires its resident independent adjusters to:

a) pass a license examination to meet the knowledge qualification,

b) undergo a national criminal background check to meet the fitness and character qualification, and

c) complete continuing education as required in this Guideline to ensure continued compliance; and

(3) will permit its designation as the Home State of a nonresident who resides in a state that does not license independent adjusters if that nonresident meets the same application and ongoing licensure requirements that its residents must meet.

Drafting Note: A state may choose to expand the definition of Designated Home State to include granting Designated Home State status to business entities where applicable.

~~D.~~E. "Fingerprints" for the purposes of this Guideline, means an impression of the lines on the finger taken for purpose of identification.

Drafting Note: States that require fingerprinting would incorporate this Section, states that do not require fingerprinting need to determine if this would apply.

~~E.~~F. "Home state" means the ~~District of Columbia and~~ any state, the District of Columbia, or territory of the United States in which an independent adjuster maintains ~~his, her or its~~ their principal place of residence or principal place of business where the adjuster physically works or is physically located (the single location where an applicant or licensee physically spends the majority of their time conducting the business of insurance) and is licensed to act as a resident independent adjuster. ~~If the resident state does not license independent adjusters for the line of authority sought, the independent adjuster shall designate as his, her or its home state any state in which the independent adjuster is licensed and in good standing.~~

~~F.~~G. "Independent adjuster" means a person who:

(1) Is an individual, a business entity, an independent contractor, or an employee of a

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contractor, who contracts for compensation with insurers or self-insurers;

(2) One whom the insurer's or self-insurer's tax treatment of the individual is consistent with that of an independent contractor rather than as an employee, as defined in the Internal Revenue Code, United States Code, Title 26, Subtitle C; and

(3) Investigates, negotiates or settles property, casualty or workers' compensation claims for insurers or for self-insurers.

~~G.~~H. "Individual" means a natural person.

~~H.~~I. "Insurer" means (insert reference to appropriate section of state law).

J. "Person" means an individual or business entity.

~~I.~~K. "Staff (Company) Adjuster means a person who is an employee of an insurer or an affiliate of the insurer, and who is engaged in adjusting insured losses solely for that company or other companies under common control or ownership.

Drafting Note: While the definition of employee can vary depending on the context (e.g. labor laws, taxes), it is generally construed to mean a worker whose employer controls both the work performed, and the methods used to complete it.

~~J.~~L. "Uniform Individual Application" means the current version of the National Association of Insurance Commissioners (NAIC) Uniform Individual Application for resident and nonresident individuals.

~~K.~~M. "Uniform Business Entity Application" means the current version of the National Association of Insurance Commissioners (NAIC) Uniform Business Entity Application for resident and nonresident business entities.

Drafting Note: Subsection ~~K.~~M is optional and only applies to those states that have a business entity license requirement.

Drafting Note: If any term is similarly defined in a relevant section of the state's insurance code, do not include the definition of the term in this Guideline or, in the alternative, reference the statute: "[term] is defined in [insert appropriate reference to state law or regulation]."

Section 3. License Required

A person shall not act or hold himself out as an independent adjuster in this state unless the person is licensed as an independent adjuster in accordance with this Guideline, or is exempt from licensure as an independent adjuster under this Guideline.

Section 4. Exceptions to License Requirement

The definition of independent adjuster shall not be deemed to include, and a license as an independent adjuster shall not be required of the following:

A. Attorneys-at-law admitted to practice in this state, when acting in their professional capacity as an attorney;

B. A person employed solely to obtain facts surrounding a claim or to furnish technical assistance to a licensed independent adjuster;

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C. An individual who is employed to investigate suspected fraudulent insurance claims but who does not adjust losses or determine claims payments;

D. A person who solely performs executive, administrative, managerial or clerical duties or any combination thereof and who does not investigate, negotiate or settle claims with policyholders, claimants or their legal representative;

E. A licensed health care provider or its employee who provides managed care services so longs as the services do not include the determination of compensability;

F. A managed care organization or any of its employees or an employee of any organization providing managed care services so long as the services do not include the determination of compensability;

G. A person who settles only reinsurance or subrogation claims;

H. An officer, director, manager or employee of an authorized insurer, surplus lines insurer, a risk retention group, or an attorney-in-fact of a reciprocal insurer;

I. A U.S. Manager of the United States branch of an alien insurer;

J. A person who investigates, negotiates or settles life, accident and health, annuity, or disability insurance claims;

K. An individual employee, under a self-insured arrangement, who adjust claims on behalf of their employer;

L. A licensed insurance producer, attorney-in-fact of a reciprocal insurer or managing general agent of the insurer to whom claim authority has been granted by the insurer;

M. A person authorized to adjust workers' compensation or disability claims under the authority of a third party administrator (TPA) license pursuant to [insert applicable licensing statute].

Drafting Note: This Guideline is drafted to eliminate redundant licensure requirements with respect to the activities engaged in by a licensee. If licensed as an independent adjuster, third party administrator or similar business entity, licensees should not be required to obtain separate independent adjuster licenses, provided that the types of claims adjusted do not include life, health, annuity, or disability insurance claims.

Section 5. Temporary Licensure or Registration for Emergency Independent Adjusters

A. In the event of a declared catastrophe, an insurer shall notify the insurance commissioner via an application for temporary emergency licensure, or registration if temporary emergency licensure is not statutorily required, of each individual, not already licensed in the state where the catastrophe has been declared, that will act as an emergency independent adjuster on behalf of the insurer. The insurance commissioner shall establish standards and procedures to allow for the temporary emergency licensure or registration of an emergency independent adjuster in this state.

B. A person who is otherwise qualified to adjust claims, but not already licensed in this state where the catastrophe has been declared, may act as an emergency independent adjuster and adjust

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claims, if, within five days of deployment to adjust claims arising from the declared catastrophe, the insurer notifies the commissioner by providing the following information in a format prescribed by the insurance commissioner:

(1) Name of the individual;

(2) Social security number of individual;

(3) Name of insurer the independent adjuster will represent;

(4) Effective date of the contract between the insurer and independent adjuster;

(5) Catastrophe or loss control number;

(6) Catastrophe event name; and

(7) Other information the insurance commissioner deems necessary.

Drafting Note: The participating states, by rule, should clarify the state's meaning and application of "qualify" as used Section 5B.

C. An emergency independent adjuster's license or registration shall remain in force for a period not to exceed 90 days, unless extended by the insurance commissioner.

Drafting Note: The fee for emergency independent adjuster application for licensure or registration shall be in an amount determined by the insurance commissioner and shall be due and payable at the time of application for licensure or registration.

Drafting Note: The insurance commissioner may provide additional provisions that would trigger licensure or registration of an emergency independent adjuster.

Section 6. Application for License

A. An individual applying for a resident independent adjuster license shall make application to the insurance commissioner on the appropriate NAIC Uniform Individual Application in a format prescribed by the insurance commissioner and declare under penalty of suspension, revocation or refusal of the license that the statements made in the application are true, correct and complete to the best of the individual's knowledge and belief. Before approving the application, the insurance commissioner shall find that the individual:

(1) Is at least eighteen (18) years of age;

(2) Is eligible to designate this state as his or her home state;

(3) Is trustworthy, reliable and of good reputation, evidence of which shall be determined by the insurance commissioner;

(4) Has not committed any act that is a ground for probation, suspension, revocation or refusal of an independent adjuster's license as set forth in Section 12;

(5) Has completed a prelicensing course of study for the line(s) of authority for which the person has applied, where required by the insurance commissioner; and

(6) Has successfully passed the examination for the line(s) of authority for which the person

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has applied;

(7) Has paid the fees set forth in [insert appropriate reference to state law or regulation.

B. A business entity applying for a resident independent adjuster license shall make application to the insurance commissioner on the appropriate NAIC Uniform Business Entity Application in a format prescribed by the insurance commissioner and declare under penalty of suspension, revocation or refusal of the license that the statements made in the application are true, correct and complete to the best of the business entity's knowledge and belief. Before approving the application, the insurance commissioner shall find that the business entity:

(1) Is eligible to designate this state as its home state;

(2) Has designated a licensed independent adjuster responsible for the business entities compliance with the insurance laws, rules and regulations of this state;

(3) Has not committed an act that is a ground for probation, suspension, revocation or refusal of an independent adjuster's license as set forth in Section 12; and

(4) Has paid the fees set forth in [insert appropriate reference to state law or regulation].

Drafting Note: This Section is optional and applies only to those states that have a business entity requirement.

Drafting Note: Employee of the authori~~i~~zed affiliate insurer may be considered under this exemption with the Commissioner's consent.

C. In order to make a determination of license eligibility, the insurance commissioner is authorized to require fingerprints of applicants and to submit the fingerprints and the fee required to perform the criminal history record checks to the state identification bureau (or state department of justice public state agency) and the Federal Bureau of Investigation (FBI) for state and national criminal history record checks.

Drafting Note: The FBI requires that fingerprints be submitted to the state Department of Law Enforcement, Public Safety or Criminal Justice for a check of state records before the fingerprints are submitted to the FBI for a criminal history record check. The FBI recommends all fingerprint submissions be in an electronic format. Public Law 92-544 requires specific parameters to submit fingerprints and obtain criminal history record information. The FBI has approved the language in Section 6C to authorize a state identification bureau to submit fingerprints on behalf of its applicants in conjunction with licensing and employment.

D. The insurance commissioner shall require a criminal history record check on each applicant in accordance with this Guideline. The insurance commissioner shall require each applicant to submit a full set of fingerprints (including a scanned file from a hard copy fingerprint) in order for the insurance commissioner to obtain and receive national criminal history records from the FBI Criminal Justice Information Services Division.

E. The insurance commissioner may contract for the collection and transmission of fingerprints authorized under this Guideline. If the insurance commissioner does so, the insurance commissioner may order the fee for collecting and transmitting fingerprints to be payable directly to the contractor by the applicant. The insurance commissioner may agree to a reasonable fingerprinting fee to be charged by the contractor.

F. The insurance commissioner shall treat and maintain an applicant's fingerprints and any criminal history record information obtained under this Guideline as confidential and shall apply security measures consistent with the Criminal Justice Information Services Division of the Federal Bureau

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of Investigation standards for the electronic storage of fingerprints and necessary identifying information and limit the use of records solely to the purposes authorized in this Guideline. The fingerprints and any criminal history record information shall not be subject to subpoena, other than one issued in a criminal action or investigation, and shall be confidential.

G. The insurance commissioner is authorized to receive criminal history record information from another government agency in lieu of the state identification bureau (or state department of justice or other public state agency) that submitted the fingerprints to the FBI.

Drafting Note: If the state has adopted fingerprint requirements for other classes of licenses, it may not necessary to adopt this language. This provision does not permit the sharing of criminal history record information with the NAIC or other insurance commissioners as such sharing of information is prohibited by 28 CFR 20.33.

H. The insurance commissioner may require any documents reasonably necessary to verify the information contained in the application.

Section 7. License

A. Unless denied licensure pursuant to Section 12, persons who have met the requirements of Sections 6 and 8 shall be issued an independent adjuster license. An independent adjuster may qualify for a license in one or more of the following lines of authority:

(1) Property and Casualty; or

(2) Workers Compensation; or

(3) Crop.

B. Any person holding a license pursuant to this provision shall not be required to hold any other independent adjuster, insurance or self-insurance administrator license in this state pursuant to [insert applicable TPA law cross reference] or any other provision, including, but not limited to, licenses by the [Workers Compensation Commissions, the Department of Labor or other applicable cross reference] provided that he, she or it does not meet the Guideline as an independent adjuster with respect to life, health or annuity insurance, other than disability insurance.

Drafting Note: This Guideline is drafted to eliminate redundant licensure requirements with respect to the activities engaged in by the licensee. If licensed as an independent adjuster, third party administrator or similar business entity additional licenses should not be required provided that the type of claims adjusted do not include life, health, or annuity insurance claims, other than disability claims.

C. An independent adjuster license shall remain in effect unless probated, suspended, revoked or refused as long as the request for renewal and fee set forth in [insert appropriate reference to state law or regulation] is paid and all other requirements for license renewal are met by the due date, otherwise the license expires.

D. An independent adjuster whose license expires may, within twelve (12) months of the renewal date, be reissued an independent adjuster license upon receipt of the renewal request, as prescribed by the insurance commissioner. However, a penalty in the amount of double the unpaid renewal fee shall be required to reissue the expired license.

E. An independent adjuster who is unable to comply with license renewal procedures and requirements due to military service, long-term medical disability or some other extenuating circumstance may request a waiver of same and a waiver of any examination requirement, fine

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or other sanction imposed for failure to comply with renewal procedures.

Drafting Note: Some states may not contain expiration date or reissue a license that has been discontinued for nonrenewal.

F. An independent adjuster shall be subject to [cite state's Unfair Claims Settlement Act and state's Trade Practices and Fraud sections of the Insurance Code].

G. The independent adjuster shall inform the insurance commissioner by any means acceptable of any change in resident or business address(es) for the home state or in legal name, within thirty (30) days of the change.

H. The license shall contain the licensee's name, address, personal identification number, the date of issuance and expiration and any other information the insurance commissioner deems necessary.

I. In order to assist in the performance of the insurance commissioner's duties, the insurance commissioner may contract with non-governmental entities, including the NAIC, its affiliates or subsidiaries, to perform any ministerial functions, including the collection of fees and data, related to licensing that the insurance commissioner may deem appropriate.

Section 8. Examination

A. An individual applying for an independent adjuster license under this Guideline shall pass a written examination unless exempt pursuant to Section 9. The examination shall test the knowledge of the individual concerning, the lines of authority for which application is made, the duties and responsibilities of an independent adjuster and the insurance laws and regulations of this state. Examinations required by this Section shall be developed and conducted under rules and regulations prescribed by the insurance commissioner.

B. The insurance commissioner may make arrangements, including contracting with an outside testing service, for administering examinations and collecting the nonrefundable fee set forth in [insert appropriate reference to state law or regulation].

C. Each individual applying for an examination shall remit a non-refundable fee as prescribed by the insurance commissioner as set forth in [insert appropriate reference to state law or regulation].

D. An individual who fails to appear for the examination as scheduled or fails to pass the examination shall reapply for an examination and remit all required fees and forms before being rescheduled for another examination.

Drafting Note: A state may wish to prescribe by regulation limitations on the frequency of application for examination in addition to other prelicensing requirements.

Drafting Note: If the state has adopted the Producer Licensing Model Act, it may not be necessary to adopt this section. Rather, the state may want to amend its relevant insurance producer statute to include independent adjusters.

Section 9. Exemptions from Examination

A. An individual who applies for an independent adjuster license in this state who is or was licensed in another state for the same line(s) of authority based on an independent adjuster examination shall not be required to complete any prelicensing education or examination. This exemption is only available if the person is currently licensed in another state or if that state license has expired

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and the application is received by this state within ninety (90) days of expiration. The applicant must provide certification from the other state that the applicant's license is currently in good standing or was in good standing at the time of expiration or certification from the other state that its Producer Database records, maintained by the NAIC, its affiliates or subsidiaries, indicate that the applicant or their company is or was licensed in good standing. The certification must be of a license with the same line of authority for which the individual has applied;

B. A person licensed as an independent adjuster in another state based on an independent adjuster examination who establishes legal residency in this state shall make application within ninety (90) days to become a resident independent adjuster licensee pursuant to Section 6, with the exception that no prelicensing education or examination shall be required of this person;

C. An individual who applies for an apprentice independent adjuster license, pursuant to Section 11, and who adjust claims in that capacity, shall not be required to take and successfully complete the independent adjuster examination.

Drafting Note: If the state does not adopt Section 11, Apprentice Independent Adjuster License, then 9C should be removed as an exemption from examination.

Drafting Note: If the state has adopted the Producer Licensing Model Act, it may not be necessary to adopt this Section. Rather, the state may want to amend its relevant insurance producer statute to include independent adjusters.

Section 10. Nonresident License

A. Unless refused licensure pursuant to Section 12, a nonresident person shall receive a nonresident independent adjuster license if:

(1) The person is currently licensed in good standing as an independent adjuster in his, her, or its resident or home state;

(2) The person has submitted the proper request for licensure, has paid the fees required by [insert appropriate reference to state law or regulation];

(3) The person has submitted or transmitted to the insurance commissioner the appropriate completed application for licensure; and

(4) The person's designated home state awards nonresident independent adjuster licenses to persons of this state on the same basis.

B. The insurance commissioner may verify the independent adjuster's licensing status through any appropriate database, including the Producer Database maintained by the NAIC, its affiliates or subsidiaries, or may request certification of good standing as described in Section 9A of this Guideline.

C. As a condition to the continuation of a nonresident independent adjuster license, the licensee shall maintain a resident independent adjuster license in his, her or its home state. The nonresident independent adjuster license issued under this Section shall terminate and be surrendered immediately to the insurance commissioner if the resident independent adjuster license terminates for any reason, unless the termination is due to the independent adjuster being issued a new resident independent adjuster license in his, her or its new home state. The new state resident independent adjuster license must have reciprocity with the licensing nonresident

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state(s) otherwise the nonresident independent adjuster license(s) will terminate. Notice of resident independent adjuster license termination must be given to any state(s) that issued a nonresident independent adjuster license. Notice must be given within thirty (30) days of the termination date; if terminated for change in resident home state then the notice must include both the previous and current address. Maintaining a resident independent adjuster license is required for the nonresident independent adjuster license(s) to remain valid.

Drafting Note: If the state has adopted the Producer Licensing Model Act, it may not be necessary to adopt this Section. Rather, the state may want to amend its relevant insurance producer statute to include independent adjusters.

Drafting Note: In accordance with Public Law No. 106-102 (the "Gramm-Leach-Bliley Act") states should not require any additional attachments to the Uniform Application or impose any other conditions on applicants that exceed the information requested within the Uniform Application.

Section 11. Apprentice Independent Adjuster License [Optional]

A. The apprentice independent adjuster license is an optional license to facilitate the experience, education and/or training necessary to ensure reasonable competency of the responsibilities and duties of an independent adjuster as defined in this Guideline.

B. An individual applying for a resident apprentice independent adjuster license shall make application to the insurance commissioner on the appropriate NAIC Uniform Individual Application in a format prescribed by the insurance commissioner and declare under penalty of suspension, revocation or refusal of the license that the statements made in the application are true, correct and complete to the best of the individual's knowledge and belief. Before approving the application, the insurance commissioner shall find that the individual:

(1) Is at least eighteen (18) years of age;

(2) Is a resident of this state and has designated this state as his or her home state;

(3) Has a business or mailing address in this state for acceptance of service of process;

(4) Has not committed any act that is a ground for probation, suspension, revocation or denial of licensure as set forth in Section 12;

(5) Is trustworthy, reliable and of good reputation, evidence of which may be determined by the insurance commissioner;

(6) Has paid the fees set forth in [insert appropriate reference to state law or regulation].

C. The apprentice independent adjuster license shall be subject to the following terms and conditions:

(1) Accompanying the apprentice adjuster application shall be an attestation, from a licensed independent adjuster with the same line(s) of authority for which the apprentice has applied, certifying that the apprentice will be subject to training, direction and control by the licensed independent adjuster and further certifying that the licensed independent adjuster assumes responsibility for the actions of the apprentice in the apprentice's capacity as an independent adjuster;

(2) The apprentice independent adjuster is only authorized to adjust claims in the state that

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has issued the apprentice independent adjuster license;

(3) The apprentice licensee is restricted to participation in the investigation, settlement and negotiation of claims subject to the review and final determination of the claim by the supervising licensed independent adjuster;

(4) Compensation of an apprentice independent adjuster shall be on a salaried or hourly basis only;

(5) The apprentice independent adjuster shall not be required to take and successfully complete the independent adjuster examination pursuant to Section 8, to adjust claims as an apprentice independent adjuster. However, at any time during the apprenticeship the apprentice independent adjuster may choose to take the examination required by Section 8. If the individual takes and successfully completes the independent adjuster examination the apprentice independent adjuster license shall automatically terminate and an independent adjuster license shall be issued to that individual in place thereof;

(6) The apprentice independent adjuster license is for a period not to exceed twelve (12) months and is nonrenewable; and

(7) The licensee shall be subject to probation, suspension, revocation, or refusal pursuant to Section 12 of this Guideline.

D. The licensed independent adjuster responsible for the apprentice independent adjuster, as stated in Section 11(C)(1), shall only supervise [insert appropriate reference to state law or regulation].

Section 12. License Denial, Non-Renewal, or Revocation

A. The insurance commissioner may place on probation, suspend, revoke, or refuse to issue or renew an independent adjuster's license or may levy a civil penalty in accordance with [insert appropriate reference to state law] or any combination of the above actions for any one or more of the following causes:

(1) Providing incorrect, misleading, incomplete or materially untrue information in the license application;

(2) Violating any insurance laws, regulations, subpoena or order of the insurance commissioner or of another state's insurance commissioner;

(3) Obtaining or attempting to obtain a license through misrepresentation or fraud;

(4) Improperly withholding, misappropriating, or converting any monies or properties received in the course of doing insurance business;

(5) Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance;

(6) Having been convicted of a felony;

(7) Having admitted or been found to have committed any insurance unfair trade practice or

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fraud;

(8) Using fraudulent, coercive or dishonest practices, or demonstrating incompetence, untrustworthiness or financial irresponsibility, in the conduct of insurance business in this state or elsewhere;

(9) Having an insurance license, or its equivalent, probated, suspended, revoked or refused in any other state, province, district, or territory;

(10) Forging another's name to any document related to an insurance transaction;

(11) Cheating, including improperly using notes or any other reference material, to complete an examination for an insurance license;

(12) Failing to comply with an administrative or court order imposing a child support obligation; or

(13) Failing to pay state income tax or comply with any administrative or court order directing payment of state income tax which remains unpaid.

Drafting Note: Paragraph (13) is for those states that have a state income tax.

B. In the event that the action by the insurance commissioner is to refuse application for licensure or renewal of an existing license, the insurance commissioner shall notify the applicant or licensee in writing, advising of the reason for the refusal. The applicant or licensee may make written demand upon the insurance commissioner within [insert appropriate time period from state's Administrative Procedure Act] for a hearing before the insurance commissioner to determine the reasonableness of the refusal. The hearing shall be held within [insert time period from state law] and shall be held pursuant to [insert appropriate reference to state law].

C. The license of a business entity may be probated, suspended, revoked, or refused if the insurance commissioner finds, after a hearing, that its designated individual licensee's violation occurred while acting on behalf of or representing the business entity and that the violation was known or should have been known by one or more of the business entity's partners, officers or managers and that the violation was neither reported to the insurance commissioner nor was corrective action taken.

D. In addition to or in lieu of any applicable probation, suspension, revocation or refusal, a person may, after a hearing, additionally be subject to a civil fine according to [insert appropriate reference to state law].

E. The insurance commissioner shall retain the authority to enforce the provisions of and impose any penalty or remedy authorized by this Guideline and Title [insert appropriate reference to state law] against any person who is under investigation for or charged with a violation of this Guideline or Title [insert appropriate reference to state law] even if the person's license or registration has been surrendered or has expired by operation of law.

Section 13. Continuing Education

A. An individual, who holds an independent adjuster license and who is not exempt under Subsection B of this Section, shall satisfactorily complete a minimum of twenty-four (24) hours of continuing

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education courses, of which three (3) hours must be in ethics, reported to the insurance commissioner on a biennial basis in conjunction with their license renewal cycle.

B. This Section shall not apply to:

(1) Licensees not licensed for one (1) full year prior to the end of the applicable continuing education biennium; or

(2) Licensees holding nonresident independent adjuster licenses who have met the continuing education requirements of their designated home state.

Section 14. Record Retention

An independent adjuster shall maintain a copy of each contract between the independent adjuster and the insurer or self-insurer and comply with the record retention policy as agreed to in that contract.

Section 15. Standards of Conduct of Independent Adjusters [Optional]

A. An independent adjuster shall be honest and fair in all communications with the insured, the insurer and the public;

B. An independent adjuster shall give policyholders and claimants prompt, knowledgeable service and courteous, fair and objective treatment at all times;

C. An independent adjuster shall not give legal advice, and shall not deal directly with any policyholder or claimant who is represented by legal counsel without the consent of the legal counsel involved;

D. An independent adjuster shall comply with all local, state and federal privacy and information security laws, if applicable;

E. An independent adjuster shall identify himself as an independent adjuster and, if applicable, identify his employer when dealing with any policyholder or claimant; and

F. An independent adjuster shall not have any financial interest in any adjustment or acquire for himself or any person any interest or title in salvage, without first receiving written authority from the principal.

Section 16. Reporting of Actions

A. The independent adjuster shall report to the insurance commissioner any administrative action taken against the independent adjuster in another jurisdiction or by another governmental agency in this state within thirty (30) days of the final disposition of the matter. This report shall include a copy of the order, consent order and any other relevant legal documents.

B. The independent adjuster shall report to the insurance commissioner any criminal action taken against the independent adjuster in this or any jurisdiction within thirty (30) days of the final disposition of the criminal matter. The report shall include a copy of the initial complaint filed, the final order issued by the court, and any other relevant legal documents.

Drafting Note: If the state has adopted the Producer Licensing Model Act, it may not be necessary to adopt this Section. Rather, the state

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may want to amend its relevant insurance producer statute to include independent adjusters.

Section 17. Regulations

The insurance commissioner may, in accordance with [insert appropriate reference to state law], promulgate reasonable regulations as are necessary or proper to carry out the purposes of this Guideline.

Section 18. Severability

If any provisions of this Guideline, or the application of a provision to any person or circumstances, shall be held invalid, the remainder of the Guideline, and the application of the provision to persons or circumstances other than those to which it is held invalid, shall not be affected.

Section 19. Effective Date

This Guideline shall take effect [insert date].

Note: A minimum of six months to one year implementation time for proper notice of changes, fees and procures is recommended.

Chronological Summary of Action (all references are to the Proceedings of the NAIC)

2008 Proc. 3rd Quarter, Vol. I 128, 147, 167, 173, 511-523 (adopted).

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Adopted by the Producer Licensing (D) Task Force, Aug. 12, 2025

Template for 1033 Written Consent Process

Suggestion on How to Make the 1033 Written Consent Process Effective and Efficient

1. Introduction

A. Federal law provides penalties for a person who: (a) has been convicted of a felony involving dishonesty or breach of trust; and (b) willfully engages in the business of insurance affecting interstate commerce, unless the person receives written consent from the state insurance regulatory official with appropriate jurisdiction. See, Violent Crime Control and Law Enforcement Act of 1994, 18 U.S.C. §§1033 and 1034.

B. A person who has not obtained written consent and who has been convicted of a felony involving dishonesty or breach of trust is a "prohibited person." A prohibited person who engages in the business of insurance faces possible federal criminal and civil action.

C. Federal law also penalizes those in the insurance industry who willfully allow prohibited persons to engage in the business of insurance. They must notify the [Insert Jurisdiction Insurance Department] ("the Department") in writing of an employee or agent who is a prohibited person. Insurance entities that already employ a prohibited person who does not have a written consent shall take the necessary steps to have the individual apply for a 1033 written consent.

Drafting note: Any state that has enacted the NAIC *Insurance Fraud Prevention Model Act* (#680) should be aware that Subsection 3.C (1) of the model states, "A person convicted of a felony involving dishonesty or breach of trust shall not participate in the business of insurance."

Drafting note: The term "waiver" as used in this document refers to the process of a prohibited person seeking a "written consent." The term "written consent" as used in this document refers to the state insurance regulatory official with appropriate jurisdiction allowing a prohibited person to engage in the business of insurance.

2. A Prohibited Person Must Seek Written Consent

A. A prohibited person must seek written consent in their Home State prior to engaging in the business of insurance. The process for obtaining written consent is set forth in this document. The process shall be made available to a person with a qualifying felony conviction seeking an insurance license or who wishes to be employed in the business of insurance in a non-licensed capacity in [Insert Jurisdiction]. Nonresident prohibited person applicants may not have to apply for 1033 written consent if they have received 1033 written consent in their Home State. States may require a nonresident prohibited person to apply for 1033 written consent if: (a) the Home State did not require 1033 written consent; or (b) when the Home State does not issue 1033 written consents on the same basis. The [Insert Jurisdiction Insurance Department] may require the prohibited person to release any information the [Insert Jurisdiction Insurance Department] may request as part of the investigation, including but not limited to, records of former employment, state and federal tax returns, business records, and banking records.

3. Definition of Relevant Terms

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A. Breach of trust: A wrongful act, use, misappropriation, or omission with respect to any property or fund which has been committed to a person in an official fiduciary capacity or some other relationship based on trust; or the misuse of one's official fiduciary, or other position based on trust, to engage in a wrongful act, use, misappropriation, or omission. (For example, a fiduciary relationship is present in a lawyer/client relationship, physician/patient relationship, or caregiver/elder adult relationship.)

B. Business of insurance: The writing of insurance, adjusting claims, or the reinsuring of risks, by an insurer, including all acts necessary or incidental to such writing or reinsuring and the activities of persons who act as, or are, officers, directors, agents, or other licensed or unlicensed employees of insurers or who are other persons authorized to act on behalf of such persons, otherwise required under 18 U.S.C. § 1033.

C. Conviction: Includes but is not limited to having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been sentenced to probation, a suspended sentence, or a fine.

Drafting note: States should not consider for written consent a person who has successfully completed deferred adjudication and has not been convicted of a qualifying felony. States may include in the definition of "Conviction" a plea in abeyance, a diversion, a sealed, or an expunged conviction.

D. Dishonesty: To directly or indirectly cheat or defraud; to cheat or defraud for monetary gain or its equivalent; or to wrongfully take property belonging to another in violation of any criminal statute. Dishonesty includes acts involving lack of integrity, lack of probity, or a disposition to distort, cheat, or act deceitfully or fraudulently, and may include crimes which federal, state, or local laws define as dishonest. Common definitions for dishonesty include: lie, cheat, deceive, defraud; untrustworthiness; lack of integrity, honesty, fairness, etc.

E. Felony: An offense that is specifically classified as such in [insert appropriate reference to state law]. If there is no classification, an offense is a felony if the maximum term of imprisonment authorized is more than one year, or if the maximum penalty is death.

Drafting note: The definition of "felony" varies according to state law.

Drafting note: Attachment C of the NAIC *Guidelines for State Insurance Regulators to the Violent Crime Control and Law Enforcement Act of 1994* provides guidance for evaluating which felonies involve "Dishonesty or Breach of Trust."

4. Applying for Written Consent (This section is not applicable in jurisdictions that incorporate the 1033 written consent process into the producer licensing process and do not require a separate Application for Written Consent.)

A. Each prohibited person seeking written consent must submit a completed Application for Written Consent to Engage in the Business of Insurance ("Application") addressed to [Insert Individual Name to Review Request]. An Application shall be electronically submitted to [Insert Jurisdiction Email Address].

B. A prohibited person has the responsibility to read the Application in its entirety and answer every question completely and accurately. Failure to complete the Application or submit any requested documentation may result in the denial [or dismissal] of the Application. An amendment to the Application must be filed upon the

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occurrence of any event, discovery, or recollection of any fact that would change any answer on the Application, and a copy of that amendment must be sent to other states where written consent was granted. Failure to file a timely amendment may result in the denial of written consent or withdrawal of previously granted written consent.

5. Process For Granting or Denying an Application

A. Each jurisdiction will establish a process for the receipt and review of an Application. This may include incorporating the 1033 written consent process into the process a jurisdiction uses to issue an insurance license.
B. Notification of 1033 waiver application availability should be clearly presented prior to or during the licensing application process.
C. A jurisdiction's process for review of a 1033 waiver application should be provided to an applicant at the time of submission.
D. A jurisdiction should submit its final decision to grant or deny a 1033 waiver to the NAIC's 1033 State Decision Repository.

6. Standard by Which an Application Is Evaluated

A. An Application provides a prohibited person with the opportunity to demonstrate that, notwithstanding the conviction(s), they are trustworthy to engage or participate in the business of insurance. A prohibited person has the burden of satisfying this standard. Factors that may be considered by the Commissioner may be determined by each jurisdiction's rules, and may include, but are not limited to, the following:
   i. The nature and severity of the offense and sentence.
   ii. The date of conviction(s).
   iii. The age at the time of committing the crime(s).
   iv. The nature and extent of injury and/or loss caused by the act for which the prohibited person was convicted.
   v. Unpaid judgment(s).
   vi. Whether the crime was related to the business of insurance or the exercise of any professional or other license or authority conferred by a federal, state, or local governmental agency.
   vii. Whether the prohibited person received an expungement or pardon from the sovereign that convicted him or her, and the reason for it.
   viii. Whether the prohibited person successfully completed parole or probation without incident and all court requirements, including, but not limited to, completion of community service, court-ordered treatment, payment of all fines, penalties, or other assessments.
   ix. Any aggravating or mitigating factors.
   x. Whether other jurisdictions have granted or denied an 18 U.S.C. § 1033 written consent.
   xi. The nature and strength of any letters of recommendation and other evidence of rehabilitation.
   xii. The prohibited person's employment history before and after the commission of the crime(s).
   xiii. the nature of any consumer complaints in the Department's possession or reported by the prohibited person.
   xiv. Whether and to what extent the prohibited person has made materially false statements in any license application or in any other documents filed with the Department.
   xv. The prohibited person's proposed type of employment in the insurance industry.
   xvi. The extent to which the prohibited person will be supervised in that employment.

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xvii. Whether and to what extent the prohibited person has made materially false statements in any application or in other documents filed with any other state or federal agency.
xviii. Whether the prohibited person has had any professional license revoked or suspended by any state or federal agency.
xix. Whether the prohibited person's civil rights have been restored.
xx. Whether the prohibited person has a pattern of unlawful activity.
xxi. The extent to which an insurance license offers opportunity to engage in further criminal activity.
xxii. The level of cooperativeness of the prohibited person during the application process.

7. Conditions of Written Consent

A. An Application granted by the Commissioner is conditioned on the truth of the documents and information submitted by or on behalf of the prohibited person. If a prohibited person has made materially false or misleading statements, has presented materially false or misleading information, or has failed to disclose material information, that may constitute a separate violation of law.

B. A person whose Application is granted has the Commissioner's written consent to engage in the business of insurance according to the terms and conditions of the written consent.

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Adopted by the Producer Licensing (D) Task Force, Aug. 12, 2025

SHORT FORM APPLICATION
FOR WRITTEN CONSENT TO ENGAGE IN THE BUSINESS OF INSURANCE
PURSUANT TO 18 U.S.C. §§ 1033

Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by or affecting persons engaged, or proposing to become engaged, in the business of insurance:

(e)(1)(A) **Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than five (5) years, or both.**

(B) **Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than five (5) years, or both.**

(e)(2) **A person described in paragraph (1)(A) may engage in the business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which written consent specifically refers to this section.**

This Application will be reviewed by the chief insurance regulatory official in this state to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to 18 U.S.C. § 1033(e)(2).

You must answer every question on the Application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Department of Insurance will not process incomplete Applications. Additional information may be requested.

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PLEASE TYPE

SECTION I - APPLICANT INFORMATION

Full Name of Applicant:

_____

Last Name **First Name** **Middle Name**

Have you ever been known by or used another name, including a maiden name? ☐ **Yes** ☐

No

If yes, identify: _____

_____

Home Address:

_____

Street Address **City** **State** **ZIP**

Mailing Address:

_____

P.O. Box or Street Address **City** **State** **ZIP**

Personal Email Address: _____

Home Telephone Number:_____**Work Telephone Number:**

Social Security No._____

Have you ever used or been issued another Social Security number? _____

If so, provide an explanation and previous/other Social Security number(s)

_____

_____

Place and Date of Birth:

_____

(Answer all questions fully and completely. Failure to answer the questions fully will result in delays in the application process. You are not limited to the space below. Attach additional pages if needed.

SECTION II - CRIMINAL HISTORY

1. List any felony(s) for which you have been convicted. Include details of any negotiated plea agreements and pleas of nolo contendere to an Information or Indictment.

Provide a full description of your acts involved in these matters. Include the following:

A. Dates of charge
B. Location
C. Nature of offense
D. Detailed written statement explaining the circumstances of each incident

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E. Sentence
F. Dates of incarceration
G. Dates of probation/parole (if you are currently under probation/parole, include the name and phone number of the person supervising your parole or probation)
H. Restitution ordered/paid
I. Fines/costs ordered/paid
J. Pardons granted
K. Information as to whether your civil and political rights have been restored.

Attach additional pages if needed.

_____

_____

_____

_____

2. Have you ever applied for written consent from an insurance regulatory authority? □ Yes □ No If yes, provide details below:

State(s): _____

☐ **Granted**
☐ **Denied**
☐ **Other** _____

Please provide details of the outcome of prior or pending applications for written consent:

_____

_____

_____

_____

SECTION III - PRESENT/PROPOSED INSURANCE EMPLOYMENT

1. Please specify the name and address of your current or proposed employer to which the requested written consent will apply.

_____

_____

_____

_____

2. Please describe in detail the office, position, and title to which the requested written consent will apply, and provide a complete description of the activities, duties, and responsibilities. Please attach or describe any proposed or current written or oral agreements, contracts, or understandings with any entity engaged in the business of insurance as defined by 18 U.S.C. § 1033. (If written consent is given, it will be applicable to the activities described herein.) Please include your date of employment or proposed date of employment.

_____

Adopted by the Producer Licensing (D) Task Force, Aug. 12, 2025

_____

_____

_____

SECTION IV - ATTACHMENTS

Attach the following documents to this Application for written consent. Applications without attachments and applications with incomplete attachments will be returned to the applicant.

1. **Certified copy of the applicant's criminal history.**
2. **Certified copy of the indictment, criminal complaint, docket sheet, or other initiating documents for the charge(s) that is the subject of this Application.**
3. **Certified copy of the order of judgment and sentence of the court for the conviction(s) that is the subject of this Application, including certification of completion and performance of all conditions imposed by the court.**
4. **If applicable, an affidavit or written statement from the individual that seeks to employ you stating in detail the duties and responsibilities that you are performing or are to perform for them and for which you seek written consent and that it is that individual's opinion that the performance of these responsibilities does not constitute a threat to the public.**
5. **If applicable, letters of recommendation.**
6. **If applicable, a letter from the applicant's employer or prospective employer indicating they are aware of the felony conviction.**

Drafting note: Some jurisdictions may not require certified copies of documents.

I,_____(name of applicant), swear under penalty of law that my statements in the attached Application, and the documents appended thereto, are true and correct and complete. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Insurance Commissioner, Director, or Superintendent of Insurance, or other appropriate party, in the jurisdiction for which this application is made in the execution of his or her duties under the Insurance Code, and 18 U.S.C. § 1033, in making a decision on this Application. I understand that if I have made any false statement in this Application, or if there are any false statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statement(s) would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted. *By signing this Application, I* grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in the jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company, to request records of former employment, state and federal tax returns, business records, and banking records *to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Insurance Department may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records.*

_____

Signature of Applicant: _____ Date: _____

Drafting note: Some jurisdictions may require applications to be notarized.

STATE OF_____

COUNTY OF_____

Subscribed, sworn to, and acknowledged before me by_____to be his/her free act

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Adopted by the Producer Licensing (D) Task Force, Aug. 12, 2025

and deed this____day of_____, 20____.

_____

Notary Public State at Large My Commission Expires:

Draft: 11/1/26

Adopted by the Executive (EX) Committee and Plenary, XX, 2026
Adopted by the Market Regulation and Consumer Affairs (D) Committee, XX, 2026
Adopted by the Producer Licensing (D) Task Force, Nov. 5, 2026

State Licensing Handbook Summary of Revisions

Chapter 1

- Replaced the NIPR history with a revised account of its 1994 proposal, 1996 incorporation, and original objective.
- Expanded the Producer Database coverage to include D.C., Puerto Rico, Guam, and the U.S. Virgin Islands.
- Removed older descriptions of NIPR's state-linking services and Attachment Warehouse processes.
- Added a streamlined overview of NIPR's two product lines: Licensing and Compliance Management.
- Added details on Gateway services, renewals, credentialing products, Producer Database reports, and Alerts.
- Removed outdated website language about state participation lists.

Chapter 6

- Clarified that the ULS require states to establish prelicensing education requirements.
- Replaced references to the Producer Licensing (EX) Working Group with the Producer Licensing (D) Task Force.
- Modernized the discussion of the Task Force's review and added a link to its webpage.
- Clarified that the ULS do not limit self-study credits.
- Revised verification language: states must establish a completion-verification method, but the ULS endorse no specific method.
- Strengthened waiver language for approved professional designations and clarified that the listed designations are examples, not an exhaustive list.

Chapter 8

- Clarified state oversight of licensing exams and testing vendors.
- Updated Model Act and Uniform Licensing Standards guidance.
- Added exemptions for certain resident and nonresident applicants.
- Expanded exam-development and review requirements.
- Added bank-based, form-based, and LOFT testing methods.
- Strengthened psychometric review and cut-score standards.
- Expanded public reporting of pass rates and testing data.
- Updated Candidate Information Bulletin requirements.
- Added registration, payment, and practice-exam guidance.
- Expanded remote-testing access, security, and monitoring standards.
- Clarified accessibility and non-English examination considerations.
- Streamlined exam-result reporting, retesting, and vendor responsibilities.

Chapter 9

- Added the adoption note: Producer Licensing (D) Task Force, Oct. 7, 2026.
- Capitalized Casualty in "Property/Casualty."
- Renamed Producer Licensing (EX) Working Group to Producer Licensing (D) Task Force.
- Updated the FINRA reference to BrokerCheck and replaced the former Investor Information link with https://brokercheck.finra.org/.
- Updated the group name to Producer Licensing Uniformity (D) Working Group.
- Deleted the statement that no prelicensing or testing is required for identified non-core limited lines.

Chapter 10

- Updated the surplus lines licensing discussion to distinguish requirements for individuals and business entities.
- Added separate guidance for resident and nonresident licensing, including underlying P&C licenses, exams, bonds, and NIPR application sequencing.
- Added state-specific exceptions for Florida exams and Ohio/California bond requirements.
- Streamlined the NRRA section and removed lengthy or duplicative material on home-state definitions, licensing databases, distribution systems, diligent searches, and ECP exemptions.
- Clarified post-licensure obligations, including filings, premium taxes, recordkeeping, disclosures, stamping offices, zero reports, and surplus lines association membership.
- Added recommended best practices for regulators on license structure, exams, resident qualifications, bonds, nonresident licensing, and cross-department coordination.

Chapter 11

- Deleted the statement about the Gramm-Leach-Bliley Act and NARAB appointment requirements.
- Updated Producer Licensing (EX) Working Group to Producer Licensing (D) Task Force.

Chapter 12

- Updated references from the Producer Licensing (EX) Working Group/Task Force to the Producer Licensing (D) Task Force.
- Replaced "licensed producer" with "licensed individual" for the designated responsible producer requirement and clarified compliance duties.
- Changed guidance from states "should not" to "may not" require extra application attachments or proof of Secretary of State registration.
- Added an exception allowing states to request formation documents when a business entity changes its entity type or name.
- Clarified that assumed-name use requires notification to receive approval and defined it as Doing Business As (DBA).
- Revised the appointment discussion by removing the 2010 reference and stating the Task Force previously considered the issue.
- Added that a business entity appointed to sell property/casualty products must name a DRP who holds a P/C line of authority.

Chapter 13

- Replaced the opening explanation with the model act's broader rule: temporary licenses may be issued for up to 180 days without an examination when needed to service an insurance business.
- Removed the narrower discussion focused only on a deceased producer's survivor and winding up the producer's business.

- Retained and clarified the eligible temporary-license situations, including surviving representatives, business-entity members or employees, military-service designees, and other public-interest circumstances.
- Expanded "U.S." to "United States of America."
- Replaced the brief sponsorship sentence with a fuller explanation of the commissioner's authority to:
    - Limit a temporary licensee's activities.
    - Require a qualified producer or insurer as sponsor.
    - Impose additional consumer-protection requirements.
    - Revoke a license that risks harm to consumers or the public.
    - End the license automatically when the business is sold or transferred.

Chapter 14

- Updated the adoption note to reflect Producer Licensing (D) Task Force approval on Oct. 7, 2026.
- Replaced "special training requirements" with product-specific training.
- Clarified that CE is not required for each individual line of authority.
- Revised self-study guidance: states may limit, but not prohibit, verifiable self-study.
- Expanded the section heading to "Course and Instructor Approvals."
- Updated organizational references from the former working group to the Producer Licensing (D) Task Force and Uniform Education (D) Working Group, as applicable.
- Renamed the CER "process" as the Continuing Education Reciprocity Agreement and added CER webpage references.
- Revised guidance concerning classroom-course approval and proctored examinations.
- Added ULS #30—Advertising of CE Programs, including conditions for advertising courses pending state approval.
- Added standards for CE instructor approval.
- Added a new section on auditing CE courses and instructors, including audit methods, interstate sharing of significant findings, and enforcement considerations.

Chapter 18

- Expanded guidance on company/staff adjusters, including licensing and reciprocity considerations.
- Clarified resident-state and designated home state (DHS) eligibility, reporting, and "home state shopping."
- Added recommended DHS reciprocity standards: exam, background check, and 24 hours of continuing education, including 3 ethics hours.
- Updated the list of jurisdictions meeting those DHS standards.
- Expanded best practices for regulators, especially DHS reporting, resident licensing, addresses, and examination requirements.
- Several placeholders still need resolution, including "XX/XXX," "202X," a footnote instruction, and a bracketed statute reference.

Chapter 19

- Updated wording to clarify that release is related to criminal charges and that family or friends may execute a bail bond.
- Added that bail bond regulation may involve both insurance departments and court systems.
- Removed the discussion of insurers filing a power of attorney with local courts.
- Deleted the introductory statement that state insurance departments vary in regulating bail bond activities.

- Clarified references to bail bond agents in the forfeiture section.
- Replaced outdated INS terminology with DHS, DOJ, and ICE, and clarified that immigration bonds apply during immigration proceedings.

Chapter 24

- Deleted the exclusion for an insurance company involved in accepting or rejecting reinsurance on a block of business.
- Hyphenated “inter-insurance exchange.”
- Revised “a power of attorney” to “powers of attorney.”

Chapter 30

- Added the adoption note: “Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026.”
- Added antifraud requirements for viatical settlement providers and brokers.
- Added a reference directing readers to Model #697 for further detail.

Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 1

Modern Producer Licensing

The process for licensing insurance producers has had numerous phases. The first NAIC model on this subject was the NAIC *Agent and Broker Model*. The next phase was the NAIC *Single License Procedure Model*. Although development of the newest model began in the late 1990s, it was the U.S. Congress' (Congress') passage of the Gramm-Leach-Bliley Act (GLBA) in 1999 that caused the NAIC to speed up the development of the *Producer Licensing Model Act* (#218).

Uniformity Provisions of the GLBA Adopted in 1999

In order to achieve the licensing uniformity standards of the GLBA, a majority of the states had to satisfy all five of the following requirements:

1. Adoption of uniform criteria regarding a producer's integrity, personal qualifications, education, training and experience, which must include qualification and training on the suitability of products for a prospective customer.
2. Adoption of uniform continuing education (CE) requirements.
3. Adoption of uniform ethics course requirements in conjunction with other CE requirements.
4. Adoption of uniform suitability requirements based on financial information submitted by the customer.
5. Elimination of nonresident requirements posing any limitation or condition because of the place of the producer's residence or business, except for countersignature requirements.

One of the major provisions of the GLBA was a provision to create the National Association of Registered Agents and Brokers (NARAB). While much progress was made to improve uniformity and streamline nonresident producer licensing, the NAIC endorsed the provisions of the Terrorism Risk Insurance Program Reauthorization Act of 2015 (Public Law 107-297), which modified NARAB. These provisions, commonly referred to as NARAB II, were signed by President Barack Obama on Jan. 12, 2015.

NARAB II is intended to streamline the nonresident producer licensing process while preserving the states' ability to protect consumers and regulate producer conduct. NARAB II does not create a federal insurance regulator but establishes a nonprofit corporation, known as NARAB, controlled by its board of directors. The stated purpose of the legislation is to provide "a mechanism through which licensing, CE, and other nonresident insurance producer qualification requirements and conditions may be adopted and applied on a multistate basis without affecting the laws, rules and regulations, and preserving the rights of a state, pertaining to certain specific producer-related conduct."

NARAB is to be governed by a 13-member governing board comprising eight state insurance commissioners and five insurance industry representatives subject to presidential appointment and U.S. Senate (Senate) confirmation. NARAB, acting through its board of directors, will establish membership criteria through which producers can obtain nonresident authority to sell, solicit or negotiate insurance. Satisfaction of membership criteria means a producer can sell, solicit or negotiate insurance (and perform incidental activities) in any state for which a producer pays that state's licensing fee for any line(s) of insurance for which the producer is licensed in the home state. NARAB membership is not mandatory for producers.

The law preserves the rights of a state pertaining to resident licensing and CE, the supervision and enforcement of conduct, and disciplinary actions for nonresident producers; and it leaves a state's full range of authorities for resident producers intact. Model #218 also includes important disclosures to the states, addresses business entity licensing, and protects state revenues.

Through the efforts of the Producer Licensing (EX) Task Force and the Producer Licensing (EX) Working Group, the NAIC monitors state compliance with reciprocity guidelines. The NAIC also set a goal to create uniform licensing practices. The Working Group has adopted a number of Uniform Licensing Standards and guidelines, and it continues to strive toward a more efficient licensing system among the states.

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National Insurance Producer Registry

~~The NAIC has long advocated for increased use of technology to streamline licensing processes. In 1996, the NAIC collaborated with industry to create the Insurance Regulatory Information Network (IRIN) as a nonprofit affiliate of the NAIC. In 1999, the organization changed its name to the National Insurance Producer Registry (NIPR). The purpose of the NIPR is to work with the states and the NAIC to re-engineer, streamline, and make more uniform the producer licensing process for the benefit of state insurance regulators, the insurance industry, and consumers.~~

In 1994, a key component of the NAIC's strategic plan was to create the tools needed to improve the effectiveness and efficiency of state licensing processes. In partnership with state regulators and industry stakeholders, it was proposed to create a national network to support regulators in overseeing and licensing producers, while also providing companies with a database to help them meet regulatory requirements. As a result, a new entity was formed as an affiliate of the NAIC. The Insurance Regulatory Information Network (IRIN), later renamed National Insurance Producer Registry (NIPR), was a public-private effort, officially incorporated in October 1996. The objective was to build a uniform producer licensing system to deliver a cost-effective, streamlined process.

NIPR worked with the NAIC to develop and implement: 1) the Producer Database (PDB), which includes licensing information from 50 states, ~~Washington, DC and Puerto Rico,~~ the District of Columbia, Puerto Rico, Guam and the U.S. Virgin Islands, utilized by the industry for licensing and appointment information; and 2) the State Producer Licensing Database (SPLD) for use by state insurance regulators.

~~The states use NIPR to link state insurance departments with the entities they regulate. Applicants and licensees can transmit licensing applications, insurers can transmit appointments and terminations, and both can transmit other information to state insurance regulators in multiple states, thereby creating electronic solutions that are easy and efficient to use by the states and industry.~~

~~Additionally, using the subsequent launch of the Attachment Warehouse, an applicant who answers "yes" to any background question on the NAIC Uniform application can submit the required supporting documentation at the time he or she is applying for or renewing a license. The submission of a document to the Attachment Warehouse will trigger an email alert to the appropriate state(s) notifying the state(s) that supporting documentation has been submitted to fulfill document requirements pertaining to the "yes" answer on the background. The advantage to the producer and the state(s) is that the documentation can be sent to the Attachment Warehouse once, and all appropriate states will be notified and have the ability to view, download or print the document. The Attachment Warehouse also allows a producer to meet the requirements fromof the states to report and submit documentation related to any regulatory action taken against him/her. This enables the producer to meet this regulatory obligation quickly in order toto comply with the typical state requirement for producers to report an action within 30 days. The third feature allows Additional Licensing Documents (ALD) to be submitted to the state insurance departments for any pending uniform application/renewal. Through the use ofUsing the Attachment Warehouse, all states in which the producer is licensed are notified with an email alert and have access to the document.~~

NIPR offers two primary product lines: ~~producer l~~Licensing and ~~c~~Compliance ~~monitoring~~Management. The producer licensing products are managed through the Gateway, an electronic platform that facilitates the exchange of producer information between state insurance regulators and the entities they oversee. The aim is to streamline communication and enable the rapid distribution of information. This includes licensing applications and renewals, appointments and terminations, contact change requests, ~~and~~ the attachment warehouse, and other credentialing products. For compliance monitoring, NIPR uses the Producer Database (PDB), a centralized hub for producer licensing data, for the industry to track important details about licensed insurance professionals. These products include the detail report, company appointment report, and Alerts.

A complete list of jurisdictions using NIPR products and services is available at *www.nipr.com*. ~~The website has an updated list of the states that are making active use of NIPR electronic processing. (Product List by State)~~

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Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 6

Prelicensing Education

Prelicensing education is required in some states as a condition of licensure for resident insurance producers. Neither the *Producer Licensing Model Act* (#218) nor the Uniform Licensing Standards (ULS) ~~suggests that a~~require state~~s must~~ to ~~have~~ establish ~~a requirement~~ for prelicensing education. States that have a prelicensing education requirement should follow the uniform standards as adopted by the ~~Producer Licensing (EX) Working Group~~ Producer Licensing (D) Task Force .

The ULS set a minimum credit hour requirement for prelicensing education. ~~In 2010~~The~~, the Working Group~~Task Force was charged with reviewing this standard. ~~Updated information, if there are any c~~Changes to this standard, can be found on the ~~Working Group~~Task Force 's web page.

States that require prelicensing education shall require 20 credit hours of prelicensing education per major line of authority. The states must accept both classroom study and verifiable self-study, which includes both text and online courses. The ULS does not ~~have a~~ limit ~~on~~ the number of credits that can be obtained by self-study. The states shall independently determine the content requirements for prelicensing education. The ULS require that a state ~~have~~ establish a method ~~to~~ of verifying completion of prelicensing education, but no method is endorsed in the ULS. ~~they do not prescribe a method.~~

The ULS provide that a person who has completed a college degree in insurance shall be granted a waiver from all prelicensing education requirements. The ULS also provide ~~that~~ individuals holding certain professional designations approved by the state insurance department ~~should~~ shall be granted a waiver from the prelicensing education requirement. In 2008, the ULS were updated to indicate that the following list of designations be provided as ~~guidance~~ examples ~~for~~ of designations that would waive prelicensing education~~,~~. ~~but the~~ This list is not exhaustive:

Life: CEBS, ChFC, CIC, CFP, CLU, FLMI, LUTCF~~-~~

Health: RHU, CEBS, REBC, HIA

Property/Casualty (P/C): AAI, ARM, CIC, CPCU

Under both reciprocity standards and the ULS, no state shall require prelicensing education for nonresident applicants or nonresident producers who change their state of residency.

Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 8

Testing Programs

Introduction

The states have a responsibility to ensure that licensing examinations are fair, sound, valid and secure. Directors must consider how an exam is developed, who is involved in the development process, how the exam is offered and how its security is maintained. Nearly every state has contracted with an outside testing vendor to assist in examination development and administration. These ~~testing~~ vendors ~~employ~~ consult with test development experts and psychometricians to construct and evaluate examinations.

The primary purpose of a state examination and licensing program is to protect consumers. Examinations should be consistent across the states in difficulty level, content and subject matter. They should be uniformly administered and scored. Examinations should be psychometrically sound, using methods for setting and maintaining passing standards—i.e., cut scores—that are in accordance with testing industry best practices. They should use resources ~~such as~~like: 1) "Standards for Educational and Psychological Testing," developed jointly by the American Educational Research Association (AERA), American Psychological Association (APA) and National Council on Measurement in Education (NCME); and 2) the U.S. Equal Employment Opportunity Commission's (EEOC) Uniform Guidelines on Employee Selection Procedures (29 CFR 1607).

These resources allow states to provide consistency and uniformity in producer licensing.Through valid, reliable and legally defensible test development practices, candidates will have a fair and equitable opportunity to pass a~~n~~ state exam, regardless of which ~~state exam~~one they take. Ideally, pass rates should be consistent throughout the states; however, statistics from national examination administration have shown that ~~the~~ pass rates for examinations for the same line of insurance vary significantly among ~~the~~ states. Other variables may contribute to pass rates, such as state education systems, demographics, ~~the existence of a prelicensing education requirement, and~~ the quality of ~~such~~ prelicensing education, but the states should work with their test vendors to ~~be sure that they~~ eliminate any practices that do not measure the entry-level knowledge, duties and responsibilities of an insurance producer.

Different states take different approaches to the development and administration of producer license examinations. Some ~~of the~~ states exercise significant control over test development and review.~~:~~ ~~O~~others ~~states~~ rely almost entirely on outside experts. ~~In m~~Most ~~of the~~ states, ~~the state does~~do not pay any fee to a testing vendor, and the cost of test development and administration is passed ~~through~~ on to ~~the~~ test-takers. Most ~~of the~~ states reserve the right to preapprove any fees charged by testing vendors.

With ~~the~~ a state licensing system increasingly built on reciprocity, it is in the best interest of consumers, state insurance regulators, industry, producers, and prospective producers for state licensing directors to establish guidelines that promote efficiency and consistency ~~throughout~~ across the licensing process. Directors should also reduce or eliminate artificial barriers that ~~impede~~ prevent qualified applicants from obtaining a license.

The purpose of this chapter is to recommend best practices for the states in testing administration in the following areas:

1. Test development and review.
2. Test administration.
3. Test results.
4. Expectations for test vendors.

This chapter was developed with assistance from insurance test vendors, industry representatives, education providers, and state insurance regulators.

Producer Licensing Model Act Guidelines on Examinations

Section 5 of the *Producer Licensing Model Act* (#218) contains guidance for administering licensing examinations. Under Section 5, ~~all~~ residents are expected to complete a written examination unless exempt pursuant to Section 9, which should include the following:

1. The entry-level knowledge required for an individual concerning the lines of authority (LOAs) for which the application is made.
2. The duties and responsibilities of an insurance producer.
3. The applicable insurance laws and regulations of the state.

Section 5 grants the insurance commissioner authority to hire an outside testing service to administer examinations and impose nonrefundable examination fees.

Model #218 contains several exemptions from prelicensing education and examination requirements. An individual who is licensed as a nonresident in a state and who moves into that state, or an individual who moves from his or her home state to another state and seeks a resident license, is not required to complete an examination for the LOA(s) ~~previously~~ already actively held in the prior resident state as long as application is made within 90 days of the change in residence and the prior resident state indicates that the producer was licensed in good standing. Verification shall be done via the State Producer Licensing Database (SPLD). In this situation, a nonresident state should never impose prelicensing education or examination requirements.

The Uniform Licensing Standards (ULS) provide that states do not have to require examinations ~~are not generally required~~ for limited lines, but they are permited ~~it is acceptable~~ to require examinations for areas ~~such as~~ like crop and surety. States requiring testing for crop may waive it upon verification of passing the Unites States Department of Agriculture's (USDA) Risk Management Agency (RMA) required basic competency test. No state shall require additional pre-licensing education or testing for nonresident applicants or non-resident producers who change their state of residency.

Model #218 ~~leaves~~ provide states with discretion over test development and administration ~~to the discretion of the individual states.~~ Section 5(A) of the Mmodel ~~#218~~ requires, ~~"[a] resident individual applying for an insurance producer license shall~~ applicants to pass a written examination,~~"~~ and the examination is required to ~~must~~ test the knowledge of the ~~individual~~ applicant in the following three areas:

1. The specific LOAs for which the application is made.
2. The entry-level duties and responsibilities of an insurance producer.
3. The applicable insurance laws and regulations of the state.

Beyond these broad subject matter categories, Section 5 requires the state insurance commissioner to prescribe the rules and regulations governing the manner in which ~~states that~~ such tests ~~"shall be~~ are developed and conducted ~~under rules and regulations prescribed by the insurance commissioner~~."~~"~~

~~In order to~~To provide more uniformity in state licensing practices, the 2018~~2~~ revised ULS for Exam Content or Subject Area and Testing Administration Standards establishes as the uniform standard ~~implementation of~~ the ~~"~~Exam Content and Testing Administration Recommended Best Practices found in Chapter 8 of the NAIC *State Licensing Handbook*~~"~~ ~~as the uniform standard~~.

Test Development and Review

Test development experts ~~believe~~ recommend that licensing examinations ~~should~~ measure the minimum competency required for a candidate to perform at an entry level. Therefore, ~~test~~ exam content and curriculum development should be focused on assessing ~~whether~~ a candidate demonstration~~s~~ of sufficient knowledge to pass an examination that is appropriately targeted to an entry-level producer.

The examination should not dictate the curriculum that an entry-level insurance producer should master. Instead, the test content should be developed using the steps outlined below. Examinations and curriculums should be updated to regularly reflect ~~any~~ changes in insurance laws, regulations or industry practice. An online candidate guide should be available and provide detailed testing and licensing procedures, as well as content outlines with cross-references to the curriculum.

~~Input from t~~Trainers who conduct test preparation courses may assist in the development of the curriculum and the exam content outline; however, in some state~~s insurance regulators believe it is not appropriate to invite these trainers d~~to not participate in reviewing final examination questions. Education providers who do not offer prelicensing education courses (such as continuing education [CE] providers) are sometimes used during test development.

There are ~~generally two~~ different approaches to examination construction. ~~A~~

1. The bank-based test generates individual examinations from a large bank of items.

2. The~~A~~ form-based examination ~~will~~ consists of a specified set of predesigned test forms that are rotated.

3. The Linear-on-the-fly testing, often referred to as LOFT. Is a method including traditional linear fixed-form delivery and computerized adaptive testing in an attempt to reduce item exposure and enhance test security.

The ~~states~~ above~~use~~ ~~both~~ methods, and ~~both~~ are psychometrically acceptable. Although contracted outside experts play a major role in test development in most jurisdictions, the state should have a regular process and procedures for developing and reviewing licensing examinations to ensure that those examinations are properly focused on the minimum competencies required of an entry-level producer. Some items that should be included in the plan ~~include~~are:

1. Procedures to ensure that a job analysis survey that includes input from state insurance regulators and the industry is conducted at regular intervals to determine the requirements and work performed by an entry-level insurance producer.
2. Regular, ongoing review and assessment of producer licensing examinations in the ~~event~~ context of legislative or regulatory changes that could affect the accuracy of exam content.
3. An annual review of the examination development process conducted with the state and the testing vendor.
4. Depending on test volume, ~~test~~ producer performance, and the need for content changes, either an annual, or at least biannual, substantive review of the examination and the psychometric properties of the test. These efforts should include the involvement of content or test development professionals, department personnel and industry representatives, including recent and experienced~~, entry level~~ producers.
5. A fair and valid state-based test should incorporate knowledge, skills and abilities that measure state-specific and national expertise. This balance will shift depending on the subject matter. For example, life insurance laws and regulations tend to be more similar among the states, while health insurance standards can vary widely.
6. If the state collects demographic data, such data~~it~~ should be reviewed annually.

Developing the Questions~~e~~

Developing a valid and sound bank of test questions, often called "items," is perhaps the most critical piece of any testing program. The items need to be at ~~the~~ an appropriate level of difficulty and readability to test for entry level candidates. Items should be relevant to the profession and effective in evaluating whether the person taking the exam possesses the knowledge, skills and abilities critical to competently performing the job and safely practicing in the profession. To create this balance, most ~~of the~~ states use a combination of local subject matter experts (SMEs) and content or test development professionals. The local panel should include new and experienced producers to help establish ~~such a~~ the proper balance.

Using multiple item writers to develop test content is a common practice, but it can lead to variation in test item style, format and difficulty. Developing a style guide with templates, development standards and rules can go a long way in improving item consistency, format and variety. Content development training can ensure that writers have the tools they need to develop credible, legally defensible items and templates that can be leveraged to create multiple variations of the same question.

Passing Score vs. Pass Rate

A passing score, sometimes called a "cut score," is the minimum score one needs to achieve in order to pass the exam. The "pass rate" is the percentage of candidates who ~~actually~~ pass ~~the exam~~. The test development process will consider data from actual tests and data from reviewers rating the items and exams in evaluating the cut score.

In some ~~of the~~ states, ~~the~~ cut scores are arbitrarily established by rule or regulation: ~~.~~ ~~T~~this is not a valid testing practice. Cut scores should be based on data collected through the test-development process. Regulatory licensing exams typically target a level referred to as "minimum" competency, rather than "average" competency. Licensing examinations try to determine who has the minimum competency to safely practice in ~~a~~ the profession without compromising the health and safety of the public. An arbitrary cut score, ~~which is the practice in some of the states~~ by contrast, tends to focus on ~~the~~ average, rather than minimum, competency. Thus, qualified candidates could be unjustly cut because they fall below the average, not because their competency below an ~~is un~~acceptable level.

Exam Scoring

States typically administer exams using one of three structures. Some ~~of the~~ states administer a one-part or one-score exam, while others administer two-part exams. In ~~the~~ a one-part exam, general product knowledge and state-specific content are scored together. In the states with a two-part exam, the candidate must separately pass both the general product knowledge exam and the state-specific exam ~~in order~~ to be eligible to apply for a license for the LOA requested. A third variation is to require the first-time test-taker to pass an exam on state-specific insurance laws and regulations once: ~~.~~ ~~A~~all additional LOAs are tested on general product knowledge only.

Preliminary review of pass rates indicates a tendency for more candidates to fail in ~~the~~ states that require two-part exams. There is no evidence that two-part exams increase consumer protections or that ~~the~~ states that administer one-

part exams license producers who do not know applicable state law. The states are encouraged to move to one-part exams to afford ~~allow for more~~ a greater rate of success among candidates without jeopardizing consumer protections.

Exam Content

As of May 2013, ~~the~~ states have no standard exam curriculum. The NAIC is encouraging more uniform approaches by ~~considering~~ treating the best practices for testing programs listed at the end of this chapter to be standards ~~for~~ that all jurisdictions ~~to~~ should work toward. ~~The Producer Licensing (EX) Task Force formed a subgroup of five states to develop a draft national content outline using the life and annuity LOA as a pilot. The national content outline provides guidance for entry-level subject matter that the states should test for, as well as information that will assist candidates in identifying relevant knowledge to study in preparation for the exam.~~

Some experts have recommended that examinations ~~should~~ be constructed with the following considerations in mind:

1. The states should not target examinations to an artificially set passing score. A state should construct ~~determine whether~~ its test with the goal of~~is focused on~~ assessing the knowledge needed by potential new producers, and only applicants who lack that level of knowledge should fail. ~~The s~~States should use legally defensible, recognized methodology when establishing a cut score.

2. The editing and review process used ~~P~~prior to releasing items into an exam form~~, the editing and review process employed~~ is critical. This editing process should include the psychometric evaluation of the cognitive level of the items and the reading level of the items, as well as such editorial issues as grammar, sensitivity and style. Psychometric editing is best performed by test development professionals, not state SMEs or item writers. Individuals trained in the complexity of psychometric editing evaluate items in a different, critical light than SMEs or item writers. ~~It is critical,~~ Hhowever, ~~to have~~ all final items must be reviewed and approved by state and national SMEs in ~~the given~~each field for accuracy and relevancy.

3. Each examination should consist of pre-test questions that are being evaluated for performance and questions that previously have been evaluated (pre-tested) and determined to be statistically effective. Each candidate's score should be based only on ~~the previously~~ pre-tested and approved questions. Any time used to respond to pre-test items should not be counted against ~~the~~ test-takers, and responses to pre-test items should not be calculated in ~~the~~ test-taker's score. Pre-test items should not be used as scored items until they have been statistically proven to be effective. T~~he t~~est questions for any new examination should be chosen from the pool of test questions to properly represent the subject-matter outline of the examination.

4. Reports regarding exam pass rates, candidate demographics when collected, and the number of exams administered should be made available to the public. Reports should include first-time pass success by ~~subject area~~exam and separated between in-person vs remote testing.~~.~~ Whenever possible, this information should be tracked by, and be made available to, each education provider so they may evaluate their programs and instructors and ~~be provided with~~ receive the data needed for course development. ~~The s~~States may ask for, but generally cannot require, information on candidate population, gender, ethnicity, education level and income level. When candidate demographics are collected, reports should include the percentage and number of examinees who passed the examination by race, ethnicity, gender, education level and native language. This information is necessary for the selection of future test questions, and it will aid in ~~making~~ improving testing transparen~~t~~cy and the assessment~~ing~~ of whether differences in test scores are correlated with ~~relevant~~ demographic factors.

5. A state advisory committee consisting of state insurance regulators and the industry, including, where possible, recently licensed producers, should annually or~~, if changes are not needed every year,~~ at least ~~biannually~~ biennially work with the testing vendor to review the questions on each examination form or bank of items for substantive and psychometric requirements. During the examination review process, an advisory committee should ~~Adjustments should be made to the examination to~~ eliminate ~~any~~ from the exam questions that ~~might~~ may be inaccurate or unclear, that ~~might~~ may test subject matter ~~that is~~ beyond what a new producer should know, or that exhibit unsatisfactory psychometric properties.

   ~~6.~~ 6. Licensing examinations should be reviewed at least annually. However, if during any rolling 12-month period, a licensing examination exhibits uncharacteristically high (above 80%) or low (below 60%) pass rates, ~~such as less than 60% or~~

~~more than 80%;~~ unexplained fluctuations in testing volume; or other significant deviations, that examination should be reviewed immediately.

A state testing program should include statistical analysis of test items in the field and gather feedback on ~~the~~ candidate performance on ~~the~~ individual items. The most obvious and critical use of this information is to ensure that exams are equivalent and to evaluate the accuracy with which items differentiate ~~between~~ candidates who are minimally qualified ~~and~~ from candidates who are not. The psychometric review can result in the continued use of items, the modification of items, or the deletion of items from the bank.

A professional test vendor should use a comprehensive strategy for developing test items and ensuring measurement of the knowledge, skills and abilities necessary for initial insurance licensees to perform their jobs effectively. The steps may include:

1. Conducting a committee-based job analysis.
2. Developing content specifications and weightings.
3. Developing items.
4. Editing and reviewing items with SMEs to ensure that items meet ~~the~~ required criteria.
5. Obtaining item difficulty (e.g., Angoff method) estimates to establish a passing score.
6. Developing item sampling groups to structure each examination.
7. Creating equivalent forms.

Test Development Deliverables

A state licensing director should expect to receive the following items to ensure that the testing vendor has provided all items necessary to administer a successful testing program:

1. Final~~ized~~ task and knowledge statements reflecting the requirements of each licensed insurance position.
2. Content specifications for each licensing examination.
3. A set of approved, relevant and important items for use on each licensing examination.
4. A list of references used to develop ~~the~~ test items.
5. Candidate Information Bulletins (CIBs).
6. A technical report describing the procedures used and results obtained from the test development process for each licensing examination.

Candidate Information Bulletin

A CIB should describe the examinations, examination policies and procedures for in-person vs remote testing, and the consequences of violating security procedures. A testing vendor should be capable of making changes to the information contained within the CIB during any contract year at the state's request.

The CIB should be available at no charge to candidates, trainers and insurers in ~~hard copy or~~different formats. ~~in electronic format via the internet~~. The state licensing director should consider including the following topics in the CIB:

1. How to contact the testing vendor.
2. Requirements for taking an examination.
3. How to apply for an examination, including receiving state authorization of eligibility ~~from the state~~, prelicensing education, and background checks.
4. Links to current application forms.
5. How to obtain current forms in hard copy, if so available ~~in hard copy~~.
6. Examination fees.
7. Scheduling procedures.
8. The content outline and format of the examination.
9. Supplies provided at the test center.
10. The time limit for the examination.
11. The scoring system.
12. Security procedures.

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13. Examination process and procedures.
14. Appropriate examination-taking strategies (e.g., "There is no penalty for incorrect answers, so be sure to answer every question.").
15. Appropriate use of scratch paper, calculators, and/or other support material.
16. ~~Sample questions~~Practice exams designed to help the candidate become familiar with computer-based testing.
17. Specific information about taking the test on the computer.
18. List of approved reference materials.
19. List of test centers, alternative test centers, and driving directions to each.
20. Procedures for requesting special accommodation.
21. Examination registration forms.
22. Licensing requirements and procedures.
23. Refund policies.
24. Holiday or weather-related test center closures.
25. Instructions about how to contact the state insurance department.

A state should approve each CIB before it is published. The licensing director should work with the vendor to set a timeline that will allow for final publication of an updated CIB in advance of the expiration of the CIB prior edition ~~of the CIB~~. Test preparation trainers should receive the new edition ~~should be provided to test preparation trainers~~ at least six weeks in advance of implementation so that training materials can be updated.

Technology Issues

Each states ~~A~~ licensing director should consult with the state's information technology (IT) staff to ensure that the testing vendor can deliver data to the state insurance department. This is critical when a state changes testing vendors or~~. This is also critical~~ if the state directs a vendor to send data to a ~~different~~ location other than the state insurance department. Any transition should include a testing phase for hardware, software, and state insurance department staff.

The state and the testing vendor should jointly agree on a timeline for introducing new or updated examinations. State IT staff also should be consulted.

Legal Defensibility

Items developed must also be legally defensible to protect the state from liability in ~~the event of~~ a legal challenge. ~~To protect the state from liability, e~~Each exam should be critically reviewed from a content and psychometric perspective to ensure that the exam was developed according to recognized standards. Validation procedures for licensing examinations should be designed to comply with content validation requirements of the EEOC's Uniform Guidelines on Employee Selection Procedures (29 CFR 1607).

States should require testing vendors to follow ~~and document~~ standardized methods and document their use. ~~This should~~ including ~~e~~ suitable~~appropriate~~ test development personnel in the process. Using ~~the~~ appropriate, credentialed professionals is critical, as ~~there are multiple steps involved in~~ the test development process involves multiple steps, and various methodologies ~~that~~ can be used for each step. State licensing directors should discuss all options with qualified professionals.

Vendor Responsibilities

Test vendors should be able to meet minimum guidelines for sufficient availability, facilities, personnel and openness ~~in terms~~ of providing information related to their operations.

The states, and not the test vendors, must be responsible for all examination content and content outlines. The vendor should provide accessible information regarding the registration system through the internet, toll-free telephone numbers, email, online automated messaging processes, interactive voice response, fax, and other available technologies. ~~The a~~Available information should ~~include permitting~~ allow candidates to view exam test dates and access forms and content guidelines without requiring prior payment and scheduling of an exam.

The vendor should promptly provide the state with all pertinent information, including prompt notification of any candidate complaints, changes to test administration, conflicts at examination test sites, or other information requested or required by the state.

The vendor should provide quality, accessible facilities, with an established system of examination site supervision that ensures ~~that~~ competent site administrators are available to consistently provide accurate information to applicants.

Where a vendor operates test sites in multiple states, the vendor should permit any applicant to take a state's examination in another state, under the same conditions that would apply if the exam were taken at an in-state location.

Vendors should be required, ~~on an ongoing basis,~~ to regularly collect ~~the~~ data on customer satisfaction and, if directed by the state, to make those data available to state insurance regulators, the industry, and the public.

Test Administration

The testing process should be fair and accessible for all candidates. A state should consider including the following elements below in its licensing process to ensure that applicants have equal access to examinations.

Secure Administration

The security of the ~~test~~ exam ~~center network~~ is essential ~~important in~~ to maintaining the integrity of a test. A vendor should be equipped with adequate security features and qualified ~~test center~~exam administrators. Each proctor should be trained and tested on his or her ability to supervise exams. A vendor should have systems in place to ensure the fair, consistent and even administration of the exam ~~in every location~~. A vendor should also have a method to detect attempts to record questions. For example, a vendor should track multiple examination attempts by individuals to assess if the candidate is intentionally failing the exam so it can be repeated. A vendor should be required to notify the state immediately if the vendor suspects that the integrity of an examination has been compromised.

~~*Test Locations and*~~ *Registration and Testing*

Test registration should be available online or by telephone and allow for next day testing when space is available. A state should consider tracking telephone hold and wait times to monitor how long callers wait. State guidelines should provide flexible means for payment of fees for testing, fingerprinting and other licensing. States should consider methods that facilitate payment by companies.

In-person Testing

Testing sites ~~locations~~ should be ~~set up~~located to ~~provide~~ maximize flexibility and convenience. Realizing that the states all have different geographic challenges and diverse population density, a state should consider, where possible, requiring the following elements:

1. Testing should be made available at locations convenient to residents of all areas of the state.
2. Test locations should provide enough testing capacity so a candidate can test at the desired location within two to five business days of registration.
3. Exam site hours should include evening and weekend hours.
4. Test vendors should provide regular reports, as required by the state, detailing site usage and availability data.
5. ~~1. Test registration should be available online or by telephone and allow for next day testing when space is available. A state should consider tracking telephone hold and wait times to monitor how long callers wait.~~
6. ~~State guidelines should provide for flexible means for payment of fees for testing, fingerprinting and other licensing. States should consider methods that facilitate payment by companies.~~

Remote Testing

Remote testing may allow~~s~~ candidates to take the exam anytime and anywhere, providing a convenient alternative to traditional in-person test sites. Allows greater accessibility to the insurance industry especially in rural areas where the nearest in-person test site maybe two or more hours away. Remote testing offers the same support as in-person test sites, and provides candidates with a flexible, comfortable, and secure test experience.

1. Procedures for conducting a system check of the candidate's computer and internet service are sufficient.
2. The installation of ~~any~~necessary software to facilitate the delivery of the exam.
3. Conduct a comprehensive security check including verifying the identity of the candidate.
4. Candidates must be in a distraction free environment, where they can complete the exam unassisted in a

secure environment.
5. Exams are continuously monitored by video and audio recording similar to in-person test sites as well as AI-enhanced monitoring proctoring.
6. Exam hours should include evening and weekend hours.
7. Testing vendors should establish procedures that analyze post- exam data for patterns of suspicious activity.

Disabilities

A state should require a vendor to develop a testing system that accommodates the physically impaired that is not related to a testing candidate's knowledge of insurance. ~~Disablilities~~Disabilities of ~~V~~visually-impaired and hearing-impaired persons should be accommodated throughout all steps of the licensing process, pursuant to the national standards set by the federal Americans with Disabilities Act (ADA).

Examinations in Languages Other Than English

In recent years. ~~A~~a number of states have ~~determined~~ begun ~~to offer~~offering ~~the~~ producer licensing exams in a language other than English (typically Spanish) ~~in recent years, and this trend appears to be growing~~. The decision to offer ~~the~~ exams in other than English may turn on several factors, including state demographics and testing provider resources.

Providing the exam in other than English may be tool that increase access to otherwise qualified applicants from diverse communities. Some industry ~~experts~~experts: however, ~~suggest~~ have cautioned of risks associated with~~about~~ using translated or interpreted exams. ~~The m~~The exam ~~M~~material may not directly translate into terms with equivalent ~~terms or~~ meaning. Cultural biases might cause incorrect interpretation of ~~a meaning~~terms. Some experts recommend that tests ~~should~~ be developed and administered in English, especially if other materials, like insurance contracts licensed professionals will be selling, that are only written in English necessary to ~~perform~~ the understanding of ~~job~~ producer professional duties ~~for the profession, such as contracts,~~ are in English.

State licensing directors should review state law and consult with legal counsel about the appropriateness of offering examinations in a foreign language.

Reporting Examination Results

State licensing procedures should include guidelines that facilitate the prompt issuance of licenses once an applicant passes a test. Elements might include:

1. Pass/fail notices should be issued at exam sites upon completion of the exam. ~~If an a~~Applicants ~~has~~ having not achieved a passing score, ~~the applicant~~ should receive immediate notification of failure. States vary as to whether successful completion is reported with a precise score or merely an indication that the candidate passed the exam. When a candidate does not pass the exam, the state should provide the precise score and the percentage of questions in each subject area that the applicant answered incorrectly.

~~2. If a state issues a paper license, and if it has been predetermined that an applicant has met all requirements necessary for licensure, including any required fingerprint report, a license should be issued at the exam site, or within 48 hours of completing all necessary requirements.~~

~~3. The state should send an email or other timely communication to a candidate to whom a license has been issued outside the test site or provide information to applicants as to how to check online.~~

~~4. Within 24 hours of license issuance, the new licensee's information should be added to the state's database, and the updated status should be sent to the National Insurance Producer Registry (NIPR).~~

~~5.~~2. The states should work with their vendors to report aggregate results in a way that is more consistent ~~uniform~~ with reporting done by other states.

~~6.~~3. First-time pass rates should be maintained and made available to the public. First-time pass rates are defined as the percentage of candidates who pass the whole test the first time.

~~7. In performing background checks, the use of an electronic process should be required whenever possible.~~

~~8. In those states requiring fingerprints, where possible, exam sites should have the capability to collect electronic fingerprints.~~

Retesting or Notice of Failure

A state licensing plan should include a method to facilitate prompt retesting of applicants who have failed a test. The "non-passing" notice should break scores out by each subject area. If the candidate requests to make another attempt, an examination should be made available within a reasonable time ~~period~~.

Producer Exam Content and Testing Administration Recommended Best Practices for State Insurance Regulators

- States should use accepted psychometric methods, including job analysis, to determine whether ~~if the~~ examination content falls within the content domain that a minimally competent candidate of that specific line of authority tested would be expected to know.
- States should set passing scores—cut scores—and difficulty level using psychometric methods and input frp appropriate SMEs ~~based~~ to determine ~~on~~ what an entry-level producer needs to know.
- States are encouraged to move to one-part exams to allow for ~~more~~ greater success among candidates without jeopardizing consumer protections.
- States should require the test vendor, or other entity responsible for test development, to document the process for ensuring quality control and validity of the examination, including psychometric review and editing and analysis of item bias or cultural and gender sensitivity.
- To allow for meaningful comparison, all jurisdictions should define first-time pass rate as the percentage of candidates who pass the whole test the first time.
- At least annually, reports regarding exam pass rates, candidate demographics when collected, and number of exams administered should be made available to the public. Reports should include first-time pass success and average scoring by subject area. Whenever possible, ~~the~~ such reports should be available to the public by th education provider ~~and provided to them~~.
- A state advisory committee consisting of state insurance regulators and the industry—including, where possible, recently licensed producers—should annually work with the testing vendor to review the questions on each examination form for substantive and psychometric requirements. If, during any other time, any examination results yield significant unexplained deviations, the examination should be reviewed.
- States should work with testing vendors to approve and issue CIBs that acuratley describe the examinations and examination policies and procedures, and provide sufficient examination content outline and study references for the candidate to prepare for the examination. Prelicensing education providers should receive updated editions of the CIB/content outline at least six weeks in advance of implementation so that training materials can be updated.
- Testing should be made available at locations reasonably convenient to residents of all areas of the state, with registration available online or by telephone and the ability for a candidate to schedule testing within two (2) to five (5) business days of registration.
- Pass/fail notices should be issued at exam sites upon completion of the exam. Fail notices should break out scores by subject area. The state should provide a method to facilitate prompt retesting, while also allowing a reasonable time for candidates to review and prepare for retest.
- States should deliver exams in a secure test center network that employs qualified test proctors.
- States should set clear performance standards for test vendors and require accountability.

Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 9

Lines of Insurance

The Major Lines

A line of authority (LOA) is a general subject area of insurance that a producer can be licensed to sell. The *Producer Licensing Model Act* (#218) identifies and defines seven LOAs; however, the Uniform Licensing Standards (ULS) set forth six lines that are considered major lines of authority, as well as certain core limited lines. Additionally, the ULS set forth standards for non-core limited lines. States should review all other lines of insurance and consider eliminating them in an effort to become compliant with the ULS.[1] Uniform adoption of the major lines is essential to fully implement NAIC licensing reforms.

The six major LOAs are defined in Model #218 as follows:

1. Life – Insurance coverage on human lives, including benefits of endowment and annuities, and may include benefits in the event of death or dismemberment by accident and benefits for disability income.
2. Accident and health or sickness – Insurance coverage for sickness, bodily injury or accidental death, and may include benefits for disability income.
3. Property – Insurance coverage for the direct or consequential loss or damage to property of every kind.
4. Casualty – Insurance coverage against legal liability, including that for death, injury or disability, or damage to real or personal property.
5. Variable life and variable annuity – Insurance coverage provided under variable life insurance contracts and variable annuities.
6. Personal lines – Property/Ceasualty (P/C) insurance coverage sold to individuals and families for primarily noncommercial purposes.

Because the ULS also require that each major line be available individually, the states should provide individual examinations for each of the major lines except variable life and variable annuity. It is acceptable for a state to also offer combined exams. The ULS contemplate that each state will require an examination for residents to qualify for all major lines. States should give examinations only to residents, not nonresidents.

While the ULS do not specifically prohibit an examination for variable life and variable annuity products, most states do not require an examination. This LOA is usually granted if the applicant holds a life LOA and has successfully completed the Financial Industry Regulatory Authority (FINRA), formerly known as the National Association of Securities Dealers (NASD), examinations necessary to obtain a state securities license in that state. In most cases, this means successful completion of the FINRA Series 6 and/or Series 7, according to the specific state's requirements, and/or Series 63 exams.

The Producer Licensing (DEX) Working GroupTask Force has not specifically stated that states should not require an active state securities license of residents or nonresidents as a condition of granting the variable life and variable annuity products LOA. The ULS do contemplate that no such requirement shall be imposed. For nonresident applicants, it is not appropriate to pend a request for the variable life/annuity products LOA to verify existence of the underlying life LOA in the home state. If a proper request for licensure is received and the applicant is in good standing in the home state with the variable life and variable annuity LOA, the nonresident license should be granted. If a state cannot verify through the State Producer Licensing Database (SPLD) that the applicant holds a variable authority, it is permissible to pend the application and contact the applicant's home state to verify the variable authority.

Information regarding an applicant's status as to securities registration and securities examinations passed currently are easily accessible on FINRA's public BrokerCheck website under "Check Out Brokers & Advisors" at https://brokercheck.finra.org/*www.finra.org/InvestorInformation/index.htm*. Information available includes: employment history, states where the individual is securities licensed, securities examinations passed, and formal and final disciplinary history. To obtain

[1] Model #218 does not address title insurance, which is considered a major line by some of the states and a limited line by others.

Central Registration Depository (CRD) information regarding pending complaints and unresolved cases, a state insurance department must contact its state's securities regulator.

Recommended Best Practices for State Insurance Regulators

- Adopt the major lines and the definitions exactly as stated in Model #218, and provide separate testing for each line, except variable.
- Allow combined examinations, as appropriate.

Limited Lines

A limited line of insurance is a line of insurance that covers only a specific subject matter. Limited line licenses generally have simpler licensing requirements than those required by the major lines. Some states require an examination for credit insurance. For the other limited lines, some states require an examination, while some require only a simplified application process. In some states, a business entity is permitted to maintain a limited lines license on behalf of individuals who make the limited line of insurance available to its customers. Often, a limited line is adopted by regulation and not by statute.

Model #218 contains a specific definition for credit insurance and allows states to define other limited lines. The Working Group adopted definitions for specific "core" limited lines of insurance for producers, which have become part of the ULS. States are encouraged to adopt the definitions of those limited lines and review and eliminate as many non-uniform limited lines as possible. Model #218 requires the states to grant to a nonresident a nonresident limited line producer license with the same limited LOA as the license issued by the home state. Many states have adopted a special licensing category to accommodate this type of situation.

The core limited lines are:

1. Car rental insurance.
2. Credit insurance.
3. Crop insurance.
4. Travel insurance.

The ULS provide that examinations are not generally required for limited lines, but it is acceptable for examinations for areas such as crop and surety. States should give examinations only to residents, not nonresidents. The ULS specifically state that continuing education (CE) is required for only the major lines of insurance (see specifics for crop insurance).

In 2009, the Working Group was charged with reviewing limited line licensing issues, with particular focus on: 1) the establishment of a limited line that encompasses several insurance products where the business of insurance is ancillary to the business of the person offering the product; 2) the licensing requirements of individuals selling limited line products; and 3) the fingerprinting of individuals selling limited line insurance products. Throughout the year, the Working Group had discussions; however, no consensus was achieved. As a result, the Working Group reported to the Producer Licensing (EX) Task Force and requested further guidance on its charge. For 2010, the Working Group was asked to:

> Finalize the review of limited-line licensing issues, with particular focus on the following: 1) individually review the licensing requirements for each core limited line; 2) review other limited lines, and determine what licensing requirements should apply to them; and 3) determine if another "catch all" limited line was needed to address licensing requirements for insurance products not already encompassed within the list of limited lines.

Updates to the limited line charge may be obtained on the Producer Licensing Uniformity (~~EX~~D) Working Group's web page on the NAIC website.

The NAIC has adopted a specific resolution rejecting a prior request by industry to adopt a new limited line for term life insurance. The full text of the resolution is in the Appendices.

As part of its 2010 charges, the Working Group conducted a review of the ULS and adopted several amendments. Specifically related to this chapter, revisions were made to Standard 16 (Lines of Authority), Standard 33 (Definition of Core Limited Lines), Standard 34 (Travel), and Standard 37 (Non-Core Limited Lines).

Recommended Best Practices for State Insurance Regulators

- Allow resident and nonresident limited lines license applications to be filed electronically.
- Eliminate state-specific applications.
- To further reciprocity, report all limited lines licensees to the SPLD.
- Adopt the applicable revisions to the ULS related to limited lines.

A. Limited Line of Car Rental Insurance

Under the ULS, car rental insurance is defined as:

> [I]nsurance offered, sold or solicited in connection with and incidental to the rental of rental cars for a period of [per state law], whether at the rental office or by pre-selection of coverage in master, corporate, group or individual agreements that (i) is non-transferable; (ii) applies only to the rental car that is the subject of the rental agreement; and (iii) is limited to the following kinds of insurance:
>
> (a) Personal accident insurance for renters and other rental car occupants, for accidental death or dismemberment, and for medical expenses resulting from an accident that occurs with the rental car during the rental period.
>
> (b) Liability insurance that provides protection to the renters and other authorized drivers of a rental car for liability arising from the operation or use of the rental car during the rental period.
>
> (c) Personal effects insurance that provides coverage to renters and other vehicle occupants for loss of, or damage to, personal effects in the rental car during the rental period.
>
> (d) Roadside assistance and emergency sickness protection insurance.
>
> (e) Any other coverage designated by the insurance commissioner.

States vary in their methods of supervising the sale of car rental insurance. In the states that require a license, there are generally three methods in use. The first is a registration requirement through submission of an application. The second is the successful completion of an exam and submission of an application. States should give examinations only to residents, not nonresidents. Under the third method, a car rental company registers with the state insurance department. The company holds the license and is responsible for supervising the training and testing of its counter agents. The company reports to the department and pays all fees.

B. Limited Line of Credit Insurance

Model #218 defines limited lines credit insurance as:

> Credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability, guaranteed automobile protection insurance or any other form of insurance offered in connection with an extension of credit that is limited to partially or wholly extinguishing that credit obligation and that is designated by the insurance commissioner as limited line credit insurance.

Credit insurance products are designed to protect the borrower against the risk of not being able to pay a debt. Credit life, disability and involuntary unemployment insurance are typical lines of coverage. These products are generally made available by the creditor at the time the loan transaction occurs. Because the insurance is purchased at the time the borrower completes the loan, policy and certificate forms, premium structures, and underwriting conditions are generally simpler than other limited lines of insurance.

Credit insurance is issued under individual and group policies. This allows market flexibility for different distribution systems and variations in product design to insure the different types of credit risks. If an individual enrolls customers under a group insurance policy, the individual must obtain a limited lines license if a commission is paid. Section 4(B)(2) of Model #218 provides an exception from licensing if no commission is paid to the enroller and the enroller does not engage in selling, soliciting or negotiating.

Section 6(D) of Model #218 provides that each insurer that sells, solicits or negotiates any form of limited line credit insurance shall provide its producers a program of instruction that may be approved by the insurance commissioner.

Recommended Best Practices for State Insurance Regulators

- A state should establish a method to verify that each credit insurer has established a program of instruction.

C. Limited Line of Crop Insurance

Under the ULS, crop insurance is defined as:

> Insurance providing protection against damage to crops from unfavorable weather conditions, fire or lightning, flood, hail, insect infestation, disease, or other yield-reducing conditions or perils provided by the private insurance market, or that is subsidized by the Federal Crop Insurance Corporation (FCIC), including multi-peril crop insurance.

There are two types of crop insurance: multiple peril crop insurance (MPCI) and crop/hail insurance.

The federal government is involved with crop insurance because a single event, such as drought, often results in multiple losses. Automobile accidents or health problems are generally independent, random events that do not trigger multiple insurance losses. For crop insurance, multiple losses are the norm, rather than the exception. For many years, capital requirements to maintain adequate reserves to cover widespread losses were so high that commercial development of MPCI policies by companies was unrealistic. As a result, the federal government created a federally subsidized risk management program.

Multiple Peril Crop Insurance

An MPCI policy provides protection against crop losses from nearly all natural disasters, including: adverse weather conditions; fire; insects, but not damage due to insufficient or improper application of pest control measures; plant disease, but not damage due to insufficient or improper application of disease control measures; wildlife; earthquake; volcanic eruption; or failure of the irrigation water supply if due to an unavoidable cause of loss occurring within the insurance period.

MPCI is subsidized by the federal government and delivered by private insurance companies. The insurer's functions include hiring and training producers, paying for marketing and advertising, hiring and training loss adjusters, carrying out loss adjustment activity, billing and collecting premiums, processing and verifying applications, conducting actual production history reviews, processing and verifying acreage reports, paying claims, auditing and verifying claims data, paying uncollected premiums, and maintaining the necessary automated data processing infrastructure to communicate data with the Risk Management Agency (RMA) on a routine basis for all MPCI policies.

The MPCI policy is a contract between the producer and the insurance company, not with the federal government. However, a farmer cannot receive the federal subsidy attached to the program unless the insurance policy followed

the federal standards and rates. Like many insurance companies, crop insurance companies have reinsurance agreements to transfer risk to other private companies known as reinsurers. Unlike most other insurance lines, the private insurance companies also transfer some of the risk associated with the crop insurance program directly to the federal government.

There are many MPCI plan options available: yield-based, revenue-based, or a combination of both. The basic policy provisions for all these plans, as well as the rates, are set by the FCIC. A combination of commodity markets results and the U.S. Department of Agriculture (USDA) establish the maximum price for each crop each year for insurance purposes; i.e., the value of each bushel in the event of loss.

While the RMA controls pricing and policy forms, producer licensing and enforcement of proper sales practices are left to the states.

Crop/Hail Insurance

Crop/hail insurance is offered through companies licensed by state insurance departments. A private market has existed for crop/hail insurance for more than a century. Companies have developed stand-alone full coverage and deductible crop/hail policies, as well as companion policies that function very well in conjunction with the different MPCI plans that are offered at varying coverage levels. The premium rates for these crop/hail policies are determined by historical loss experience and are set by the companies.

Continuing Education

Subsequent to the adoption of the ULS, the Working Group considered and agreed that a CE requirement for crop insurance shall not be a violation of the uniform standards. Under federal law, insurance producers selling MPCI are required to attend CE classes each year.

D. Limited Line of Surety

As part of the discussion of limited lines, the Working Group made the determination to remove surety as a limited line. Although this determination was made, it is understood that surety is considered a major line by some of the states and a limited line by others.

E. Limited Line of Travel Insurance

Under the ULS, as revised Aug. 6, 2010, travel insurance is defined as:

> Insurance coverage for personal risks incidental to planned travel, including, but not limited to:
>
> 1. Interruption or cancellation of trip or event.
> 2. Loss of baggage or personal effects.
> 3. Damages to accommodations or rental vehicles.
> 4. Sickness, accident, disability or death occurring during travel.

Travel insurance does not include major medical plans, which provide comprehensive medical protection for travelers with trips lasting six months or longer, including, for example, those working overseas as ex-patriot or military personnel being deployed.

Standard 34 recognizes and sets the guidelines for the creation of an additional business entity licensing model under the travel limited line licensing structure. This structure creates the concept of a “travel retailer” in which the entity and a certain number of its employees may disseminate travel insurance under the direction of a responsible licensed producer. Said producer maintains responsibility for the training and conduct of any and all associated travel retailer(s).

Recommended Best Practices for State Insurance Regulators

- A state adding the travel limited line should do so in accordance with applicable ULS.

F. Non-Core Limited Lines

After much discussion about the concept of "auxiliary" or "miscellaneous" lines, the Working Group formally adopted Standard 37 as a basis for any future addition of other non-core limited line. The standard states, in part, that:

A state is not required to implement any non-core limited line of authority for which a state does not already require a license or which is already encompassed within a major line of authority; however, the states should consider products where the nature of the insurance offered is incidental to the product being sold to be limited line insurance products. If a state offers non-core limited lines (such as pet insurance or legal expense insurance), it shall do so in accordance with the following licensing requirements. Individuals who sell, solicit or negotiate insurance, or who receive commission or compensation that is dependent on the placement of the insurance product, must obtain a limited line insurance producer license. The individual applicant must: 1) obtain the limited lines insurance producer license by submitting the appropriate application form and paying all applicable fees as set forth in applicable state law; and 2) receive a program of instruction or training subject to review by the insurance department.

~~No prelicensing or testing shall be required for the identified non-core limited lines insurance.~~

Recommended Best Practices for State Insurance Regulators

- No prelicensing or testing shall be required for the identified non-core limited lines insurance.

Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 10
Surplus Lines Producer Licenses

In order to operate in a state, property/casualty (P/C) insurance companies are generally categorized in one of two ways. An admitted company obtains a certificate of authority to operate in a given state, and it is fully subject to and regulated by the laws of the state. Its policyholders are protected, at least to some extent, by the state's guaranty fund.

A nonadmitted company, otherwise known as a surplus lines company, has limited authority to operate in a state. These companies may be required to be eligible in a state, but they are subject to significantly less regulation. States allow surplus lines companies to operate because they recognize that certain types of insurance, or insurance at certain amounts, are not available from admitted companies. Generally, surplus lines companies are not subject to rate and policy form regulation, and their policyholders are not covered by state guaranty funds.

Under the Uniform Licensing Standards (ULS), a ~~producer~~ person or business entity who wishes to engage in the sale of surplus lines insurance (SLI) must first obtain a surplus lines producer license. Under the ULS, this is considered a license type and not a line of authority (LOA); however, in some states, it is treated as an LOA. The ULS require that a resident producer hold both property and casualty LOAs before an SLI producer license can be issued. Under the previous reciprocity provisions of the Gramm-Leach-Bliley Act (GLBA), surplus lines producers were entitled to reciprocal licensing if they were licensed for surplus lines and in good standing in the producer's home state. The NAIC uniform application is to be used for application as a surplus lines producer. Another disadvantage: Many states have shorter notice periods for non-renewal and cancellation of surplus lines policies or exempt surplus lines policies from notice requirements altogether.

Some states also require a resident producer placing SLI to complete an examination or post a bond. However, to comply with the reciprocity provisions of Section 8 of the *Producer Licensing Model Act* (#218), these requirements cannot be imposed on nonresidents. States cannot impose an additional continuing education (CE) requirement on nonresident SLI producers. Florida does require an exam for non-resident Surplus Lines applicants, but only if the resident state does not require an exam for a surplus lines license.

The Nonadmitted and Reinsurance Reform Act

The federal Nonadmitted and Reinsurance Reform Act (NRRA) was signed into law ~~by President Barack Obama~~ on July 21, 2010, as part of the federal Dodd-Frank Wall Street Reform and Consumer Protection Act (Dodd-Frank Act), 12 U.S.C. § 5301. The NRRA set federal standards for the collection of surplus lines premium taxes, insurer eligibility, producer licensing, and commercial purchaser exemptions. Most of the provisions of the NRRA went into effect on July 21, 2011.

For licensing of surplus lines brokers, the most significant change was to limit the licensing requirements to only the home state of the insured. Specifically, to place a surplus lines multistate risk policy, the broker only needs to be licensed as a surplus line broker in the insured's home state, not in all of the states where the policy risk is located. ~~The NRRA defines the home state of the insured as "(i) the state in which an insured maintains its principal place of business or, in the case of an individual, the individual's principal residence; or (ii) if 100% of the premium of the insured risk is located out of the state referred to in clause (i), the state to which the greatest percentage of the insured's taxable premium for that insurance contract is located." The definition goes on to clarify that, with respect to affiliated groups, "[i]f more than one insured from an affiliated group are named insureds on a single non-admitted insurance contract, the term 'home state' means the home state, as determined pursuant to [clauses (i) and (ii) above], of the member of the affiliated group that has the largest percentage of premium attributed to it under such insurance contract."~~

~~The NRRA also prohibits a state from collecting fees relating to the licensing of a surplus lines broker unless the state participates in the NAIC's national insurance producer database for surplus lines broker licensure by July 21, 2012. Currently, all states accept applications and renewals for surplus lines broker licenses for individuals through the National Insurance Producer Registry (NIPR), and all but one state accept applications and renewals for surplus lines broker licenses for business entities.~~

Resident Surplus Lines Licensing

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As stated above, there is no uniform approach by states regarding the surplus lines license being a separate license type or a line of authority on the producer license. Regardless of the approach taken, a resident must hold a valid property/casualty producer license to qualify for the issuance of a surplus lines license. This underlying P&C license requirement is for both individuals and business entities. Some states require successfully passing a surplus lines exam to assure an individual is competent in the complexities of this type of insurance. To assist in the exam process, some state surplus lines associations may offer training materials or courses to assist with educating individuals. Additionally, some states have a bond requirement for surplus lines licensees. The bond amount requirement varies by state, and it may be required to be held by the individual licensee or may be allowed to be held by the licensed business entity for those individuals affiliated/associated with the entity. State regulators should be aware that applications for both the producer and surplus lines licenses cannot be submitted simultaneously through NIPR (the last submitted application will be rejected). The producer license must be issued by the state prior to the successful submission of the surplus lines application.

Non-Resident Surplus Lines Licensing

A non-resident who applies to state other than their resident state must hold both the underlying producer license AND the surplus lines license/line of authority in their resident state. Applicants for a non-resident surplus lines license are NOT required to obtain the underlying P&C producer license, although it is permissible to be issued both in the non-resident state if it is requested by the applicant. As stated above, states cannot require bonds for a non-resident surplus lines licensee to comply with the reciprocity provisions of Section 8 of the *Producer Licensing Model Act* (#218). Bonds are not typically required for non-residents. However, OH requires a bond for a non-resident agency license if the resident state does not issue surplus lines licenses/LOA to an agency. CA issues an agent license to an individual initially. In order to have broker authority, a $10,000 bond is required. CA requires a bond for a non-resident agency for a surplus lines license, but endorsed individuals are covered under said bond for surplus lines authority.

~~**Additional Post Licensure Requirements**~~

~~There may be additional administrative requirements placed upon ALL surplus lines licensees once coverage is placed to remain compliant with the laws and regulations of a state. Those additional requirements include but are not limited to:~~

~~1. Filing reports with state insurance departments or state stamping offices of placements made.~~

~~2. Collecting and paying surplus lines premium taxes.~~

~~3. Maintaining a record of all surplus lines placements made.~~

~~4. Providing the insured with a disclosure stating that the policy he or she has purchased is being issued by an insurer that is not licensed in the state, is not subject to the financial solvency regulation and enforcement that apply to the state's licensed insurers, and does not participate in any of the insurance guarantee funds created by the state's law.~~

~~5. Using a designated stamping office.~~

~~6. Including declaration or binder pages with the surplus lines tax filings.~~

~~7. Filing a report stating that no policies were written that are known as "zero reports," as discussed later in this section.~~

~~It is strongly suggested that licensees verify with state regulators what, if any, additional post licensure requirements must be followed to be compliant in the respective state.~~

~~**Recommended Best Practices for Insurance Regulators**~~

- ~~Per the ULS, issue the surplus lines license as a separate license type rather than a line of authority.~~
- ~~Require residents to successfully complete a surplus lines examination to demonstrate competency in this type of insurance.~~
- ~~Require resident applicants to hold a valid producer P&C producer license prior to issuing the surplus lines license.~~

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- Per the ULS, bonds for surplus lines licenses should ONLY be required of residents licensees.
- Non-resident surplus lines licensees are not required to hold the underlying producer P&C license but must have the surplus lines license in their resident state to qualify.
- Establish lines of communication and coordinate within the division/department between the producer licensing section and the section responsible for overseeing compliance with surplus lines laws/requirements and market practices.

The Nonadmitted and Reinsurance Reform Act

The federal Nonadmitted and Reinsurance Reform Act (NRRA) was signed into law by President Barack Obama on July 21, 2010, as part of the federal Dodd-Frank Wall Street Reform and Consumer Protection Act (Dodd-Frank Act), 12 U.S.C. § 5301. The NRRA set federal standards for the collection of surplus lines premium taxes, insurer eligibility, producer licensing, and commercial purchaser exemptions. Most of the provisions of the NRRA went into effect on July 21, 2011.

For licensing of surplus lines brokers, the most significant change was to limit the licensing requirements to only the home state of the insured. Specifically, to place a surplus lines multistate risk policy, the broker only needs to be licensed as a surplus line broker in the insured's home state, not in all of the states where the policy risk is located. The NRRA defines the home state of the insured as "(i) the state in which an insured maintains its principal place of business or, in the case of an individual, the individual's principal residence; or (ii) if 100% of the premium of the insured risk is located out of the state referred to in clause (i), the state to which the greatest percentage of the insured's taxable premium for that insurance contract is located." The definition goes on to clarify that, with respect to affiliated groups, "[i]f more than one insured from an affiliated group are named insureds on a single non-admitted insurance contract, the term 'home state' means the home state, as determined pursuant to [clauses (i) and (ii) above], of the member of the affiliated group that has the largest percentage of premium attributed to it under such insurance contract."

The NRRA also prohibits a state from collecting fees relating to the licensing of a surplus lines broker unless the state participates in the NAIC's national insurance producer database for surplus lines broker licensure by July 21, 2012. Currently, all states accept applications and renewals for surplus lines broker licenses for individuals through the National Insurance Producer Registry (NIPR), and all but one state accept applications and renewals for surplus lines broker licenses for business entities.

Surplus Lines Distribution Systems

SLI is generally produced through one of two distribution systems. One, generally referred to as a retail distribution system, involves a single broker accessing the surplus lines company directly to place insurance. The second, generally referred to as a wholesale distribution system, involves a surplus lines broker that operates as an intermediary between a "retail agent" and a surplus lines company. In the retail distribution system, there is only one producer in a transaction, so that producer would need to conduct the diligent search of the admitted markets prior to accessing the surplus lines markets, unless there is some exception, such as a large commercial purchaser or an export list. In the wholesale distribution system, the diligent search is often conducted by the retail broker, who determines that there is no admitted market prior to contacting the surplus lines wholesale broker; however, some states have different requirements.

The vast majority of the states take the position that a broker conducting a diligent search would need a P/C agent's license because it is necessary to solicit insurance, take an application, and make a submission to an admitted company. Many states do not require a retail producer to obtain a surplus lines broker's license unless the broker is going to access the surplus lines companies directly. There are a couple of states that require a retailer to have a surplus lines license before using the services of a surplus lines wholesale broker.

Diligent Search Requirements

The vast majority of states require a "diligent search" of the admitted market to determine if there is an admitted carrier willing to write the risk, prior to accessing the surplus lines markets. A couple of states have abolished the diligent search requirement. Many states require that brokers search those admitted companies that are actually writing

~~the coverages sought. If there is no admitted carrier willing to write the risk, the risk can be placed in the surplus lines markets. Many states require an affidavit to be completed documenting that the diligent effort was completed. Recently, a number of states have replaced the affidavit, which was sworn under penalty of perjury, with a report from the surplus lines licensee that the diligent search was conducted. Some states have also replaced the requirement that the affidavit, or report, be filed with the insurance department or Surplus Line Association (SLA) with a requirement that the report of the diligent search be maintained in the office of the broker and available for audit by the insurance department.~~

~~Many states specify that the diligent search can be conducted by the retail broker, commonly called producing broker, when a surplus lines wholesaler accesses the surplus lines markets. The retail broker has access to admitted markets. The retailer uses the services of a surplus lines wholesale broker only after the retail broker has determined that the admitted markets are not willing to underwrite the risk.~~

~~The most common diligent search standard requires declinations from three admitted carriers, but as many as five are required. Other states simply require the producing broker to make an effort, a reasonable effort or a good faith effort, to place the coverage in the admitted markets. A couple states require that the insurance not be procurable after a diligent effort has been made to place the coverage among a majority of insurers, but this standard has been called into question as unclear and impractical. A number of exceptions to the diligent search requirement exist in state law, and the NRRA implemented a national exception to the diligent search rules for insureds that qualify as exempt commercial purchasers (ECPs). Twenty two states have laws authorizing an "export list" of coverages that the insurance commissioner has determined are not generally available in the admitted markets. Coverages on the export list can be placed in the surplus lines market without a diligent search. In some states, the state insurance department is required to conduct an annual public hearing regarding the export list. The purpose of the hearing is to take testimony on the export list to determine whether any items should be added or removed.~~

~~The former NARAB (EX) Working Group updated the NAIC's standard for determining compliance with the GLBA's previous reciprocity provisions. In a report that was adopted by the NAIC in September 2009, the Working Group refined its approach to reciprocity relating to any underlying P/C licensing requirements for nonresident surplus lines producers. The Working Group determined that if a state requires the surplus lines producer to perform the diligent search of the admitted market, then the state may require the nonresident surplus lines producer to obtain an underlying nonresident P/C license in addition to a nonresident surplus lines license. However, the Working Group determined that a state may not require a nonresident surplus lines producer to also obtain a nonresident P/C license if they do not perform the diligent search. Many surplus lines producers do not perform diligent searches because the retailer has already conducted the diligent search, and the law does not require a second diligent search. In such instances, the surplus lines producer is not accessing the admitted market. Consequently, the Working Group determined that it was inconsistent with the previous GLBA reciprocity requirements to require an underlying P/C license for a surplus lines wholesale broker unless they are required by law to conduct a diligent search or conduct diligent searches in their agency.~~

~~The NRRA established a single ECP exemption from state diligent search requirements that is applicable in every state. As of July 21, 2011, a diligent search in the admitted market is not required to place a policy for an ECP if: 1) the broker has disclosed to the ECP that coverage may be available from the admitted market, which may provide greater protection with more regulatory oversight; and 2) the ECP has requested in writing that the broker procure/place such coverage with a surplus lines insurer.~~

~~An ECP is defined in the NRRA as a purchaser of commercial insurance that:~~
~~1) employs or retains a qualified risk manager to negotiate insurance coverage; 2) has paid aggregate nationwide commercial P/C insurance premiums in excess of $100,000 in the immediately preceding 12 months; and 3) meets at least one of the following criteria: (i) possesses a net worth in excess of $20 million (as adjusted for inflation); (ii) generates annual revenues in excess of $50 million (as adjusted for inflation); (iii) employs more than 500 full-time employees per individual insured or is a member of an affiliated group employing more than 1,000 employees in the aggregate; (iv) is a not for profit organization or public entity generating annual budgeted expenditures of at least $30 million (as adjusted for inflation); or (v) is a municipality with a population of more than 50,000.~~

~~A number of states elected to maintain their statutory exemptions from diligent search requirements, which were sometimes known as industrial insured exemptions. If the state's industrial insured exemption was more liberal than the NRRA ECP exemption, then the state's requirements were not in conflict with the NRRA, and the exemption in the NRRA would not apply.~~

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SLI producers are routinely subject to additional state administrative requirements that are considered to be outside the scope of licensing reciprocity considerations or the ULS. The regulations regarding the administration of surplus lines are different from other types of insurance (TOIs) because states typically require the licensed surplus lines producers to perform certain compliance activities that would usually be the responsibility of the licensed insurance company in a transaction in the admitted market. In a surplus lines transaction, the compliance obligations are imposed upon the producer because the producer is the licensed party. The surplus lines insurer is unlicensed and often referred to as a "nonadmitted insurer" in some states or "unauthorized insurers" in other states.

~~**Additional Post Licensure Requirements**~~

~~There may be additional administrative requirements placed upon ALL surplus lines licensees once coverage is placed to remain compliant with the laws and regulations of a state. Those additional requirements include but are not limited to:~~

There are additional administrative requirements **placed upon ALL** ~~in some states for licensed~~ surplus lines licensees ~~producers~~ once coverage is placed to remain compliant with the laws and regulations of a state~~. that apply once the coverage is placed~~. Those additional requirements include but are not limited to: ~~These may include:~~

1. Filing reports with state insurance departments or state stamping offices of placements made.
2. Collecting and paying surplus lines premium taxes.
3. Maintaining a record of all surplus lines placements made.
4. Providing the insured with a disclosure stating that the policy he or she has purchased is being issued by an insurer that is not licensed in the state, is not subject to the financial solvency regulation and enforcement that apply to the state's licensed insurers, and does not participate in any of the insurance guarantee funds created by the state's law.
5. Using a designated stamping office.
6. Including declaration or binder pages with the surplus lines tax filings.
7. Filing a report stating that no policies were written that are known as "zero reports," ~~as discussed later in this section.~~
~~7.~~8. Membership to a state's Surplus lines association may be required.
~~8.~~9. It is strongly suggested that licensees verify with state regulators what, if any, additional post licensure requirements must be followed to be compliant in the respective state.

Recommended Best Practices for Insurance Regulators

- Per the ULS, issue the surplus lines license as a separate license type rather than a line of authority.
- Require residents to successfully complete a surplus lines examination to demonstrate competency in this type of insurance.
- Require resident applicants to hold a valid producer P&C producer license prior to issuing the surplus lines license.
- Per the ULS, bonds for surplus lines licenses should ONLY be required of residents licensees.
- Non-resident surplus lines licensees are not required to hold the underlying producer P&C license but must have the surplus lines license in their resident state to qualify.
- Establish lines of communication and coordinate within the division/department between the producer licensing section and the section responsible for overseeing compliance with surplus lines laws/requirements and market practices.

~~In order for a producer to place business in the surplus lines market, the producer must first determine that the company is an eligible surplus lines company in a given state. Most states require that a surplus lines company be deemed "eligible" by meeting certain financial criteria or by having been designated as "eligible" on a state maintained list. Prior to the enactment of the NRRA, state eligibility standards varied widely from state to state.~~

~~As of July 21, 2011, a surplus lines transaction is subject only to the eligibility requirements of the NRRA. The NRRA~~

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~~eligibility requirements are based on two provisions from the *Nonadmitted Insurance Model Act* (#870).~~

~~Specifically, the NRRA requires surplus lines carriers to comply with Section 5A(2) and Section 5C(2)(a) from Model #870, which require an insurer to be authorized in its domiciliary state to write the TOI that it writes as surplus lines coverage in the state where it is eligible and to have capital and surplus, or its equivalent, under the laws of its domiciliary jurisdiction equaling the greater of: 1) the minimum capital and surplus requirements under the law of the home state of the insured; or 2) $15 million. The insurance commissioner in the insured's home state may reduce or waive the capital and surplus requirements down to a minimum of $4.5 million after the insurance commissioner makes a finding of eligibility based on several factors set out in Model #870, such as the quality of management, the surplus of a parent company, and the reputation within the industry.~~

~~In addition to eligibility requirements for U.S. domiciled insurers, the NRRA requires states to permit the placement of surplus lines coverage with surplus lines companies organized in a foreign country, alien insurers, that are listed on the NAIC *Quarterly Listing of Alien Insurers*. The states cannot prohibit a broker from making a placement with an NAIC listed alien insurer. A state also may allow placement of coverage with alien insurers not on the NAIC *Quarterly Listing of Alien Insurers*. A number of states have authority to individually approve an alien carrier that is not listed on the NAIC *Quarterly Listing of Alien Insurers*.~~

~~The NAIC *Quarterly Listing of Alien Insurers* is available for reference and download on the NAIC Products – AVS, Data & Publications website at http://www.naic.org/prod_serv_alpha_listing.htm.~~

~~Premium Taxes~~

~~Surplus lines premium tax generally is the obligation of either the policyholder or the surplus lines producer, depending on the applicable state law. In all states, the producer or the insured, rather than the insurance company, remits the surplus lines tax. If the policy covers risks that are located entirely in one state, the tax is assessed at that state's tax rate.~~

~~Under the NRRA, the home state of the insured has sole regulatory authority over the collection of surplus lines premium taxes. The NRRA prohibits any state other than the home state of the insured from requiring any premium tax payment for SLI.~~

~~The NRRA permitted, but did not require, allocation of the surplus lines taxes among the states where the exposure was located. The states initially pursued three different approaches to allocation of taxes following the adoption of the NRRA: 1) the Nonadmitted Insurance Multi-State Agreement (NIMA); 2) the Surplus Lines Insurance Multi-State Compliance Compact (SLIMPACT); and 3) taxing and keeping 100% of surplus lines premium tax on policies in the home state of insureds. NIMA is no longer operational, and SLIMPACT never became operational. The prevailing rule is that states are taxing and keeping 100% of the premium. The NRRA requires surplus lines brokers to adhere to the law of the home state of the insured to determine the amount of premium tax owed on a surplus lines transaction and for any other regulatory requirements the state may require in connection with the payment of the premium tax, such as the timing of tax payments and whether the state requires the submission of risk allocation information for multistate transactions. The NRRA requires surplus lines brokers to submit the premium tax payment on a surplus lines transaction only to the insured's home state. In the case of a state that has joined NIMA, the payment will be made to the clearinghouse in accordance with the home state's law. Should SLIMPACT become operational, it could also elect to require multistate payments to be made to the clearinghouse.~~

~~Many states require brokers to submit documentation regarding allocation by state of the risks covered by a surplus lines transaction. If the home state of the insured is a state that has joined NIMA, the broker will be required to use the NIMA risk-allocation formula. If the home state is a state that has joined SLIMPACT, the broker will be required to use the SLIMPACT risk allocation formula. As of May 2013, both NIMA and SLIMPACT have adopted the same allocation formula. Other states require the broker to submit allocation data in accordance with individual state laws and regulations, but the vast majority of states do not require allocation data because there are very few states allocating premium at this time. In some states, taxes are paid to a state agency other than the insurance department, such as the department of revenue.~~

~~Guaranty Fund Warning~~

~~Nearly all states require a disclosure regarding the unavailability of guaranty fund coverage for a surplus lines policyholder, even if the state represents a small portion of the risk. Prior to the NRRA, when a multistate risk was~~

involved, the company would be required to include several pages of guaranty fund notices, many of which had nearly the same language, with minor variations. Brokers may choose to continue to use this approach following the enactment of the NRRA, but the NRRA initiated a compliance system that requires compliance only with laws of the home state of the insured.

As an example, a typical disclosure statement is as follows:

NOTICE TO POLICYHOLDER

This contract is issued, pursuant to Section __ of the (State) Insurance Code, by a company not authorized and licensed to transact business in (State), and as such, is not covered by the (State) Insurance Guaranty Fund.

After review of this and other issues by a special NAIC subgroup in 2006, the Producer Licensing (EX) Working Group adopted its recommendation that, on a multistate risk, the home state's disclosure should fulfill all other states' disclosure requirements.

Stamping Offices

Stamping offices are entities that are not governmental agencies but whose existence is authorized by law. These offices act as the liaison between the surplus lines producer and the state insurance departments. The stamping offices have varied responsibilities, which may include evaluation of insurance companies for inclusion on a white list, review of surplus lines policies, and education. Stamping offices also provide reports of premiums and taxes to the state insurance department.

Stamping offices are nonprofit and funded by stamping fees assessed on each policy of SLI written in the state. As of April 2017, there are stamping offices in 14 states.

Zero Reports

In some of the states, a producer is required to file a report, known as a "zero report," stating that the producer has not placed any SLI business during a specified time period.

In 2006, a special NAIC study group documented that five states require this report monthly, 12 quarterly, seven semi-annually, and 27 annually. States also use the reports for different recording purposes, so it was not determined if it would be possible to eliminate these reports altogether. However, the study group concluded and recommended to the Working Group that zero reports be eliminated. The study group also recommended further study to determine the feasibility of any other use of a zero report. As of January 2017, the Working Group has not taken any formal action on this issue.

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Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 11

Appointments

An appointment is a registration with the state insurance department that a producer is acting on behalf of an insurer. The *Producer Licensing Model Act* (#218) contains several sections related to appointments. Section 14 of Model #218 establishes the requirement that a producer acting as an agent of an insurer must have an appointment. This is an optional provision and applies only in those states that require appointments.

Section 15 of Model #218 establishes a procedure for the reporting of appointment terminations. ~~The Gramm-Leach-Bliley Act (GLBA), as modified in 2015, prohibits any state other than a producer's home state from imposing any appointment requirements upon a member of the National Association of Registered Agents and Brokers (NARAB).~~

In 2002, the Producer Licensing (~~EX~~D) ~~Working Group~~Task Force adopted a uniform appointment process. The full text is included in the Appendices and is available on the Working Group's web page. This process is referred to in the Uniform Licensing Standards (ULS). The key elements include:

1. States should allow the electronic filing of appointments and appointment terminations. Paper filings are discouraged.
2. States should establish a billing system for payment by insurers of initial appointments.
3. States shall allow insurers to select the effective date of the initial appointment.
4. States shall require insurers to follow a prescribed timeline to file appointments.
5. States shall require only one appointment or termination form or transaction per producer per company. At this writing, appointments by company group are not available.
6. States shall require insurance companies to submit terminations to the insurance department in accordance with the requirements of Section 15 of Model #218.
7. States shall require that, if a producer is terminated for cause, the insurer must submit supporting documentation. Any information received by the insurance department must remain confidential in accordance with Section 15 of Model #218.

In states that renew appointments, the key elements include:

1. States shall provide or publish a pre-renewal notice to insurers informing them that appointment renewals are imminent.
2. At the time for renewal, a state will deliver an invoice. The invoice may not be altered, amended, or used for appointing or terminating producers.
3. Insurers shall return the invoice and the payment to the department or its designee.
4. States shall establish a dispute resolution process to accommodate errors after the fact.

Appointment Terminations

Section 15 of Model #218 imposes a requirement on insurers to report terminations of producer appointments. Section 15 requires that the insurer report a termination within 30 days of its occurrence. If a termination is for any of the reasons listed in Section 12, License Denial, Non-Renewal or Revocation of Model #218, insurers are required to submit a detailed report to the state and a copy of the report to the producer. Section 15(E) grants immunity from civil liability for good-faith reporting to insurers and state insurance regulators. Reports filed under Section 15 are considered confidential.

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Recommended Best Practices for State Insurance Regulators

- Automatically terminate appointments if a license goes inactive for any reason.
- Eliminate fees for appointment terminations and instead assess all charges at the time of an appointment. This will eliminate delays in cancellations.
- Do not require an appointment as a condition of licensure. Model #218 and the ULS provide that a producer can hold a license without holding an active appointment.

- Require only one appointment or termination form or transaction for each company for each producer per state.
- Sub-appointments and Business Entity appointments are discouraged.
- Immediately accept terminations for cause and refer them for investigation. States should follow the procedures as outlined in Model #218. No advance notice should be required to the producer or the state insurance department.
- Use electronic filing for appointments, terminations and renewals, to the extent possible, to eliminate delays and increase efficiency.

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Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 12

Business Entities

Prior to the *Producer Licensing Model Act* (#218), most states used the term "insurance agency" to refer to the business structure used by insurance producers. Under Model #218, the term "business entity" (BE) is used. This term is intended to cover a broad range of legal business operating structures. BEs are considered to be producers under Model #218.

Section 2(A) of Model #218 defines a BE as a corporation, association, partnership, limited liability company, limited liability partnership, or other legal entity.

The Producer Licensing ~~(EX) Working Group~~(D) Task Force has adopted a uniform application form that is the standard for all states for resident and nonresident BE applications. Section 6(B) of Model #218 provides further guidance about the licensing of BEs:

> A BE acting as an insurance producer is required to obtain an insurance producer license. Application shall be made using the Uniform Business Entity Application. Before approving the application, the insurance commissioner shall find that:
>
> 1. The BE has paid the fees set forth in [insert appropriate reference to state law]; and
> 2. The BE has designated a licensed ~~producer~~ individual responsible for the BE's compliance with the insurance laws, rules and regulations of this state.

Since BEs are considered producers, the reciprocity issues discussed in other sections also apply to BEs. States ~~should~~ may not require additional attachments to the application that might interfere with reciprocity.

A common issue that arises with resident and nonresident BE licensing is the role of the secretary of state (SOS) and the state corporation statutory requirements. Most states have adopted a Model Corporation Law that requires resident and nonresident businesses to register with the state corporation department. The issue for state licensing directors is whether the state insurance department should require some proof of registration with the SOS as a pre-condition to licensing. The NAIC legal department has studied this issue extensively and advised the Working Group that states ~~should~~ may not require items such as articles of incorporation or proof of registration with the SOS as a pre-condition to licensing for nonresident BEs. However, when a BE is licensed and the BE changes their type, states may ask the BE to provide their articles of incorporation or articles of organization from the SOS for this type of name change.

Model #218 does require that all producers, including BEs, notify the insurance commissioner, ~~to~~ to receive approval, prior to using an assumed (i.e., Doing Business As) name. Section 10 of Model #218 states:

> An insurance producer doing business under any name other than the producer's legal name is required to notify the insurance commissioner prior to using the assumed name.

The uniform appointment process, as adopted by the Working Group, does not specifically address BEs. Section 14 of Model #218 states that a producer acting as an agent of an insurance company must be appointed. States vary in the interpretation of these guidelines. This issue is one that the Producer Licensing ~~(EX) Task Force~~(D) Task Force previously considered ~~in 2010~~ as part of its efforts to streamline BE licensing. In the absence of specific guidance from the Working Group, the guidelines discussed in the paragraphs below are suggested.

State insurance regulators should balance the cost of a regulatory requirement with the benefit that the requirement adds to consumer protection. If detailed information is collected, such as several levels of appointments, that information should be a meaningful part of the state insurance department's consumer protection plan. If information is only rarely used in support of investigations, it may not be cost-effective to collect that information and require staff to compile it and process it. During a recent assessment of state insurance department licensing units, it was often found that

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information about affiliations and branch offices often required at the time of application was rarely used. Sub-appointments and BE appointments are discouraged.

Just as the uniform appointment process contemplates that only one appointment will be required for an individual producer no matter how many types of products that producer sells for a given company, if a state requires appointments for a BE, then the state should require only one appointment per BE per company, no matter how many types of products that BE sells for a given company.

Section 6(B)(2) of Model #218 requires a BE to designate a licensed ~~producer~~ individual as responsible for the BE's compliance with the state's insurance laws, rules, and regulations. This is commonly referred to as the designated responsible producer (DRP). There is no provision in Model #218 to require multiple DRPs if the BE chooses to write multiple lines of insurance. For example, if a DRP holds a life line of authority (LOA) only, and an affiliated producer is authorized to sell property/casualty (P/C) products, it is not necessary for a DRP with a P/C LOA to be named as a second DRP. If the BE is appointed by an insurer to act as its agent to sell, solicit, or negotiate P/C insurance products, then the BE must name a DRP who also holds a P/C LOA.

Model #218 does not give specific guidance on appropriate action to take when a notification is received that the DRP has lost their home state license. A recommended practice is to send a notification to the BE and inform it that the BE license will go inactive unless a new DRP is named and approved within a reasonable number of days.

A BE has an ongoing responsibility to report misconduct of the BE or any of its affiliated producers. Section 12(c) of Model #218 states:

> The license of a BE may be suspended, revoked or refused if the insurance commissioner finds, after hearing, that an individual licensee's violation was known or should have been known by one or more of the partners, officers or managers acting on behalf of the partnership or corporation and the violation was neither reported to the insurance commissioner nor corrective action taken.

Recommended Best Practices for State Insurance Regulators

- Use the NAIC uniform application for BEs, and eliminate all other state-specific forms.
- Review all state insurance laws and regulations, and amend any that require attachments that might violate reciprocity.
- Review the practical consumer protection value of all information collected, and collect only information that adds value.
- Require only one DRP per BE.
- If appointments are required for a BE, require only one appointment per state, and require no sub-appointments.
- Use electronic filings for more efficiency.

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Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 13

Temporary Licenses

Section 11 of the *Producer Licensing Model Act* (#218) States that the insurance commissioner may issue a temporary insurance producer license for a period not to exceed one hundred eighty (180) days without requiring an examination if the insurance commissioner deems that the temporary license is necessary for the servicing of an insurance business in the following cases: ~~contains a provision that allows a state insurance director to issue a temporary license to the survivor of a producer if the insurance commissioner deems it necessary for servicing the deceased producer's customers.~~

~~The license is limited to 180 days and also may be limited in scope by the insurance commissioner. The intent of this section is to wind up the business affairs of the producer and not indefinitely continue the decedent's insurance business.~~

~~Model #218 gives three examples of persons eligible for a temporary license:~~

1. The surviving spouse or court-appointed personal representative of a licensed insurance producer who dies or becomes mentally or physically disabled to allow adequate time for the sale of the insurance business owned by the producer, the recovery or return of the producer to the business, or the training and licensing of new personnel to operate the producer's business.
~~1.~~
2. A member or employee of a business entity (BE) licensed as an insurance producer, upon the death or disability of an individual designated in the BE application or the license.
~~2.~~
3. The designee of a licensed insurance producer entering active service in the armed forces of the United States of America.~~S.~~

4. The insurance commissioner is also given discretion to grant a temporary license in any other circumstance where the insurance commissioner deems that the public interest will best be served by the issuance of this license. ~~The insurance commissioner may also require the temporary licensee to have a licensed producer as a sponsor.~~

The insurance commissioner can limit what a temporary license holder is allowed to do if needed to protect consumers and the public. The insurance commissioner may require the temporary license holder to have a qualified sponsor, someone who is a licensed producer or insurer and who is responsible for the temporary licensee's actions. The commissioner can also add other requirements for the protection of the public. The commissioner may revoke a temporary license if it puts consumers or the public at risk. A temporary license automatically ends once the business is sold or transferred by the owner or the personal representative.

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Chapter 14

Continuing Education

The completion of continuing education (CE) is the method used by state insurance regulators to ensure continued competence of producers. Under the previous Gramm-Leach-Bliley Act (GLBA) reciprocity requirements, a state had to recognize a producer's completion of a CE requirement in the producer's home state as satisfying the other state's CE requirement for license renewal. The only exception was if the producer's home state refused to provide reciprocity to another state.

Some states have adopted special training requirementsproduct specific training for specific lines of insurance. When such a requirement exists, it is typically imposed on resident and nonresident producers selling a specific insurance product. A specific CE standard, which is derived from federal mandates, may be imposed on nonresidents, such as for long-term care (LTC), flood, or crop insurance, and it would not violate the Uniform Licensing Standards (ULS).

Section 16(B) of the *Producer Licensing Model Act* (#218) specifically states:

> A nonresident producer's satisfaction of his or her home state's CE requirements for licensed insurance producers shall constitute satisfaction of this state's CE requirements if the nonresident producer's home state recognizes the satisfaction of its CE requirements imposed upon producers from this state on the same basis.

Under the ULS, producers are to complete 24 credits of CE for each biennial compliance period. Three of the 24 credits must be in ethics. Fifty minutes is equal to one credit hour of CE. If applicable, the CE compliance period should coincide with the license renewal. The ULS indicate that the license term should be tied to the birth date or birth month.

CE is required if the producer holds one of the six major lines of authority (LOAs) contained in Model #218, but it is not required for each individual LOA. For example, if a producer holds a life and property LOA, the requirement for renewal is 24 credits. If a producer holds only the life LOA, the requirement for renewal is 24 credits. States may limit the subject area requirements for CE. Some states prohibit CE credit for training on sales techniques. Generally, CE is not required for limited lines. Under the ULS, producers may repeat CE courses for credit in successive renewal terms, but they are not permitted to take a course for credit more than once in the same license continuation period. States must accept both classroom study and verifiable self-study. States have discretion to limit, but may not prohibit, verifiable self studyStates should not impose a limit on the use of self-study courses.

Producers and CE providers must submit evidence of course completion in the method specified by the insurance commissioner. Some states require the producer to present a certificate of completion at the time of license renewal. Many states require the CE provider to report attendance. Under this system, a producer is required to present only the attendance certificates if there is a discrepancy. Another option is to require producers to self-certify completion and then verify compliance by random desk audits.

Model #218 and the ULS contain two exemptions from CE requirements. The exemptions are an inability to comply due to military service and/or a demonstration of an extenuating circumstance, such as medical disability. States with waivers for professional designations should consider allowing CE credits for filed and approved courses used to obtain and maintain professional designations.

Some states grant an extension instead of an exemption. This decision is left to each state to decide.

Course and Instructor Approvals

The Producer Licensing (DEX) Task Force Working Group has adopted standards for course approval and reciprocity in filing of courses. States are to follow the standards set forth in the Continuing Education Reciprocity (CER) process Agreement, as adopted by the Working GroupTask Force. Under a reciprocity filing, states are to accept the number

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of credits awarded by another state

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and treat a request for reciprocity as a registration. Only the home state of the CE provider is to perform a content review of the course filing. The Appendices contain information on CER and the current filing forms. The most current information on CER can be found on the ~~Working Group~~Uniform Education (D) Working Group's web page.

States vary in their method for course content approval. Some states use outside vendors, and others do the course reviews internally. The ~~Working Group~~Task Force has ~~not~~ adopted any guidelines on methods for approving classroom courses CER Webpage.

The Working Group has adopted guidelines for the approval of online and self-study courses. The goal of these standards is to deliver functional computer-based internet courses that offer quality insurance and/or risk management material in a password-protected online environment.

The key elements are:

1. Material that is current, relevant and accurate, and includes valid reference materials, graphics and interactivity.
2. Clearly defined objectives and course completion criteria.
3. Specific instructions to register, navigate and complete the coursework.
4. Technical support or provider representative available during business hours.
5. A process to authenticate student identity.
6. A method for measuring the student's successful completion of course material and evaluating the learning experience.
7. A process for requesting and receiving CE course-completion certificates.

The standards call for state that require proctored exams ~~an examination~~ that is proctored by a disinterested third party. The standards also provide several methods to compute the number of credits that should be awarded. The standards also recommend acceptance of courses that are part of a program that is part of a nationally recognized professional designation. For designation courses, the course should receive credit hours equivalent to hours assigned to the same classroom course material.

The Continuing Education Recommended Guidelines on Online and Self-Study is included in the Appendices. The ULS prohibit CE providers from advertising CE programs until state course approval is received.

ULS #30 - **Advertising of CE Programs**: CE hours should not be advertised until state course approval is received; however, if the course is advertised prior to start approval, the advertisement must clearly state that the course is pending state approval.

The Appendices contain a sample list of questions and answers frequently asked by insurance producers about CE requirements.

The Producer Licensing (D) Task force has adopted standards for approving CE instructors. ~~[link to guidelines/form]~~CER Webpage.

Auditing CE Courses and Instructors

To maintain the quality of CE courses, states may wish to conduct on-site, web-based, and desktop audits of courses and instructors to ensure adherence to NAIC CE guidelines and to state standards. States are encouraged to audit courses for home state providers to eliminate duplication among states. As most courses are approved in multiple states, states are encouraged to share significant findings from audits with other states. However, currently there is not a centralized repository to report violations. States may have regulations to enforce violations for non-compliance.

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Continuing Education Providers

A state should have a process for registering and qualifying persons who wish to be recognized as CE providers. The process should include duties, responsibilities and performance standards for CE providers. An aspiring CE provider should demonstrate an ability to deliver quality instruction and comply with all reporting and course supervision requirements. These standards should also contain the conditions under which a CE provider may be removed from the state's approved provider list.

The Appendices contain a sample outline of instructions to CE providers.

Recommended Best Practices for State Insurance Regulators

- States are encouraged to adopt NAIC CE guidelines to manage their CE programs.
- Require CE providers to electronically report class attendance to the state insurance department or its designated vendor.
- Set a reasonable deadline for CE providers to deliver electronic reports.
- Require CE providers to promptly issue attendance certificates, or certificates of completion for self-study courses, and require producers to retain them. The certificates should be sent only to the state insurance department in the event of a dispute.
- Provide access for producers and insurers to department records to monitor CE credits on file.
- Implement an audit program to observe and evaluate CE providers, ~~and~~ instructors, and courses.
- ~~Participate in the NAIC Personalized Information Capture System (PICS) to receive alerts or monitor actions against existing licensees.~~

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Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 18

Insurance Claim Adjusters

An adjuster is a person who investigates, negotiates, or settles insurance claims. Adjusters determine coverage or benefits available under a contract of insurance. Most licensing jurisdictions issue an adjuster "license type" with a line of authority (LOA). Some jurisdictions issue adjuster license types by categories, without an LOA.

There are two basic kinds of adjusters: public adjusters who represent the insured, and adjusters who represent the insurer. As of the 2025 update to this chapter, XX jurisdictions require licensure of public adjusters, XX jurisdictions require licensure of independent adjusters, and of those XX also require licensure of company/staff adjusters. XX jurisdictions do not require any type of adjuster license. XX jurisdictions are not reciprocal.

Public Adjusters

Public adjusters directly contract with the person who is seeking coverage or benefits under an insurance policy. The role of a public adjuster is to represent an insured in the settlement of a claim. The NAIC has adopted the Public Adjuster Licensing Model Act (#228).

Under Model #228, a public adjuster is defined as follows:

> "Public adjuster" means any person who, for compensation or any other thing of value on behalf of the insured:
>
> (1) Acts or aids, solely in relation to first party claims arising under insurance contracts that insure the real or personal property of the insured, on behalf of an insured in negotiating for, or effecting the settlement of, a claim for loss or damage covered by an insurance contract;
>
> (2) Advertises for employment as a public adjuster of insurance claims or solicits business or represents himself or herself to the public as an public adjuster of first party insurance claims for losses or damages arising out of policies of insurance that insure real or personal property; or
>
> (3) Directly or indirectly solicits business, investigates or adjusts losses, or advises an insured about first party claims for losses or damages arising out of policies of insurance that insure real or personal property for another person engaged in the business of adjusting losses or damages covered by an insurance policy, for the insured.

Under Model #228, a public adjuster license is not required of the following:

(1) An attorney-at-law admitted to practice in this state, when acting in his or her professional capacity as an attorney;

(2) A person who negotiates or settles claims arising under a life or health insurance policy or an annuity contract;

(3) A person employed only for the purpose of obtaining facts surrounding a loss or furnishing technical assistance to a licensed public adjuster, including photographers, estimators, private investigators, engineers and handwriting experts;

(4) A licensed health care provider, or employee of a licensed health care provider, who prepares or files a health claim form on behalf of a patient; or

(5) A person who settles subrogation claims between insurers.

Independent Adjusters

Independent adjusters are contracted to perform adjusting services and may work for multiple insurers. Independent

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adjusters work on behalf of insurers to determine if coverage or benefits are available under an insurance policy in the settlement of a claim. The NAIC has adopted the *Independent Adjuster Licensing Guideline (#1224)* ("Guideline #1224").

Under Guideline #1224, an independent adjuster is defined as follows:

"Independent adjuster" means a person who:

(1) Is an individual, a business entity, an independent contractor, or an employee of a contractor, who contracts for compensation with insurers or self-insurers;

(2) One whom the insurer's or self-insurer's tax treatment of the individual is consistent with that of an independent contractor rather than as an employee, as defined in the Internal Revenue Code, United States Code, Title 26, Subtitle C; and

(3) Investigates, negotiates or settles property, casualty or workers' compensation claims for insurers or for self-insurers.

Guideline #1224 identifies situations where a person may be exempt from licensure. Most jurisdictions have adopted some or all of the following:

The definition of independent adjuster shall not be deemed to include, and a license as an independent adjuster shall not be required of the following:

A. Attorneys-at-law admitted to practice in this state, when acting in their professional capacity as an attorney;

B. A person employed solely to obtain facts surrounding a claim or to furnish technical assistance to a licensed independent adjuster;

C. An individual who is employed to investigate suspected fraudulent insurance claims but who does not adjust losses or determine claims payments;

D. A person who solely performs executive, administrative, managerial or clerical duties or any combination thereof and who does not investigate, negotiate or settle claims with policyholders, claimants or their legal representative;

E. A licensed health care provider or its employee who provides managed care services so longs as the services do not include the determination of compensability;

F. A managed care organization or any of its employees or an employee of any organization providing managed care services so long as the services do not include the determination of compensability;

G. A person who settles only reinsurance or subrogation claims;

H. An officer, director, manager or employee of an authorized insurer, surplus lines insurer, a risk retention group, or an attorney-in-fact of a reciprocal insurer;

I. A U.S. Manager of the United States branch of an alien insurer;

J. A person who investigates, negotiates or settles life, accident and health, annuity, or disability insurance claims;

K. An individual employee, under a self-insured arrangement, who adjust claims on behalf of their employer;

L. A licensed insurance producer, attorney-in-fact of a reciprocal insurer or managing general agent of the insurer to whom claim authority has been granted by the insurer;

M. A person authorized to adjust workers' compensation or disability claims under the authority of a third party administrator (TPA) license pursuant to [insert applicable licensing statute].

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Company or Staff Adjusters

While there is no definition of "company adjuster" or "staff adjuster" in either Model #228 or Guideline #1224, it should be noted that Black's Law Dictionary defines "employee" as "someone who works in the service of another person (the employer) under an express or implied contract of hire under which the employer has the right to control the details of work performance". *Black's Law Dictionary, Second Pocket Edition 2001

Instead of an insurer contracting with an independent adjuster to act on their behalf to settle claims, an alternative approach to claim handling is to directly employ adjusters. Such adjusters are commonly referred to as "company" or "staff" adjusters.

To assist with understanding the difference between an independent adjuster and a company/staff adjuster, it should be noted that the role of insurance producer has similar characteristics. Insurers generally either contract with independent insurance producers to act as an agent on their behalf, or they directly employ individuals as direct writers or captive insurance producers to act on behalf of their employer.

As in the case with insurance producers, the related actions of both independent and company/staff adjusters are the responsibility of the insurer who has authorized those adjusters to investigate, negotiate, or settle an insurance claim. Such activity is generally monitored under each jurisdiction's consumer protection and market conduct authority.

Qualifications of an Adjuster

Similar to insurance producers under the Producer Licensing Model Act #218 ("PLMA"), Public Adjuster Licensing Model Act #228 and Independent Adjuster Guideline #1224 licensing jurisdictions will assess the qualifications of adjuster applicants. Typically, one or more of the following requirements are in place:

1. Specialized or related education prior to licensure; i.e., prelicensing coursework.
2. A specified amount of experience that is relevant to the kind of adjusting work the applicant will be doing; i.e., property/casualty (P/C), workers' compensation.
3. A license examination.
4. Relevant professional designation such as the Chartered Property Casualty Underwriter (CPCU) or Associate in Claims (AIC).
5. Prior or concurrent similar licensure in another jurisdiction.

When a jurisdiction implements adjuster licensing for the first time, it is common practice to waive the initial exam for a prescribed limited amount of time for applicants with appropriate credentials and experience. This accommodation is to facilitate the swift licensure of individuals who now need to comply with a new licensing requirement.

Fitness and Character Considerations

(1) Like insurance producers, many jurisdictions evaluate an adjuster applicant's fitness, character and trustworthiness by considering criminal history, administrative actions, and civil judgments that may shed light on an applicant's character or fiscal integrity.

(2) Many jurisdictions have implemented a fingerprint requirement for residents. If a jurisdiction permits a nonresident to designate itself as the adjuster's home state (DHS), the resident fingerprint requirement extends to that nonresident. Jurisdictions are encouraged to adopt the Authorization for Criminal History Record Check Model Act (#222) when evaluating and considering whether an applicant or licensee has met the character and trustworthiness requirements to obtain, maintain or renew a license.

Nonresident Licensing

Similar to insurance producer licensing, in almost every jurisdiction where an adjuster license is required, it is the resident, or "home state" jurisdiction who assesses the qualifications of their resident adjusters. Most jurisdictions will grant a comparable or similar nonresident license based on reciprocity, however, reciprocity is not as widely accepted as it is with insurance producer licensing.

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Variations with LOAs, qualification standards, and "license types" create hurdles to nonresident licensure. There are a few jurisdictions that will not grant nonresident licensure based upon a person having qualified and passed a license exam in the applicant's home state. Instead, these jurisdictions require the nonresident applicant to take an exam in the nonresident state even though the person has taken and passed the license exam in the home state. Some jurisdictions will reciprocate with a true resident license but not with a designated home state ("DHS")license.

Determination of Home State

It is important to note that Producer Model #218 precedes both Public Adjuster Model #228 and Independent Adjuster Guideline #1224 and was used as the basis for the development of the "home state" definitions in both Public Adjuster Model #228 and Independent Adjuster Guideline #1224. The NIPR application was built to accommodate the PLMA. The original definition of "home state" is "intended to accommodate a producer who lives in one state but maintains their business in another state". Because every state has adopted the PLMA, the definition of "home state" for producers does not contemplate a scenario where a producer resides in a state that doesn't license producers. Public Adjuster Model #228 and Independent Adjuster Guideline #1224 both clarify licensure when the individual resides in a state that does not require licensure. Independent Adjuster Guideline #1224 does not contemplate licensure of company/staff adjusters, though there are XXX states that require licensure of company/staff adjusters.

Producer Licensing Model Act #218 (Model #218") defines home state as:	Public Adjuster Licensing Model Act # 228 defines home state as:	Independent Adjuster Guideline #1224 defines home state as:
"Home state" means the District of Columbia and any state or territory of the United States in which an insurance producer maintains his or her principal place of residence or principal place of business and is licensed to act as an insurance producer.	"Home state" means Washington, DC and any state or territory of the U.S. in which the public adjuster's principal place of residence or principal place of business is located. If neither the state in which the public adjuster maintains the principal place of residence nor the state in which the public adjuster maintains the principal place of business has a substantially similar law governing public adjusters, the public adjuster may declare another state in which it becomes licensed and acts as a public adjuster to be the "home state."	"Home state" means Washington, DC and any state or territory of the U.S. in which an independent adjuster maintains his, her or its principal place of residence or business and is licensed to act as a resident independent adjuster**.** If the resident state does not license independent adjusters for the line of authority sought, the independent adjuster shall designate as his, her or its home state any state in which the independent adjuster is licensed and in good standing.

The concept of a designated home state ("DHS") was developed to allow the individuals who resides or maintains a principal place of business in a non-adjuster licensing state to choose a jurisdiction that *does* issue adjuster licenses to be their home state for the purposes of licensure. A DHS licensee would qualify for a license in that jurisdiction in accordance with resident licensing procedures.

While DHS licensing has resolved some licensing issues, making a determination of *what qualifies* as a designated home state and *who is eligible* to designate a home state has presented regulatory challenges.

Actual state of residency should be the primary driver of resident state licensure. In the rare situation where "principal place of business" is relied upon in place of residency, it should be construed as the primary location where the adjuster physically works and "maintains their business".

This means that the public or independent adjusters who report to an office in a border state every day could use their business address for residency. This also means if the public or independent adjuster is the actual proprietor of their business in a border state, they may use their business address for residency to align with the state in which they own and operate. Insurance company or staff employees have no reason to choose a business address in place of resident address; regional, training, or corporate hubs/offices should not constitute a principal place of business in place of residency. Jurisdictions should be mindful of this type of "home state" shopping and not permit such.

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The purpose of licensing is consumer protection. The licensing exam is intended to test minimal competency to enter the business of adjusting insurance claims, and the exam is not different for an independent or company/staff adjuster and may be different for a public adjuster.

Company/staff adjusters should consider maximizing reciprocity by first seeking licensure in their resident state, even if it's not required by their resident state. If, however, licensure is restricted or not available in their resident state, they should then seek a DHS.

Reciprocity with DHS

Because applicants can *choose* which jurisdiction to seek DHS status from, regulators should be mindful of jurisdictional requirements and applicants who are forum shopping. A DHS license should not be issued to an applicant who should obtain licensure in their resident jurisdiction.

The initial focus of DHS licensing was to create a path for individuals with resident licensure requirements to obtain nonresident licenses in that they only needed to take a single qualifying examination. This choice may have been made without consideration of maintaining nonresident licenses in the future. The ramifications of choosing a DHS without continuing education requirements may not be realized until the DHS licensee has to renew the license in a state that requires continuing education compliance. In addition, there are currently no recommended standards as to how a DHS license is distinguished from other nonresident licenses, how DHS licensee information is reported to the PDB or best practices when a licensee wants to change from one DHS state to another. The absence of accepted standards leads to inefficiencies in the licensing process and limit the extent to which regulators and industry can leverage technological solutions.

Ideally all jurisdictions should reciprocate with an individual who was issued DHS status in a jurisdiction with:

(1) a licensing exam requirement to meet the knowledge qualification (no exam waivers permitted),

(2) authority to require a national criminal background check to meet the fitness and character qualification, and

(3) 24 hours of continuing education (with 3 of those 24 hours in ethics) to ensure continued competence.

As of the 2026 update to this Chapter, the following jurisdictions meet these requirements: Alabama, Alaska, Delaware, Florida, Idaho, Louisiana, Minnesota, Montana, Nevada, New Mexico, Texas, Utah, Washington, West Virginia, and Wyoming.

Electronic adjuster licensing processes were modeled on existing producer licensing processes, which are based upon active licensure in the resident jurisdiction. In 2011, the NAIC adopted the *Independent Adjuster Reciprocity Best Practices Guidelines*, which provides jurisdictions with a model to meet reciprocity requirements, as well as take major steps toward reaching uniformity. Most jurisdictions have adopted the DHS provision and allow an individual to qualify for licensure by either reciprocating with another jurisdiction's verifiable DHS status on the PDB, or by vetting the individual just like a resident and awarding DHS status and reporting such to the PDB. This facilitates the use of electronic licensing processes.

The National Insurance Producer Registry (NIPR) has developed application functionality to accommodate adjuster initial licensing and renewals for adjusters licensed in a resident state as well as adjusters holding a DHS license.

Continuing Education

A majority of jurisdictions require CE for public adjusters and reciprocate accordingly.

As of the 202X update to this Chapter, 22 of the 30 reciprocating independent licensing jurisdictions *footnote the list of states - AL, AK, AR, DE, FL, ID, IN, KY, LA, MN, MT, NV, NH, NM, NC, OK, TX, UT, WA, WV, WY. have CE requirements for their resident adjusters. Reciprocity exists among a majority of these states, but not all, in part as a result of the inconsistency among LOAs granted within each jurisdiction's adjuster licensing requirements. It also becomes problematic when the resident adjuster's home state does not have a CE requirement. Individual adjusters who are eligible to designate a home state should be mindful of CE requirements when selecting a home state.

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Similar to the producer licensing continuing education requirement in Model #218, Model #228 and Guideline #1224 contain a CE requirement that the home state shall require 24 hours of CE every two years, with three of the 24 hours covering ethics. It is recommended that a jurisdiction accept an adjuster's satisfaction of its home state's CE requirements as satisfying that state's CE requirements, provided that the home state recognizes CE satisfaction on a reciprocal basis.

Emergency/Catastrophic Adjusters

A state that offers temporary licensure or registration for emergency/catastrophic adjusters are encouraged to follow Guideline #1224 and develop an automated notification or registration procedure that allows for an immediate, streamlined, and efficient application or reporting process for adjusters who are seeking authority to adjust claims in the event an emergency or catastrophe is declared. Most jurisdictions will trigger emergency/catastrophe licensure with an announcement, and permit applications (or reporting) for a defined event, for a prescribed number of days.

Recommended Best Practices for State Insurance Regulators

- Adopt Public Adjuster Model #228.
- Adopt Independent Adjuster Guideline #1224.
- Use the NAIC uniform applications and establish a process for electronic application submission and processing.
- Provide resident and nonresident adjuster licensing requirements (procedures, instructions, etc.) wherever fitting (state website, NIPR state page, etc.). Keep information current.
- Adopt a biennial renewal process tied to the uniformity standards.
- Participate in the NAIC Personalized Information Capture System (PICS) to receive license status alerts and to monitor administrative or enforcement actions against existing licensees.
- Use the Attachments Warehouse/Reporting of Action (ROA) system to receive electronic notifications to alert a state when an adjuster has added information into the Attachments Warehouse since their initial entry regarding administrative, criminal or civil actions.
- Restrict using the business address in place of resident address to those persons who are actual proprietors of a business in a border state (which is rare). Be mindful of address manipulation to "forum-shop" for a favorable home state or DHS license
- Limit DHS PDB reporting to the state(s) that are actually reporting themselves as the DHS of an individual. (Or only report DHS status to the PDB for adjusters where your state is the actual DHS state.)
- Unless statutorily restricted, allow a resident company/staff adjuster to receive a resident independent adjuster license
- Nonresidents that designate your state as their "home state" (DHS) should issue a nonresident license and report your jurisdiction's two-digit state code to the PDB in the "designated home state" data field. And ensure that DHS status is reported to the PDB. While majority of states report the two-digit state code, some states issue a license type specific to Designated Home State and should consider sending the two-digit code for purposes of electronic validation.
- Include a provision in law that prohibits simultaneous licensure as both an independent (or company) adjuster and a public adjuster.
- License examination requirements should only apply to new resident applicants and DHS applicants.
- Grant an exemption from the license examination requirement to applicants for the crop LOA who have satisfactorily completed the National Crop Insurance Services (NCIS) Crop Adjuster Proficiency Program (CAPP) or the loss adjustment training curriculum and competency testing required by the Federal Crop Insurance Corporation (FCIC) Standard Reinsurance Agreement (SRA).
- If your state allows non-U.S. citizens to receive a license, ensure that other laws in your state, such as tax laws, do not require every licensee or applicant for a license to submit a SSN or Individual Taxpayer Identification Number (ITIN).

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Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 19

Bail Bond Agents

A bail bond is one method used to obtain the release of a defendant awaiting trial related to ~~upon~~ criminal charges from the custody of law enforcement officials. A bail bond can be based on an insurance product or collateral. The defendant, the defendant's family or~~and~~ friends, or a professional bail bond agent executes a document that promises to forfeit the sum of money determined by the court to be commensurate with the gravity of the alleged offense if the defendant fails to return for the trial date. A bail bond is considered a three-part contract between the defendant, the government and the insurance company.

Some states regulate bail bonds through the insurance department, and others leave the administration to the discretion of the court system or a combination of both. ~~It is usually required that a bail bond insurer file a power of attorney with the local court authority. This power of attorney is proof to the court that the bail agent is authorized to write bonds for that insurer up to a certain dollar amount.~~

~~State insurance departments vary in the manner in which bail bond activities are regulated. T~~here is no NAIC model to guide state licensing directors for bail bond agents. A number of states use the surety line of authority (LOA) to regulate only the bonds that are insurance-based. In other states, a more comprehensive system has been developed that includes examinations, background checks, and personal integrity bonds. The majority of bail bond transactions are executed by resident bail bond agents. Some states prohibit nonresident bail bond agents. In many states, the state court system and local county sheriff may also have a process for approval of bail bond agents.

States that regulate bail bond agents should consider including the following elements in their regulatory scheme:

1. Minimum content and disclosure requirements for the bail bond contract.
2. Detailed record-keeping.
3. Requirement that bail funds be segregated in a trust account.
4. Appointments for all bail bond agents.
5. Written examination.
6. Background check, including fingerprints.
7. Prelicensing education on state laws and bond procedures.
8. Completion of continuing education (CE).
9. Laws that clearly place liability on insurers' appointed bail bond agents who fail to comply with state law on bail bonds and return of collateral.
10. Cross reference the *Producer Licensing Model Act* (#218) and the state's unfair trade practices act to apply penalties for misconduct.
11. Laws that create a fiduciary relationship between the bail bond agent and the criminal defendant.
12. Dialogue with the appropriate state court and law enforcement officials to coordinate efforts at regulating bail bond agents.
13. Adoption of a specific list of prohibited activities by bail bond agents.

Bond Forfeiture

Forfeiture enforcement may or may not be the responsibility of the state insurance department. In some states, enforcement is left to the court system. This may result in a bail bond agent's bond privileges being revoked in a particular county. If enforcement is the responsibility of the state insurance department, the state will likely have authority to suspend or revoke the license of a bail bond agent.

Prohibited Activities

The following list contains excerpts from several states' laws and regulations regarding bail bond agent licenses. This is a suggested starting point for states to draft a list of prohibited activities for bail bond agents and insurers:

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1. Pay, rebate, give or promise anything of value to a jailer, peace officer, magistrate, or any other person who has power to arrest or hold a person in custody, or to any public official or public employee for the purpose of securing a settlement, compromise, remission or reduction of the amount of a bail bond, or to secure delay or other advantage. This section does not prohibit public reward paid for the return of a fugitive.
2. Pay, rebate, give or promise anything of value to an attorney in a bail bond matter, except in defense of an action on a bail bond, collateral or indemnification agreement.
3. Pay, rebate, give or promise anything of value to a defendant or anyone acting on the defendant's behalf in exchange for a referral of bail bond business.
4. Recommend a particular attorney to represent a defendant.
5. Solicit business where a prisoner is confined in or near a courtroom if otherwise prohibited by court order or law.
6. Sign or countersign a bail bond that the licensee did not execute.

Immigration Bonds

An immigration bond guarantees the Department of Homeland Security (DHS) and/or Department of Justice (DOJ) ~~Immigration and Naturalization Service (INS)~~ that an alien will comply with one of several obligations under U.S. immigration laws. Most often, an immigration bond guarantees the alien while released from U.S. custody during the pendency of immigration proceedings with DHS or DOJ. ~~the government's case for unlawful entry into the country.~~ An immigration bond can be in the form of a surety product or collateral (see ICE~~NS~~ Form I-352). With respect to surety products, the underlying guarantee is an insurance product permitted to be issued solely by a licensed insurer. Consequently, an individual selling, soliciting or negotiating an immigration bond must maintain a resident or nonresident producer license in order to legally sell the bond in a state.

States should recognize that immigration bonds are a form of insurance required to be issued by a licensed insurer, and the sale, solicitation and negotiation of immigration bonds constitute activities for which an individual must maintain a license as a resident or nonresident producer under the respective states' licensing laws. New Jersey Bulletin No. 09-09 contains an example of notification regarding appropriate treatment of immigration bonds.

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Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 24

Managing General Agents

A managing general agent (MGA) is an insurance producer authorized by an insurance company to manage all or part of the insurer's business in a specific geographic territory. Activities on behalf of the insurer may include marketing, underwriting, issuing policies, collecting premiums, appointing and supervising other agents, paying claims, and negotiating reinsurance. Many states regulate the activities and contracts of MGAs.

The NAIC has adopted the *Managing General Agents Act* (#225) to guide the states in regulating MGAs. Under the model, an MGA is defined as any person who engages in all of the following:

1. Negotiates and binds ceding reinsurance contracts on behalf of an insurer or manages all or part of the insurance business of an insurer—including the management of a separate division, department or underwriting office—and who acts as an agent for such insurer whether known as a managing general agent, manager or other similar term or title.
2. With or without authority and either separately or together with affiliates, directly or indirectly produces and underwrites an amount of gross direct written premium equal to or greater than 5% of the policyholder surplus in any one quarter or year, as reported in the last annual statement of the insurer.
3. Engages in either or both of the following:

   (a) Adjusts or pays claims in excess of an amount determined by the insurance commissioner.
   (b) Negotiates reinsurance on behalf of the insurer.

Under the model, an MGA does not include any of the following:

1. An employee of the insurer.
2. A manager of a U.S. branch of an alien insurer who resides in this country.
3. An underwriting manager who, pursuant to contract, manages all insurance operations of the insurer, who is under common control with the insurer, subject to [cite to state law] relating to the regulation of insurance holding company systems, and who is not compensated based upon the volume of premiums written.
4. ~~An insurance company, in connection with the acceptance or rejection of reinsurance on a block of business.~~
5. The attorney-in-fact authorized by or acting for the subscribers of a reciprocal insurer or inter-insurance exchange under ~~a~~ powers of attorney.

In most states, MGAs must be licensed as producers and are not allowed to place business until a written contract exists among all parties. Under Model #225, insurers are required to monitor the financial stability of MGAs under contract.

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Adopted by the Producer Licensing (D) Task Force, Oct. 7, 2026

Chapter 30

Viatical and Life Settlement Providers and Brokers

The *Viatical Settlements Model Act* (#697) defines a viatical settlement as a transaction in which the owner of a life insurance policy sells the right to receive the death payment due under the policy to a third party. Typically, the owner/insured receives a cash payment, and the buyer agrees to make any remaining premium payments on the policy.

In 1993, the NAIC adopted the *Viatical Settlements Model Regulation* (#698) and Model #697 to provide a regulatory structure to protect consumers involved in viatical settlements. Model #697 was revised in 2003 and 2004 to address the issue of healthy consumers who might want to sell their insurance policy on the secondary market, better known as "life settlements."

Licensing requirements vary as a result of the several versions of Model #697. Under the 1993 version of Model #697, a viatical settlement broker was required to have an underlying life producer license before being able to apply for and receive a viatical settlement broker license. This provision was not uniformly adopted.

The 2003 version of Model #697 provided for licensing procedures of individuals who were not licensed life insurance producers by requiring continuing education (CE) to maintain the license. The 2003 version was modified in 2004 to allow for licensed life insurance producers to notify or register with the state insurance regulator, as prescribed by the insurance commissioner if they were engaging in the business of settlements, and exempted life insurance producers from the viatical settlement brokers' examination and the CE requirements.

The 2003 and 2004 versions of Model #697 also required the viatical settlement broker to maintain financial responsibility in the form of an errors and omissions (E&O) policy, surety bond, cash deposit, or a combination of any of the three. It also placed fiduciary responsibility requirements on the broker. The 2003 and 2004 versions of Model #697 required brokers to disclose the method by which compensation was calculated and the amount of compensation. It is essential that the viatical broker meet the licensing requirements of the state where the transaction occurs.

The 2003 version of Model #697 also provided for licensing procedures for viatical settlement providers.

Model #697 was revised in 2007 to address, among other things, transactions that have been called stranger-originated life insurance (STOLI) or investor-originated life insurance (IOLI). These transactions are related to a life insurance policy exhibiting any one of three characteristics prior to or within two years of policy issue:

1. Non-recourse premium financing.
2. Guarantee of settlement.
3. Settlement evaluation.

Settlement of such policies is prohibited for five years.

Other key revisions include:

1. New consumer disclosures related to viatical settlement compensation.
2. A new consumer disclosure requiring a statement that the viatical settlement broker exclusively represents the viator and owes a fiduciary duty to the viator, including a duty to act in the best interest of the viator.
3. Allowing life agents to sell without a viatical license, but special conditions apply.

Additional revisions include:

Under specified circumstances, a life insurance producer may operate as a viatical settlement broker. The life insurance producer is deemed to meet the viatical settlement broker licensing requirements. The revisions also permit a person licensed as an attorney, certified public accountant (CPA), or financial planner accredited

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by a national recognized accrediting agency, who is retained to represent the viator and whose compensation is not paid directly or indirectly by the viatical settlement provider, to negotiate viatical settlement contracts on behalf of a viator without having to obtain a viatical settlement broker's license.

To receive and maintain a license, the 2007 revisions require a viatical settlement provider or broker to demonstrate evidence of financial responsibility through a surety bond, a deposit of cash, certificates of deposit, securities, or any combination thereof in the amount of $250,000. The surety bond must be issued in the favor of the state and must specifically authorize recovery by the insurance commissioner on behalf of any person in the state who sustained damages as the result of erroneous acts, failure to act, conviction of fraud, or conviction of unfair practices by the provider or broker. The insurance commissioner may ask for evidence of financial responsibility at any time the insurance commissioner deems necessary. The revisions make it clear that a provider or broker that is licensed in more than one state is not required to file multiple bonds in each state. Some problems have arisen with implementing the bonding requirements of Model #697. Regulated entities argue that it is impossible to obtain a bond as described in Model #697. Viatical settlement providers and viatical settlement brokers shall have in place antifraud initiatives reasonably calculated to detect, prosecute and prevent fraudulent viatical settlement acts. As described in greater detail in Model #697.

The revisions also require an individual licensed as a viatical settlement broker to complete, on a biennial basis, 15 hours of training related to viatical settlements and viatical settlement transactions. A life insurance producer who is operating as a viatical settlement broker is not subject to this requirement.

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Draft: 11/16/26

Revisions adopted by the Executive (EX) Committee and Plenary, XX, XX
Revisions adopted by the Market Regulation and Consumer Affairs (D) Committee, XX, XX
Revisions adopted by the Producer Licensing (D) Task Force, Nov. 16, 2026
Revisions adopted by the Uniform Education (D) Working Group, Oct. 2, 2026

APPENDIX B

Continuing Education Recommended Guidelines for Online Courses

Goal: To deliver functional computer-based internet courses that offer quality insurance and/or risk management material in a password-protected online environment.

Key Components:

- Material that is current, relevant, accurate, and that includes valid reference materials, graphics and interactivity.
- Clearly defined objectives and course completion criteria
- Specific instructions to register, navigate and complete the course work
- Technical support/provider representative should be available during business hours and response provided within 1 business day of initial contact.
- Instructors/subject matter experts must be available to answer student questions during provider business hours
- Process to authenticate student identity such as passwords and security prompts
- Method for measuring the student's successful completion of course which includes the material, exam and any proctor requirements.
- Process for requesting and receiving CE course-completion certificate and reporting student results to the appropriate regulator
- Require each agent to enroll for the course before having access to course material.
- Prevent access to the course exam before review of the course materials.
- Prevent downloading of any course exam.
- Provide review questions at the end of each unit/chapter and prevent access to the final exam until each set of questions are answered at a 70% rate.
- Provide final exam questions that do not duplicate unit/chapter questions.
- Prevent alternately accessing course materials and course exams. This does not apply if the state allows for "open book" exams.
- For states that require a monitored exam, have affidavit containing specific monitor duties and responsibilities available for monitor's use to direct the taking of the final exam. Monitor will complete the affidavit after the exam is completed.

Final Assessment (exam) Criteria:

- Minimum of 10 questions for 1 credit hour course with additional 5 questions for each subsequent credit hour and a score of 70% or greater
- Exam must consist of multiple-choice questions with at least four answer options.
- At least enough questions to fashion a minimum of 2 versions.
- Exam banks must consist of an additional 50% more questions than are needed to deliver a simple exam.
-
- Exam delivery should be fashioned in such a way as to prevent subsequent attempts from including more than 50% duplicated questions as on the previous attempt.
- Proctor, if required by the state, who verifies identity by photo identification and processes affidavit testifying the student received no outside assistance

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Procedures to determine Appropriate Number of Credit Hours:

Word Count/Difficulty Level

- Divide total number of words by 180 (documented average reading time) = number of minutes to read material
- Divide number of minutes by 50 = credit hours
- Course difficulty level is identified by the CE provider on the CER form and should be based on the NAIC CE Standardized Terms-Definitions for basic, intermediate and advanced course difficulty levels.
- Multiply number of hours by 1.00 for a basic level course; 1.25 for an intermediate level; 1.50 for an advanced course for additional study time = total number of credit hours (fractional hours rounded up if .50 or above and rounded down if .49 or less)

Interactive Course Content

- Elements included in the online course, in addition to text, such as video, animation, interactive exercises, quizzes, case studies, games, and simulations.
- Interactive elements should be applicable to course material and facilitate student learning.
- Only mandatory interactive elements should be included in the calculation of CE credit hours.
- Calculation of CE hour credits should be based on the run time of the interactive elements.
- CE providers will indicate run time of the interactive elements in the course content and upon request provide access to the state for review of the course.

Professional Designation Course

- Course that is part of a nationally recognized professional designation
- Credit hours equivalent to hours assigned to the same classroom course material

Final Assessment

- Time spent completing the final assessment should not be used in calculation of CE credit hours.

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Draft: 6/4/26

Revisions adopted by the Executive (EX) Committee and Plenary, XX, XX
Revisions adopted by the Market Regulation and Consumer Affairs (D) Committee, XX, XX
Revisions adopted by the Producer Licensing (D) Task Force, Nov. 16, 2026
Revisions adopted by the Uniform Education (D) Working Group, June 4, 2026

APPENDIX C

COURSE GUIDELINES FOR CLASSROOM WEBINAR/WEBCAST DELIVERY

- These guidelines are intended to apply to courses conducted and viewed in real time (live) in all locations and are not intended to apply when courses have been recorded and are viewed at a later time or to other online courses.
- Each student will be required to log in to the webinar using a distinct username, password and/or email.
- Students that view webinars in group settings, consisting of two or more individuals, should alternatively verify their participation in the form of sign-in and sign-out sheets submitted by a proctor, as defined in the NAIC Standardized Definitions for CE, with an attestation or verification code.The provider will verify the identity and license number, or National Producer Number (NPN), of all students.
- A provider representative, using computer-based attendance-monitoring technology, must monitor attendance throughout the course.
- The provider must have a process to determine when a participant is inactive or not fully participating, such as when the screen is minimized, or the participant does not answer the polling questions and/or verification codes.
- For webinars not given in a group setting, no less than two polling questions and/or attendance verification codes must be asked, with appropriate response provided, at unannounced intervals during each one-hour webinar session to determine participant attentiveness.
- The provider will maintain an electronic roster to include records for each participant's log-in/log-out times. If required by states, chat history and polling responses should be captured as part of the electronic record.
- When a student is deemed inactive or not fully participating in the course by the course monitor or failure to enter appropriate polling question response or verification codes, continuing education (CE) credit is denied.
- All students and the instructor(s) do not need to be in the same location.
- Students in all locations must be able to interact in real time with the instructor. Students should be able to submit questions or comments at any point during the webinar session.
- The course pace must be set by the instructor and not allow for independent completion.
- Instruction time is considered the amount of time devoted to the actual course instruction and does not include breaks, lunch, dinner or introductions of speakers.
- One credit will be awarded for each 50 minutes of webinar/webcast instruction, and the minimum number of credits that will be awarded for webinar/webcast courses is one credit.
- The provider must have a procedure that informs each student in advance of course participation requirements and consequences for failing to actively participate in the course.
- A comprehensive final examination is not required.

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NAIC

2026 FALL NATIONAL MEETING
DALLAS, TX

2026 Fall National Meeting
Dallas, TX

ANTIFRAUD (D) TASK FORCE
Monday, November 16, 2026
3:00 – 4:00 p.m.

Meeting Summary Report

The Antifraud (D) Task Force met Nov. 16, 2026. During this meeting, the Task Force:

1. Adopted its Nov. 2 minutes. During this meeting, the Task Force took the following action:
   A. Adopted its Summer National Meeting minutes (*see NAIC Proceedings – Summer 2026, Antifraud (D) Task Force*).
   B. Adopted its 2027 proposed charges.
   C. Adopted proposed revisions to the fraud schemes and policy types in the Online Fraud Reporting System (OFRS).

2. Discussed its 2027 charges. The Task Force addressed the changes to the charges and discussed the priorities for 2027.

3. Received an update on the revisions to the fraud schemes and policy types in the OFRS. The Task Force has asked the Antifraud Technology (D) Working Group to review the list of insurance fraud types and categories to ensure definitions have been determined for all types listed in OFRS.

4. Received an update from the Improper Marketing of Health Insurance (D) Working Group. The Working Group will continue to meet monthly in regulator-to-regulator session, pursuant to paragraph 3 (specific companies, entities, or individuals) of the NAIC Policy Statement on Open Meetings, to discuss improper marketing of health insurance.

5. Received an update from the Antifraud Technology (D) Working Group. The Working Group is continuing its efforts to collaborate with regulators and industry organizations to update the OFRS' list of fraud schemes and insurance types.

6. Heard a presentation from the National Insurance Crime Bureau (NICB) on its year-end review and an update on the State Fraud Intelligence Network.

7. Heard a presentation from the Coalition Against Insurance Fraud (Coalition) on its year-end review and new initiatives.

NAIC

2026 FALL NATIONAL MEETING
DALLAS, TX

2026 Fall National Meeting
Dallas, Texas

PRODUCER LICENSING (D) TASK FORCE
Monday, November 16, 2026
8:00 – 9:00 a.m.

Meeting Summary Report

The Producer Licensing (D) Task Force met Nov. 16, 2026. During this meeting, the Task Force:

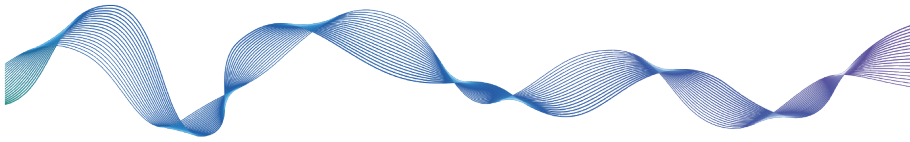
1. Adopted its Nov. 5 minutes. During this meeting, the Task Force took the following action:
   A. Adopted its Oct. 8 minutes. During this meeting, the Task Force took the following action:
      i. Adopted its Summer National Meeting minutes (*see NAIC Proceedings – Summer 2026, Producer Licensing (D) Task Force*).
      ii. Discussed proposed revisions to the *Independent Adjuster Licensing Guideline* (GL 1224).
      iii. Discussed the 1033 template survey regarding how states define the term "conviction" for the process of 1033 waiver requests.
      iv. Received an update on proposed revisions to the NAIC *State Licensing Handbook,* which were adopted by the Producer Licensing Uniformity (D) Working Group on Oct. 7.
      v. Discussed its 2027 proposed charges.
   B. Adopted its 2027 proposed charges.
   C. Adopted revisions to the *Independent Adjuster Licensing Guideline* (GL 1224).
   D. Adopted the Template for the 1033 Written Consent Process without any changes made to the definition of "conviction" since the initial adoption of the template on Aug. 12, 2025.
   E. Adopted revisions to the NAIC *State Licensing Handbook.*
   F. Discussed the Uniform Company Notice of Termination for Cause Form.

2. Discussed the Uniform Company Notice of Termination for Cause Form, which was developed to improve consistency across states; reduce administrative burdens for companies; provide states with quicker, more accurate termination notifications; and strengthen consumer protection.

3. Received a report from the National Insurance Producer Registry (NIPR) Board of Directors. NIPR reported a successful NAIC/NIPR Insurance Summit in September. It also reported that, in September, NIPR successfully launched LicenseHub, its modernized licensing website, and building on the website redesign, it also reported that it is piloting NotifyPro, a new industry-alerting product to enhance regulatory compliance. The pilot is underway, and NotifyPro is scheduled to launch officially in early 2027. NIPR reported it will finalize its 2027–2029 strategic plan in December and that it supports the electronic implementation of the Uniform Company Notice of Termination for Cause Form once it is adopted by the NAIC Membership.

4. Adopted revisions to Appendices B and C of the Continuing Education Reciprocity (CER) Agreement.

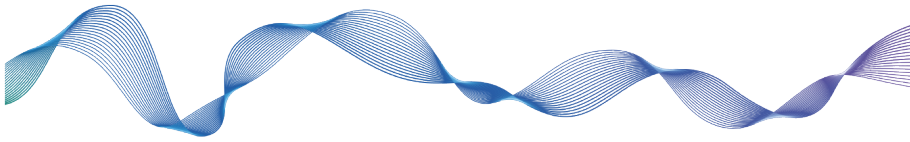
5. Adopted the report of the Adjuster Licensing (D) Working Group, which met Sept. 12. During this meeting, the Working Group took the following action:



A. Adopted its July 15 minutes (*see NAIC Proceedings – Summer 2026, Producer Licensing (D) Task Force, Attachment Two*).
B. Received an update on the proposed revisions to the adjuster licensing guidelines, noting that the revised guidelines are at the Producer Licensing (D) Task Force for discussion.
C. Received an update from NIPR on the designated home state (DHS) application solution, including: 1) agreement by 31 of the 32 adjuster states to use the Producer Database (PDB) to determine DHS eligibility, 2) the addition of DHS information reported by Iowa, Puerto Rico, and Texas to the PDB; and 3) planned removal of nonuniform exam and continuing education (CE) location questions from the application.
D. Discussed potential 2027 priorities, including: 1) continuing education (CE) requirements for nonresident adjusters; 2) best practices for communicating with DHS adjusters; 3) transitions when a state begins licensing staff adjusters; 4) a streamlined process for modifying an adjuster's DHS; and 5) leveraging technology to reduce manual processing.
E. Discussed emergency adjuster licensing and the importance of applicant identity and residency verification.

6. Adopted the report of Producer Licensing Uniformity (D) Working Group, which met Nov. 9, Oct. 7, and Aug. 25. During these meetings, the Working Group took the following action:
   A. Adopted revisions to the following 13 chapters of the *State Licensing Handbook*: Chapters 1, 6, 8, 9, 10, 11, 12, 13, 14, 18, 19, 24, and 30. Chapter 25 required no changes, and Chapter 7 was not reviewed because its uniform application language is tied to the 1033 waiver process.
   B. Reviewed state responses to the Uniform Licensing Standards (ULS) chart. Of the 46 standards, 13 reflected 100% compliance, and six were below 80%. The standard with the lowest compliance (60%) was fingerprinting for background checks, which generally requires legislative action. The Working Group identified differing interpretations of the standards, particularly for limited lines, statewide criminal history checks, and the continuation process.
   A. Agreed on next steps for the ULS. The Working Group, with assistance from NAIC committee support, will ask states that reported noncompliance with the lowest-performing standards to confirm their responses and explain any noncompliance. The Working Group will also consider education and clarification of the standards.

7. Adopted the report of the Uniform Education (D) Working Group, which met Nov. 10 and Sept. 16. During these meetings, the Working Group took the following action:
   A. Adopted its Sept. 16 minutes. During this meeting, the Working Group took the following action:
      i. Adopted its July 8 minutes (*see NAIC Proceedings – Summer 2026, Producer Licensing (D) Task Force, Attachment Nine*).
      ii. Discussed the NAIC standardized instructor approval form.
      iii. Discussed Appendix B of the CER Agreement.
   B. Discussed the NAIC standardized instructor approval form. The Working Group reviewed the statutory background questions and identifying information, such as National Producer Number (NPN), Social Security number (SSN), and date of birth; reciprocal instructor approval; course category options; potential subject-matter expert (SME) assistance; and coordination with electronic form vendors. The Working Group will review the updated revisions during its December meeting.
   C. Adopted revisions to Appendix B and Appendix C of the CER Agreement. The Working Group provided the revisions to the Producer Licensing (D) Task Force, which are currently under review.



D. Discussed prerecorded webinars. Based on state practices and the webinar delivery guidelines, the Working Group reached consensus that a prerecorded course should be treated as self-study when the instructor does not lead a live discussion.

E. Discussed potential 2027 items of interest, including a uniform introductory statement, uniformity in reporting course approvals, the use of artificial intelligence (AI) in course content and instruction, state course audit and approval criteria, course-navigation guardrails and seat time requirements, and review of the approved and non-approved course lists.

8. Discussed the emerging use of AI to create CE courses and AI entities being licensed as business entities. The Task Force reported that these issues will be discussed in 2027.

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

Virtual Meeting

MARKET ANALYSIS PROCEDURES (D) WORKING GROUP
October 19, 2026

Summary Report

The Market Analysis Procedures (D) Working Group met Oct. 19, 2026. During this meeting, the Working Group:

1. Adopted its Sept. 14 minutes. During this meeting, the Working Group:
   A. Adopted its July 30 minutes.
   B. Adopted four new individual life (cash value and non-cash value) and individual annuity Market Conduct Annual Statement (MCAS) ratios, which would measure: 1) internal replacement contracts to total replacements; 2) internal replacements with an affiliate to total replacements; 3) contracts surrendered with a surrender fee to total contracts surrendered; and 4) free look cancellations to total contracts issued.
   C. Discussed the year-over-year increase in the number of companies appearing on the individual and group accident and health Market Analysis Prioritization Tool (MAPT). Companies are inconsistently reporting on the Financial Annual Statement's Supplemental Health Care Exhibit (SHCE). The Financial Annual Statement's Accident and Health Policy Experience Exhibit (AHPEE) provides more complete premium data, and the NAIC has switched to sourcing accident and health premium data from the AHPEE. This should reduce the risk that a company is missed from the MAPT.
   D. Discussed the lunch-and-learn schedule.
   E. Discussed its work reviewing the Market Analysis Review System (MARS) Level 2 guidance.

2. Adopted a revision to the private passenger auto (PPA) and homeowners MCAS ratio to add claims closed with payment to the denominator because claims-related lawsuits can arise from underpayment or other reasons, not only nonpayment.

3. Adopted a new PPA and homeowner ratio (#8) to measure total lawsuits opened during the period, both claims-related and not, against total insured autos per 1,000 for PPA and total dwellings per 1,000 for homeowners.

4. Adopted a new PPA and homeowners MCAS ratio (#9) to measure complaints received from sources other than a department of insurance (DOI) against total policies in force per 1,000.

5. Discussed revisions to the long-term care (LTC) MCAS ratios.

6. Adopted a motion to remove the MCAS rankings from prior-year MCAS-MAPTs.

7. Discussed changes to the way average ratios are displayed in the other health MCAS Tableau reports.

8. Discussed the individual annuity MAPT and agreed it is displaying data as intended.

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9. Discussed the lunch-and-learn schedule.

10. Discussed its work reviewing the MARS Level 2 guidance.

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Virtual Meeting

MARKET CONDUCT ANNUAL STATEMENT BLANKS (D) WORKING GROUP
October 8, 2026

Meeting Summary Report

The Market Conduct Annual Statement Blanks (D) Working Group of the Market Regulation and Consumer Affairs (D) Committee met Oct. 8, 2026. During this meeting, the Working Group:

1. Adopted its May 21 and May 7 (*see NAIC Proceedings – Summer 2026, Market Regulation and Consumer Affairs (D) Committee, Attachments Three and Four*) minutes.

2. Received an update on the proposed Required to File (RTF) reporting.

3. Discussed Market Conduct Annual Statement (MCAS) reporting questions identified by Maryland.

4. Received an update on the Financial Data Repository (FDR) Modernization.

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Virtual Meeting

MARKET CONDUCT EXAMINATION GUIDELINES (D) WORKING GROUP
Wednesday, Oct. 28, 2026

Summary Report

The Market Conduct Examination Guidelines (D) Working Group met Oct. 28, 2026. During this meeting, the Working Group:

1. Discussed an Aug. 18 exposure draft of a revised chapter, Conducting the Travel Insurance Examination, for inclusion in the *Market Regulation Handbook* (Handbook). The revisions to the chapter were based on the *Travel Insurance Model Act* (#632). As of the Oct. 28 Working Group meeting, three rounds of comments were received on the chapter. A joint comment letter was received Oct. 2 from the American Property Casualty Insurance Association (APCIA)/U.S. Travel Insurance Association (USTIA) on the Aug. 18 draft. At the Oct. 28 meeting, the Working Group discussed the APCIA/USTIA Oct. 2 suggested revisions.

2. Discussed the cybersecurity event response coordination framework. The framework, which has been deemed a priority by the 2025 and the 2026 NAIC leadership, addresses an effort by state insurance regulators to develop a coordinated, multi-jurisdictional response to cybersecurity events involving regulated entities. An updated framework exposure draft dated Oct. 20 was distributed and discussed during the Oct. 28 meeting. NAIC committee support provided a broad overview of the changes made to the Oct. 20 framework exposure draft. The changes were made in response to comments received on the draft from California, New York, the chair of the Information Technology (IT) Examination (E) Working Group, the American Council of Life Insurers (ACLI), AHIP, APCIA, Blue Cross and Blue Shield Association (BCBSA), and the National Association of Mutual Insurance Companies (NAMIC). The subject areas in the draft that were revised included: regulatory authority, confidentiality, framework activation guidance, lead state role, participating state role, the *Insurance Data Security Model Law* (#668), coordinated response process, state insurance regulator collaboration, and the role of NAIC committee support. A comment due date of Nov. 4 was announced on Oct. 20. The Working Group extended the comments due date on Nov. 9 to Nov. 20. State insurance regulator cybersecurity subject matter experts (SMEs) will reconvene after the conclusion of the comment period to review and consider comments on the framework, make revisions, and present an updated framework draft for discussion at a future Working Group meeting.

3. Discussed an Aug. 18 exposure draft of accelerated underwriting-related revisions to Chapter 20—General Examination Standards for inclusion in the Handbook. The revisions to the Chapter 20 exposure draft are based upon the regulatory guidance document adopted by the Accelerated Underwriting (A) Working Group on Aug. 6, 2024, and by the Life Insurance and Annuities (A) Committee at the 2024 Summer National Meeting. This initiative originated from a 2024 referral from the Life Insurance and Annuities (A) Committee to the Working Group. Joint comments on the draft were received Sept. 14 from NAMIC/APCIA. During its Oct. 28 meeting, the Working Group discussed the APCIA/NAMIC Sept. 14 comments.

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4. Discussed a new chapter on conducting the pharmacy benefit manager (PBM) examination, exposed on Aug. 18, for inclusion in the Handbook. The chapter was adopted by the Pharmacy Benefit Management (D) Working Group on April 23, and the Market Regulation and Consumer Affairs (D) Committee referred the PBM chapter to the Working Group during its July 27 meeting. On Oct. 28, the Working Group began discussing the re-exposed PBM draft chapter and plans to leverage its members' expertise to incorporate appropriate market conduct examination procedures into the chapter. Joint comments, an executive summary, and track-changes revisions to the PBM chapter were received Sept. 17 from the Coalition, which is comprised of the following regulated entities: The Cigna Group, CVS Health, Elevance Health, and UnitedHealth Group (UHG). During its Oct. 28 meeting, the Working Group discussed the Coalition's proposed changes to the PBM chapter, which fall within the broad categories of defining the scope of a PBM examination, tailoring data requests, confidentiality, and sampling.

5. Discussed progress made on its 2026 charges and work plan:
   A. Development of examiner guidance in the Handbook, with current exposure drafts addressing accelerated underwriting guidance for examiners, PBM market conduct exam standards, the Cybersecurity Event Response Framework, and the revisions to the travel insurance chapter.
   B. Ongoing development of pet insurance standardized data requests (SDRs) for pet insurance in-force policies, claims, and complaints for future Working Group exposure and discussion.
   C. Development of a shared regulator-only collaborative space on the Working Group's page in NAIC Connect where it is anticipated that regulator-only market conduct-related templates can be shared across multiple jurisdictions.
   D. Ongoing coordination with the Innovation, Cybersecurity, and Technology (H) Committee and its NAIC committee support to develop market conduct examiner guidance for the oversight of regulated entities' use of insurance and non-insurance consumer data and models using algorithms and artificial intelligence (AI).

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NAIC

2026 FALL NATIONAL MEETING
DALLAS, TX

2026 Fall National Meeting
Dallas, Texas

MARKET CONDUCT REGULATION MODERNIZATION (D) WORKING GROUP
Sunday, November 15, 2026
4:00 – 5:00 p.m.

Meeting Summary Report

The Market Conduct Regulation Modernization (D) Working Group met Nov. 15, 2026. During this meeting, the Working Group:

1. Adopted its Summer National Meeting minutes (*see NAIC Proceedings – Summer 2026, Market Regulation and Consumer Affairs (D) Committee, Attachment Six*).

2. Reported that it met Oct. 15 and Sept. 15 in regulator-to-regulator session, pursuant to paragraph 6 (consultation with NAIC staff related to NAIC technical guidance) of the NAIC Policy Statement on Open Meetings. During these meetings, the Working Group took the following action:
   A. Discussed regulator training and workforce development. Participants emphasized the need for practical, hands-on training, as well as developing market analysis and examination skills.
   B. Received an update that the Market Conduct Regulation Modernization Recommendations and proposed charges for a new Market Conduct Regulation Modernization (D) Task Force would be released to all interested parties before the Fall National Meeting, where the Working Group and Market Regulation and Consumer Affairs (D) Committee would discuss and consider their adoption.

3. Adopted the Market Conduct Regulation Modernization Recommendations, which establish a long-term direction for modernization to a proactive, risk-based market conduct regulatory framework that supports consistent, coordinated oversight and stronger consumer protection as insurance markets, business models, and consumer expectations evolve. This vision centers on equipping NAIC Members with timely, trustworthy data and modern analytical tools to identify emerging risks and inform regulatory action. The strategic vision also calls for stronger interstate collaboration through shared definitions, common tools, and a lead state decision framework for multistate action. Finally, there is recognition of the potential for expanded public reporting to provide consumers with clearer, more useful insights into market conduct issues.

4. Received a demonstration on how the use of artificial intelligence (AI) could be applied to the NAIC *Market Regulation Handbook*.

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REGULATOR-TO-REGULATOR SESSION

Virtual Meeting

MARKET INFORMATION SYSTEMS (D) WORKING GROUP
October 5, 2026

Summary Report

The Market Information Systems (D) Working Group met Oct. 5, 2026, in regulator-to-regulator session, pursuant to paragraph 6 (consultations with NAIC staff members related to NAIC technical guidance) of the NAIC Policy Statement on Open Meetings. During this meeting, the Working Group:

1. Discussed its July 13 meeting actions.

2. Approved the addition of pharmacy benefit manager (PBM) as a respondent in the Complaints Database System (CDS).

3. Received updates on the Regulatory Information Retrieval System (RIRS) and the resolution of recent issues with custody dates and bringing the legacy RIRS reports back to iSite+ while new Tableau reports are being developed that meet the state insurance regulators' needs.

4. Received a demonstration of the new metrics reports available for the Market Conduct Annual Statement (MCAS), the Market Analysis Review System (MARS), and the Market Actions Tracking System (MATS). The RIRS metrics reports will be developed after the *Insurance Department Resources Report* (IDRR) rewrite is completed.

5. Discussed updates and revisions to the Market Analysis Profile and the Market Analysis Profile Demographics guidance.

6. Discussed the lunch-and-learn schedule.

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Virtual Meeting

MARKET REGULATION CERTIFICATION (D) WORKING GROUP

Summary Report

The Market Regulation Certification (D) Working Group did not meet prior to the Fall National Meeting. However:

1. The Working Group continues to accept self-certification assessments from participating jurisdictions. The certification peer review group will review the self-assessments as they are received.

2. The development and implementation of the process for the full certification of jurisdictions is on hold until further direction following the work of the Market Conduct Regulation Modernization (D) Working Group.

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Virtual Meeting

SPEED TO MARKET (D) WORKING GROUP
September 9, 2026

Summary Report

The Speed to Market (D) Working Group met Sept. 9, 2026. During this meeting, the Working Group:

1. Adopted its July 30 and July 13 minutes.

2. Adopted revisions to the uniform property/casualty (P/C) insurance product coding matrix (PCM) to clarify the filing classification for earthquake coverage. The revisions clarify that earthquake coverage offered as an additional peril on a property insurance policy should be filed under the applicable property insurance filing code, while standalone monoline earthquake policies should continue to be filed under the earthquake type of insurance (TOI). The revised matrix will be effective Jan. 1, 2027.

3. Received an update on the *Product Filing Review Handbook*. The Subgroup continues to review and revise the introductory chapter, Chapter 1, and Chapter 2, and is preparing proposed revisions to present to the Working Group at a future meeting.

4. Received an update on System for Electronic Rates & Forms Filing (SERFF) modernization, including implementation planning for early-adopter states, the Oct. 5 Arizona go-live, Cohort 2 onboarding and training, future implementation planning, and continued outreach and education for regulators and industry users.

5. Heard an update from the Interstate Insurance Product Regulation Commission (Compact) regarding recently approved amendments to six Uniform Review Standards, upcoming stakeholder outreach activities, and continued regulator-only filing discussion calls.

6. Discussed the Uniform Review Standards checklists, including current state usage and potential future updates. Members discussed the continued value of the checklists as state resources and their potential use in supporting artificial intelligence (AI) tools, including the Compliance Language Assistant for Regulatory Analysis (CLARA). The Working Group agreed that an initial step would be to gather information from states regarding current checklist usage and existing state-specific resources to help prioritize potential revisions.

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