Asset Protection Division
14755 North Outer Forty, Ste 400
St. Louis, MO 63017
636-536-5600 / 800-950-6060

Protective

WISCONSIN INDIVIDUAL LICENSING FORMS & INSTRUCTIONS

Asset Protection Division
14755 North Outer Forty, Ste 400
St. Louis, MO 63017
636-536-5600 / 800-950-6060

Protective

WISCONSIN INDIVIDUAL LICENSING REQUIREMENTS
CREDIT LIFE AND DISABILITY INSURANCE

STATE OF WISCONSIN REQUIRES THAT AN INDIVIDUAL MUST BE PROPERLY LICENSED & APPOINTED **BEFORE** ANY INSURANCE CAN BE SOLD

Protective Life Insurance Company requires that appropriate licensing materials be submitted before any Credit Life and Disability contracts are provided to a Producer.

*** TO BE COMPLETED AND RETURNED FOR EACH INDIVIDUAL BEING LICENSED ***

IF THE AGENT HAS A CURRENT WISCONSINLICENSE:
Send to Protective at the above referenced address:

- Copy of the current license.
- Completed Protective Agent Profile/Background Authorization and Disclosure form.

IF THE PRODUCER DOES NOT HAVE A CURRENT WISCONSIN LICENSE:

- Producer will need to apply for a Limited Line Credit license by following the application process below.
- Producers must pass examination although, there is no pre-licensing requirement

APPLICATION PROCESS:
Assembling Documents:

- Form DJ-LE-250 Single Name Record Request to request criminal history record. Send self-addressed, stamped envelope to request criminal history record. Record is valid for 180 days. After criminal history record is received, applicant may register for the exam.
- Register for exam at www.promissor.com. Submit at exam site the criminal history record and pre-licensing education exemption waiver
- Letter of clearance (not more than 90 days old), if previously licensed in another state
- Resident license application made available to the applicant at exam site after exam is passed
- Completed Protective Agent Profile/Background Authorization & Disclosure.

Asset Protection Division
14755 North Outer Forty, Ste 400
St. Louis, MO 63017
636-536-5600 / 800-950-6060

Protective

Protective will review all documents for accuracy and send them to the Department of Insurance. Wisconsin will process the application and send the license directly to the licensee (Producer).

Licensee must send copy of the license to Protective by mail or fax at (636) 536-5630.

Should you need assistance in completing or obtaining the above referenced forms, please contact Protective at (800) 950-6060 ext. 5722

DJ-LE-250 (Rev. 7/03)

STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

DIVISION OF LAW ENFORCEMENT SERVICES
Crime Information Bureau
Record Check Unit

PO Box 2688
Madison, WI 53701-2688
608/266-5764

WISCONSIN CRIMINAL HISTORY SINGLE NAME RECORD REQUEST

A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included.
See reverse side for additional instructions and information. Please print legibly or type.

Requestor Type – Check Only One
- ☐ Government Agency $10.00*
- ☐ General Public $18.00*
- ☐ Nonprofit Org. $7.00*
- ☐ Public Defender (Fee Exempt)

SPD # _____

Request Purpose - Check Only One
- ☐ General Information
- ☐ Public Housing
- ☐ Caregiver – General (*Add $2.50 DHFS fee)
- ☐ Child Day Care - Caregiver (*Add $2.50 DHFS fee)

Provide either Facility # _____
or Certifying Agency # _____

Payment Type – Check Only One
- ☐ Bill Account Number # _____
- ☐ Amount Enclosed $ _____

Search for a Record on: (Please type or print legibly)

* Name : _____ / _____ / _____
(Last) *(First)* *(Middle)*

* Sex: _____ * Race: _____ * Date of Birth: _____ / _____ / _____
(MM) *(DD)* *(YYYY)*

Other Identifying Data (Social Security Number, Maiden Name(s), Additional Names, etc.)

_____

*** Required Data**

Return request to: (Include a self-addressed, postage-paid envelope)

Name: _____ Attn: _____

Street: _____ Phone: _____

_____ FAX: _____

City, State, Zip: _____ E-mail: _____

FOR CIB USE ONLY

If an individual is requesting his or her own record *and* wishes to guarantee the correct record is furnished, a legible inked fingerprint impression of the right index finger must accompany this request.

Right Index Fingerprint Impression

General Instructions

Use form DJ-LE-250 to request a criminal background check on a single individual. Use form DJ-LE-250A to request background checks on multiple persons. Wisconsin Statutes 19.35(1) and 165.82 provide that any person or entity may request a criminal background check. The subject of the inquiry may be any person. Wisconsin adult criminal history data held by the Crime Information Bureau is public information. Wisconsin does not release juvenile information unless statutorily authorized.

The Wisconsin Criminal History Record Request **must** provide:

(1) **Requestor Type**. Check the box for your requestor type. If you are a nonprofit organization, you must include a copy of your 501(c)3 ruling from the IRS. If you are a state public defender, you must include your SPD number.

(2) **Request Purpose.** Check the "General Information" box unless you need the special processing described below. Requests received without a request purpose checked will be processed as "general information."

Public Housing entities are eligible under federal rules for information from the FBI's Interstate Identification Index. Check the "Public Housing" box to request information from CIB and FBI files. No record will be provided from the FBI files, but public housing entities will be advised if a record exists, and they may then initiate a fingerprint-supported background check.

Caregiver Background Check processing should be used by entities or individuals required to do caregiver background checks under s. 50.065, and child care entities under s. 48.685. The caregiver background check includes a Wisconsin criminal background check, a license and registry check from the Wisconsin Department of Health and Family Services (DHFS) and a professional credential check from the Wisconsin Department of Regulation and Licensing (DRL). The results of the caregiver background check from DHFS/DRL are returned separately from the Wisconsin criminal history results. Child day care providers with day care facility numbers (assigned by the Division of Children and Family Services in DHFS) or with certifying agency numbers (assigned by the Wisconsin Department of Workforce Development(DWD)) must check the "Child Day Care" box and provide their facility or agency number. All other entities and individuals covered by the Caregiver legislation must check the "Caregiver Background Check – General" box.

(3) **Payment Type.** Wisconsin s. 165.82 requires CIB to charge a fee for background checks. If appropriate, include DHFS Caregiver fee in Amount Enclosed. If you have an account and wish to be billed, enter your account number. Account customers will be billed monthly. **A check or money order must accompany all other requests.** Make checks payable to the **Wisconsin Department of Justice**.

(4) **Enter the complete name, sex, race, and date of birth of the individual being checked.** Entry of social security number is optional, but please be aware that this number is one of the unique identifiers used by the Crime Information Bureau and by the Department of Health and Family Services. Social Security numbers help prevent incorrect matches.

(5) **A self-addressed, postage-paid envelope must accompany every inquiry. Ensure sufficient postage is included.** This form will be returned and stamped "No Record" if there is no public criminal information on file at CIB. The form will be accompanied by public criminal [illegible]

[illegible]

any surcharge required under sub. (1m), for criminal history searches for purposes unrelated to criminal justice.

(a) For each record check, except a fingerprint card record check, requested by a nonprofit organization, $2.

(ag) For each record check, except a fingerprint card record check, requested by a governmental agency, $5.

(ar) For each fingerprint card record check requested by a governmental agency, $10.

(b) For each record check by any other requestor, $13.

(1m) The department of justice shall impose a $5 surcharge if a person requests a paper copy of the results of a criminal history search requested under sub. (1).

(2) The Department of Justice shall not impose fees for criminal history searches for purposes related to criminal justice.

1999 WISCONSIN ACT 9 This act authorizes the Department of Health and Family Services to impose a fee for caregiver checks submitted to that agency. This fee has been set at $2.50 and is effective May 1, 2000. The Department of Justice has agreed to collect this fee for DHFS.

Requestor Type Category Definitions

Nonprofit Organization ($7 Fee) – An organization in which no part of the income is distributable to its members, directors or officers. Record check requests submitted to the Crime Information Bureau by nonprofit organizations must include a copy of the organization's 501{c}{3} ruling from the Internal Revenue Service].

Governmental Agency ($10 Fee) – A federal, state, county or municipal governing body created by constitution, state, code, charter, ordinance, rule or order and any formally constituted subunit or agency thereof. This category includes public school districts.

Any Other Requestor ($18 Fee) – Includes any individual, agency or organization that does not meet the definition of governmental agency, nonprofit organization or a criminal justice agency involved in the administration of criminal justice.

Asset Protection Division
Licensing – St. Louis
800-950-6060 / 636-536-5630 FAX

Protective

PRODUCER PROFILE / BACKGROUND AUTHORIZATION & DISCLOSURE

PERSONAL DATA

APPLICANT'S FULL NAME: ⇨	LAST NAME	FIRST NAME	MIDDLE NAME
SOC. SEC. NO.: ⇨			DATE OF BIRTH ⇨
HOME PHONE NUMBER: ⇨		MAIDEN NAME (IF APPLICABLE) ⇨	
EMPLOYER NAME JOB TITLE: ⇨		WORK PHONE & FAX NUMBERS ⇨	
WORK ADDRESS: ⇨		EMPLOYER EMAIL ADDRESS ⇨	

HOME ADDRESS FOR PAST FIVE (5) YEARS (Use additional paper if needed)

STREET	CITY	STATE	ZIP CODE	COUNTY	FROM	TO
					/	PRESENT
					/	/
					/	/
					/	/

LICENSING INFORMATION

Have you ever held a license to solicit any type of insurance? ☐Yes ☐No
If yes, what type of license? _____ Please attach a copy of your license.

BACKGROUND INFORMATION

YES	NO	
		1. Have you ever been charged with, been convicted of, or plead "no contest" to:
_____	_____	a. any felony or misdemeanor, other than a minor traffic violations?
_____	_____	b. any violation of state insurance department regulation or statute?
_____	_____	c. any violation of federal or state securities or investment related regulation or statute?
_____	_____	2. Have you ever or do your currently have any outstanding or unsatisfied judgments or liens against you?
_____	_____	3. Have you ever filed or been declared bankrupt or insolvent, either personally or in business?
_____	_____	4. Have you ever been or are you currently subject of a consumer-initiated complaint or proceedings?
_____	_____	5. Have you ever had an insurance license denied, refused, suspended or revoked?
_____	_____	6. Do you have any outstanding debt with any insurance company?

⇨⇨⇨⇨ **IF THE ANSWER TO ANY QUESTION ABOVE IS "YES" GIVE FULL DETAIL(S) ON REVERSE.** ⇦⇦⇦⇦

APPLICANT AUTHORIZATION & DISCLOSURE

As a routine part of the due diligence effort, Protective Life Corporation, or any of its subsidiaries (Hereinafter "Protective"), intends to conduct a verification of my background. I hereby certify that the statements contained in this Producer Profile are true and correct to the best of my knowledge and belief. I hereby further give my permission for a criminal background investigation if required by law or otherwise deemed necessary.

By completing this profile, it is understood that a consumer report will be obtained from a consumer-reporting agency as to my background. I further understand that upon written request to Protective, and within a reasonable amount of time, I may request a copy of this report. I would like a copy of the consumer report obtained by Protective. ☐

I authorize any consumer-reporting agency to release information about my background to Protective. This authorization, in original or facsimile form, shall be valid for this and any future reports done while licensed or appointed with Protective. I release from liability Protective, the company I have made application with, and its representatives for gathering and using such information.

To ensure full compliance with the Fair Credit Reporting Act, I hereby acknowledge that I have read and been given a copy of this authorization and disclosure.

SIGNED THIS _____ DAY OF _____, 20_____

_____ SIGNATURE

ACCT./DEALER NAME: _____ ACCT. NO.: _____
AGENCY NAME: _____

Protective

Final Adjudication: ___**Discharge** ___**Dismissed** ___**Pending**
___**Other** _____

Date of Final Adjudication: _____

2. ___Outstanding Judgement(s)
___Unsatisfied Judgement(s)
___Lien(s)

Reason/Condition(s) _____

_____

Location (City, State, County) _____

Date(s): _____

Lien Holder(s): _____

3. ___Bankruptcy ___Business
___Insolvent ___Personal

Reason/Condition(s) _____

_____

Location (City, State, County) _____

Date Filed: _____ Chapter: _____

Adjudication: ___**Discharge** ___**Dismissed** ___**Pending**
___**Other** _____

Date of Final Adjudication: _____

4. Give details of consumer initiated complaint or proceedings? _____

_____

_____

5. Insurance License ___Denied ___Refused ___Suspended ___Revoked

Reason/Condition(s) _____

_____

Location – State(s) _____

Date(s): _____

This Producer Profile form must be completed as part of your application for an Agreement to represent Protective. ALL questions must be answered and the information provided will be kept in confidence unless release is required by law.

SIGNED THIS _____ DAY OF _____,
20_____

_____ SIGNATURE