



LOUISIANA DEPARTMENT OF INSURANCE

REQUEST FOR PRE-APPLICATION ELIGIBILITY DETERMINATION

This form may be used to request a pre-application eligibility determination from the Louisiana Department of Insurance (LDI) pursuant to La. R.S. 37:2950. MAKING THE REQUEST IS OPTIONAL. Submit only a fully completed application. Incomplete applications will not be processed.

An individual who has been convicted of a crime may make a request to the LDI for a determination on whether the criminal conviction(s) will disqualify the individual from obtaining an insurance license. The requestor must supply all required information for ALL criminal convictions. Omission of any convictions will void any determination made by the LDI in response to a request.

Identifying Information			
Social Security Number:	National Producer Number (if issued)	Date of Birth: (Month) (Day) (Year)	
Last Name: Jr/Sr, etc.	First Name:	Middle Name:	
Residence/Home Address (Physical Street):	City:	State:	Zip:
Mailing Address:	City:	State:	Zip:
Phone Number (include extension):	Email Address:		
List any other names which you have used in the past including maiden name, married names, fictitious names and aliases.			
Type of License (Select type of license for which the requestor will be applying)			
<input type="checkbox"/> Producer Other than Bail Bonds	<input type="checkbox"/> Producer Bail Bonds	<input type="checkbox"/> Adjuster (Claims or Public)	<input type="checkbox"/> Consultant
Status Information			
1. Are you currently incarcerated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Are you currently on probation or parole? If yes, include information regarding the expected date of termination of your probation or parole.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Are there any outstanding balances for any restitution or other fines or fees associated with any criminal proceedings? If, yes, include the amount outstanding and describe the terms of repayment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Required Attachments			
The requestor must attach the following documents. If the appropriate authority no longer has the required documents, confirmation from that authority that the records have been lost or destroyed must be attached. The confirmation must be on the letterhead of the authority and signed by the authority or a designee. If all the required documents are not attached, the request will not be processed.			
<input type="checkbox"/> Documents from the District Attorney or Clerk of Court which clearly verifies the charges, pleas, fines, restitution, probation/parole and final outcome for all criminal convictions of the requestor.			
<input type="checkbox"/> A written personal statement from the requestor clearly stating the events and circumstances leading to all convictions. This statement may include information regarding rehabilitation or treatment undertaken by the requestor.			
<input type="checkbox"/> Clear documentation from the District Attorney, Clerk of Court or Probation Office that the terms and conditions of the probation/parole have been satisfied and the probation/parole has been successfully terminated.			
<input type="checkbox"/> If restitution or repayment was ordered as part of sentencing, clear documentation that the complete restitution has been made or that the terms of conditions of any restitution or repayment schedule are being met.			
<input type="checkbox"/> If the requestor is not a resident of Louisiana and the conviction is a felony, a copy of the consent issued pursuant to 18 U.S.C §1033(e)(B)(2) by the Commissioner of Insurance of the resident state or confirmation from that state that the conviction does not require written consent.			
Requestor Attestation			
I hereby certify that all the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this request may result in a determination that is incorrect and non-binding on the Louisiana Department of Insurance.			
_____		_____	
Full Legal Name of Requestor (Typed or Printed)		Signature of Requestor	

		Date	

Important Information

- 1) A request for a pre-application eligibility determination is an option but is NOT required. Any individual may proceed directly to the formal license application process without going through a pre-application eligibility determination. If you have already submitted a formal license application, do not submit a request for pre-application eligibility determination.
- 2) Determinations are based solely on the information you provide on the pre-licensing determination request form. In order to receive an accurate determination, you **must** provide your complete criminal history background and supporting documentation. The LDI will not conduct an independent background check for preliminary licensing determination requests.
- 3) The submission of this Request for Pre-Application Eligibility Determination does not eliminate the need to complete the formal license application nor reduce any of the required steps for the licensure process.
- 4) Neither the submission of a Request for Pre-Application Eligibility Determination nor the resulting decision guarantees the issuance of a license. You must still complete the formal licensure, testing, and fingerprinting requirements before a final decision is made on your license application.
- 5) In making a pre-application eligibility determination, the LDI will consider the following:
 - a. The nature and seriousness of the offense.
 - b. The nature of the specific duties and responsibilities for which the license is required.
 - c. The amount of time that has passed since the conviction.
 - d. Facts relevant to the circumstances of the offense including any aggravation or mitigating circumstance or social conditions surrounding the commission of the offense.
 - e. Evidence of rehabilitation or treatment undertaken by the person since the conviction.
- 6) Upon receipt of the Request for Pre-Application Eligibility Determination, the staff of the LDI will assess your submittal to determine if you have submitted everything needed to complete the review process. If the form is not properly completed or all required attachments have not been provided, the requestor will be notified of the missing information and provided a deadline for submission of the outstanding information. If the requestor fails to provide the necessary information within the specified timeframe, the request will be closed with no further review or action, and a completed new request will need to be submitted. Once the Request is complete, the LDI will continue with our review and issue a determination within forty-five days of receipt of the completed request.
- 7) This request and all required attachments should be submitted to: Louisiana Department of Insurance, Attn. Producer Licensing, 1702 N. Third St., Baton Rouge, LA 70802, or via fax to 225-342-3754.