# STATEMENT OF EMPLOYER FORM PROPERTY AND CASUALTY BROKERS

# THIS FORM MUST BE COMPLETED BY THE EMPLOYER

Employee's	Name		Date of Birth	Social Sec	curity Number
		Emp	oloyee's Address		
Employer's	Name				
		Emp	oloyer's Address		
Under wha	t license numb	er was the above	employer		
			Financial Services?		
				Licens	e Number
r a period of not less than one year during the last three years responsible insurance duties relating to the underwriting or djusting of losses in any one or more of the following branches of surance: Fire, Marine, Liability and Workers' Compensation, delity and Surety, Property and Casualty?					
,		,		Yes	No
gularly empl uties relating ore of the fo	oyed by the ab to the underw llowing branch Compensation	oove employer in riting or adjusting es of insurance:	ne above employee responsible insurance of losses in any one o Fire, Marine, Liability ety, Property and Casu		
	,			Yes	No
. If augotion	So was answe	arad "Vaa " inalud	a the dates of ampleum	aant balaw	,.
i question	oa was answe	ered res, includ	e the dates of employn	ient below	•
FROM		Т	0		
FROM		т	0		
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nder penalty et forth is true		firm that I have co	ompleted this statemer	nt and the i	nformatio
	8		9		
 DATE	SIGN	ATURE OF EMPLOYER	9 ?	TITLE	

**NOTE**: If the employer is a Corporation, Partnership, Limited Liability Company or Insurance Company, this form must be signed by an officer, director or member.

## NOTICE TO EMPLOYER

Before completing the statement of employer form and attesting to the employee's experience, please read the following instructions to determine if the employee meets the experience requirements necessary to be exempt from the education requirements as prescribed by Section 2104 of the Insurance Law.

#### THE EMPLOYEE MUST ---

- 1. Be regularly employed for a minimum of one full year within the last three years. This employment may be with more than one employer. An employer must be an insurance company, insurance agent, or insurance broker licensed in New York State.
- Perform responsible insurance duties relating to the underwriting or adjusting
  of losses. The duties must be in any one or more of the following lines of
  insurance, fire, marine, liability, workers' compensation, fidelity & surety,
  property and casualty.

### WHEN COMPLETING THE FORM

- 1. Complete all numbers. Do not complete 6a or 6b unless applicable. The form will not be accepted if it is not complete.
- 2. If more than one employer is involved, a separate statement from each employer is required.

#### ATTACH THE FORM TO THE APPLICATION

1. After taking the examination, attach the completed Statement of Employer Form to the application; then send us the application.