

**Vermont Department of Financial Regulation**  
**INSURANCE DIVISION – PRODUCER AND INDIVIDUAL LICENSING SECTION**  
**ATTACHMENT #2**  
**REQUIRED CERTIFICATIONS**

**In order to apply for a license you must certify to statement 1 and 2 below:**

**Certification of Examination and knowledge of Vermont Unfair Trade Practices Act and Regulation 79-2**

**1) I certify to the following (initial all that apply):**

I have passed a written examination for the license type for which I am applying, and I have read and understand the Vermont Insurance Trade Practices Act Title 8 V.S.A Chapter 129, Sections 4724-4726 and Insurance Regulation 79-2 (available at [www.bishca.state.vt.us](http://www.bishca.state.vt.us)) regarding claim settlement practices, prohibitive acts and the duties of a licensee.

\_\_\_\_\_  
Initial

**2) Certification of Experience or Supervision**

In order to obtain a license an applicant must certify that he/she has either two years of appropriate experience or that the applicant is subject to supervision by a qualified person. Check the appropriate certification below, but not both. Applications that are submitted without a certification will be returned. **IF YOU CANNOT CERTIFY BASED UPON EXPERIENCE, YOU MUST COMPLETE THE SUPERVISION CERTIFICATION BELOW AND PROVIDE THE NAME OF YOUR SUPERVISOR.**

**Certification of Experience**

I certify that I possess two years' experience handling loss claims if I am applying for an adjuster license or two years' experience loss appraising if I am applying for an appraiser license.

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Initial

**OR**

**Certification of Supervision**

I certify that I am subject to the immediate personal supervision of a licensed adjuster or appraiser (for appraiser applicants) who is licensed in Vermont and who has been licensed (in Vermont or elsewhere) for not less than three years immediately preceding the date of my application. I understand that I must be supervised until I have two years experience and that I cannot act under the license unless I am so supervised. I will notify the Department within thirty days of any change of my supervisor.

\_\_\_\_\_  
Initial

Name of Supervisor \_\_\_\_\_

Supervisor's Vermont License Number \_\_\_\_\_

**I certify the above is true and correct.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicant Printed Name \_\_\_\_\_