

CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN (CAARP) CALIFORNIA LOW COST AUTOMOBILE INSURANCE PROGRAM (LCA)

REQUIREMENTS FOR PRODUCER CERTIFICATION

To be eligible to submit applications to the *California Automobile Assigned Risk Plan* and/or to the *California Low Cost Automobile Insurance Program*, you must hold a current Fire & Casualty agent/broker's license or Personal Lines license with the California Department of Insurance.

Per the requirements of the California Insurance Code (11629.745) all certified producers must assist any individual who wishes to purchase a Low Cost Policy. THIS INCLUDES ALL PRODUCERS WHO ONLY WRITE COMMERCIAL BUSINESS. IF A PRODUCER CHOOSES TO BECOME CERTIFIED WITH CAARP, THEY MUST COMPLY WITH 11629.745.

If a producer submits their own deposit checks on behalf of the applicant, they must have either their own agency fiduciary trust account or work for an agency that does. This is required per Section 20.A.E. Applicants are allowed to submit their own personal checks or money orders when applying for CAARP or LCA. It does not have to be the producer's check.

You must complete and mail, fax or e-mail to CAARP a Producer Certification Application and attach with it a copy of your current F & C or Personal Lines license.

You must complete within four months of your certification either a four hour Producer Seminar conducted by CAARP held at various locations throughout California, or the four online Producer Seminar available via LunchtimeCE at www.lunchtimece.com/caarp. Four hours of Department of Insurance CE credits will be given after completion.

In order to remain certified with CAARP you must:

- Complete the seminar requirement at least once every four years. Failure to complete the seminar requirement every four years will result in a lapse of your certification and affect your ability to submit applications.
- Provide CAARP with a copy of your renewal license. Failure to do so in a timely manner will result in a lapse in your certification status and affect your ability to submit applications. **Renewal licenses can be faxed to (415) 421-4013 or e-mailed to caarp@aipso.com.**

You must have access to the current CAARP Manual, which includes the rules and rates of both CAARP and the Low Cost Program. The manual is available free of charge online at www.aipso.com/ca and www.aipso.com/lc.

Only certified producers may submit applications to CAARP or the Low Cost Program. Only certified producers will have access to the Electronic Effective Date Procedure (EEDP) or EAS. Only certified producers will receive commission and are allowed to order supplies, such as applications and manuals. (For additional information regarding Producer Certification, Refer to Sections 19 and 20 of CAARP's Manual.)

There is no fee to become certified with CAARP.

Contact CAARP at (800) 622-0954 or caarp@aipso.com for more information on how to become certified. All applications and other forms can be downloaded via CAARP's website at: www.aipso.com/ca or the LCA website at: www.aipso.com/lc. Scroll down to the Forms Library.

CALIFORNIA AUTOMOBILE ASSIGNED RISK PLAN PRODUCER CERTIFICATION APPLICATION					
MAIL WITH COPY OF LICENSE TO: OR: CAARP PO Box 6530 Providence, RI 02940-6530		FAX OR E-MAIL WITH COPY OF LICENSE FAX: (415) 421-4013 EMAIL: caarp@aipso.com		FOR PLAN USE ONLY	
				RECEIVED	PROCESSED BY AND DATE
				CERTIFICATION NUMBER	
CASUALTY INSURANCE AGENT/BROKER LICENSE NUMBER		EXPIRATION DATE		TAX ID OR SOCIAL SECURITY #	
LAST NAME OR AGENCY NAME (AS IT APPEARS ON LICENSE)		FIRST NAME			MI
DBA NAME (AS IT APPEARS ON LICENSE)		E-MAIL ADDRESS			
BUSINESS STREET ADDRESS (REQUIRED)		CITY		STATE	ZIP CODE
BUSINESS MAILING ADDRESS (INDICATE IF SAME AS ABOVE)		CITY		STATE	ZIP CODE
TELEPHONE NUMBER (INCLUDING AREA CODE)		FAX NUMBER (INCLUDING AREA CODE)			
IF AN INDIVIDUAL, NAME OF AGENCY/BROKERAGE ASSOCIATED WITH*		AGENCY LICENSE NUMBER			
DO YOU CONDUCT BUSINESS AT ANY OTHER LOCATION BESIDES THE ONE ABOVE? <input type="checkbox"/> NO <input type="checkbox"/> YES IF YES, PLEASE INCLUDE A LIST INDICATING EACH LOCATION COMPLETE WITH ADDRESS, TELEPHONE/FAX NUMBERS. DO YOU OR YOUR AGENCY HAVE AN INSURANCE FIDUCIARY TRUST ACCOUNT AS REQUIRED BY CA INS CODE 1734? <input type="checkbox"/> NO <input type="checkbox"/> YES					
*NOTE: If Your Agency is Not Certified, Please Complete And Attach An Application For Agency Certification.					
FAILURE TO INCLUDE A COPY OF YOUR LICENSE WILL RESULT IN THE DELAY OF YOUR CERTIFICATION. IF ADDITIONAL COPIES OF THIS APPLICATION FORM ARE NEEDED, THIS FORM MAY BE PHOTOCOPIED.					
APPLICANT DECLARATION					
The applicant named above, or their representative, declares that in the event of certification as a producer of the California Automobile Assigned Risk Plan (CAARP) business, the applicant will comply with all Plan and Program rules and regulations. The applicant also declares that they possess or have access to a CAARP manual or that they will obtain one in a timely manner in order to facilitate their understanding of the rules and regulations. Additionally, they certify that all information on this application is true and correct and the copy of the license is as issued by the Department of Insurance. Any misrepresentation of material information or alteration of the license will result in their certification being declared invalid. The applicant also declares that they will complete CAARP's required seminar requirements. By signing below the applicant understands that if they fail to complete the seminar requirements, CAARP will no longer consider them a certified producer and that they will not be able to submit CAARP or Low Cost applications, utilize the EEDP/EASi system nor receive commission on any new business. The applicant also certifies that they will comply with all provisions of the California Insurance code.					
PRINT NAME			DATE		
SIGNATURE OF APPLICANT OR AUTHORIZED REPRESENTATIVE					
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CAARP AT (800) 622-0954 OR caarp@aipso.com					