



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134
615 741-2693**

Fax: 615-532-2862

ce.agent.licensing@tn.gov

**LICENSING REQUIREMENTS FOR
RESIDENT INSURANCE PRODUCERS REQUIRED TO TAKE EXAMINATIONS**

An “Insurance Producer” is a person required to be licensed under the laws of Tennessee to Sell, Solicit or Negotiate insurance.

General Requirements

1. The applicant is at least eighteen (18) years of age.
2. Resides in Tennessee.
3. The applicant is competent, trustworthy, financially responsible, and has a good business reputation.
4. The applicant is required to pass a written examination and complete a pre-licensing course of study thru an approved education provider for each line of insurance for which an insurance license is requested. Such course of study must consist of the following minimum number of hours. Approved education providers can be found at <https://home.pearsonvue.com/tn/insurance>.

<u>Lines of Insurance</u>	<u>Number of Hours</u>
Life	20
Accident & Health	20
Property	20
Casualty	20
Title	20
Personal Lines	20

Application Procedure

1. Complete prelicensing education requirements through an approved prelicensing education provider for the line(s) of insurance for which you wish to be licensed (Provider will complete prelicensing certification.)
2. Schedule your examination with PearsonVue online at <https://home.pearsonvue.com/tn/insurance> or contact them by phone: (800) 274-4957).
You must present your Prelicensing Education Certificate at the exam site on the day of examination.
3. Fingerprint based background check is required -- see attached instructions. **Please complete your fingerprinting at least 2 business days prior to submitting your application for a license.**
4. Pass the required examination. PearsonVue will electronically submit your scores to the department.
5. Submit your application and filing fee (\$50.00) online at www.nipr.com. **YOU MUST WAIT 48 HOURS FROM TAKING THE EXAMINATION TO SUBMIT YOUR APPLICATION ELECTRONICALLY.** Processing time for paper applications is 15 days from receipt in the Agent Licensing Section.
6. You will be issued a license by the Tennessee Department of Commerce and Insurance once you pass your examination and the Department of Commerce and Insurance is satisfied that you meet all other licensing requirements. **THE TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE MAKES THE FINAL DECISION AS TO WHETHER TO LICENSE ANY APPLICANT UNDER TENNESSEE INSURANCE LAW.**

An insurance producer shall not act as an agent of an insurer unless the insurance producer becomes an appointed agent of that insurer. The appointing insurer shall file within fifteen days from the date the agency contract is executed or the first insurance application is submitted.



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Registering for Fingerprinting

Online Registration

Available 24 hours a day, 7 days a week.

1. Go to www.identogo.com
2. Click on Tennessee map
3. Enter required information: name, agency (Department of Commerce and Insurance), choose type:

TN Insurance Producer - ORI # TN920680Z (Transaction Type – IP)

TN Public Adjuster – ORI# TN920560Z

TN Navigator/CAC - ORI# TN920783Z

4. Follow prompts for locations and payment

If you need assistance, call 1- (855) 226-2937 to speak to a representative.

FINGERPRINTING
APPLICANT RECORD NOTIFICATION

Notification

Fingerprints submitted will be used to check the criminal history records of the TBI and FBI.

Obtaining Copy

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.33 or go to the FBI website at <http://www.fbi.gov/about-us/cjis/background-checks>

Change, Correction or Updating

Procedures for obtaining a change correction or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

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**PRELICENSING EDUCATION
PROOF OF COMPLETION**

(Form Must Be Completed by Prelicensing Provider and Presented at the Exam Site)

Name: _____ Social Security No. _____

Address: _____

<i>Name of Provider</i>	<i>Authorization No.</i>	<i>No. of Hours</i>	<i>Lines of Insurance</i>	<i>Date Completed</i>
1. _____				
2. _____				
3. _____				
4. _____				

TYPE OF LICENSE REQUESTED

Life Accident & Health Property Casualty Personal Lines Title

I certify that I personally completed the above course(s).

I certify that the above named student has successfully completed the prelicensing course listed above.

Student's Signature

Instructor's Signature

Date

Name of Instructor (Typed or Printed)

Date