

COMMONWEALTH OF VIRGINIA

JACQUELINE K. CUNNINGHAM
COMMISSIONER OF INSURANCE
STATE CORPORATION COMMISSION
BUREAU OF INSURANCE



P.O. BOX 1157
RICHMOND, VIRGINIA 23218
TELEPHONE: (804) 371-9631
TDD/VOICE: (804) 371-9206
<http://www.scc.virginia.gov/boi>

GUIDELINES FOR PROVIDING INSURANCE AGENT NAMES AND ADDRESSES PURSUANT TO § 2.2-3802 OF THE CODE OF VIRGINIA

PLEASE READ BOTH PAGES CAREFULLY

The Government Data Collection and Dissemination Practices Act (§§ 2.2-3800 et seq. of the Code of Virginia, as amended) provides that agencies maintaining personal information systems are permitted to release name and address information under certain strictly controlled circumstances. Subsection 5 of § 2.2-3802, is the provision applicable to requests for insurance agent personal information maintained by the State Corporation Commission's Bureau of Insurance (Bureau). This section would allow the Bureau to release the names and addresses of persons possessing insurance agent licenses, upon written request

... to a person engaged in the profession or business of offering professional educational materials or courses for the sole purpose of providing the licensees ... with informational materials relating solely to available professional educational materials or courses, provided the disseminating agency is reasonably assured that the use of such information will be so limited

With the advent of continuing education requirements for certain insurance agents and insurance consultants licensed in Virginia, the Bureau recognizes that there is now a legitimate basis for some to request information contained in the Bureau's records. The Bureau also recognizes, however, the potential for abuse by those seeking access to such information for purposes other than those set forth above. In order for the Bureau of Insurance to be "reasonably assured" as to the intended use of information requested, a number of preliminary requirements will be imposed before information will be disseminated.

① The person requesting the information **must provide the following:**

1. A copy of the confirmation letter from Pearson VUE, the administrator for the Virginia Insurance Continuing Education Board (Board), verifying that the requesting party is registered with the Board as a continuing education sponsor in Virginia; **AND**
2. Copies of the informational materials that will be included in the mailing for which such information will be utilized.

- ② In addition to the above, the person requesting the information will be required to complete the **AGENT NAME AND ADDRESS DATA REQUEST FORM**, providing all requested parameters and signing the certification before a notary public.
- ③ Upon receipt of all required documentation and information, including a non-refundable fee (**\$100 per license type** for email or CD format; **\$500** for print-out format) per request, in the form of a cashier's check or money order made payable to the **TREASURER OF VIRGINIA, SCC/BOI**, the Bureau will process the request and will provide the information in the format requested. Please allow a reasonable period of time for the request to be processed and the information to be sent to the requesting party. CDs and printouts will be sent via First Class mail unless alternative arrangements are made in advance.
- ④ Information will be provided only in the following formats:
 1. 8 ½ X 11 computer print-out
 2. CD
 3. Email
- ⑤ Because continuing education course completion requirements apply only to Virginia residents, the Bureau of Insurance will honor requests only for lists of resident agents, and only for those resident agents holding one or more of the five license types that are subject to continuing education requirements. We will provide agent names and residence addresses broken down within the following criteria, or any reasonable combination thereof:
 1. You may request one or more of the five license types subject to continuing education in a single request, provided that the same state or zip code parameters are requested for each. However, there is a charge of \$100 for each license type requested in CD or email form. The charge for a print-out will remain \$500, regardless of the number of license types requested.
 2. You may request agents by residence ZIP CODE (first 3 digits only).
- ⑥ The Bureau will not be responsible, nor will credits be given, for:
 1. Duplicate information where agents hold more than one of the requested license types; **or**
 2. Incorrect residence address information

Completed data request forms and fees, as well as any questions regarding the above procedures should be addressed to:

Bureau of Insurance
Agents Licensing
P. O. Box 1157
Richmond, VA 23218
bureauofinsurance@scc.virginia.gov

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AGENT NAME AND ADDRESS DATA REQUEST FORM

(This form may be photocopied as needed)

PLEASE PRINT OR TYPE ALL INFORMATION

REQUESTING PARTY (Must be a principal, partner, officer or director, as applicable to the type of firm making the request)

NAME: _____

TITLE: _____

FIRM NAME: _____

EMAIL ADDRESS: _____

MAILING ADDRESS: (Give street address in addition to any PO Box address)

TELEPHONE NO.: _____ FAX NO.: _____

DOCUMENTATION ENCLOSED AS PROOF OF INTENT

Materials to be included
in the mailing

AND

Continuing Education Sponsor
confirmation letter

FORMAT REQUESTED

Print-out (\$500 FEE)

Email (\$100 FEE for **each**
license type requested)

CD (\$100 FEE for **each**
license type requested)

DELIVERY

Printout and CD requests will be sent via First Class Mail. Requesting parties wishing to make alternative arrangements should contact the Automated Systems Section by telephone prior to submitting this request.

Normal Shipping

Alternative Arrangements
(See enclosed)

Hold for pick-up

INFORMATION REQUESTED - (Note - Requests for more than one license type must use the same selection criterion)

LICENSE TYPES - Check **ALL** that apply - **FEE IS \$100 PER LICENSE TYPE FOR CD or EMAIL FORMAT, \$500 PER REQUEST FOR PRINTOUT FORMAT**

- Life & Annuities
- Health
- Property & Casualty
- Personal Lines
- Title
- Life & Health Consultants
- Property & Casualty Consultants

ALL VIRGINIA RESIDENTS or

ONLY THE FOLLOWING VIRGINIA ZIP CODES

CERTIFICATION

The undersigned hereby certifies, under penalty of perjury, that the information requested herein shall, upon receipt, be utilized by the undersigned and the firm named above, if any, for the sole purpose of providing Virginia insurance licensees with informational materials relating solely to available professional educational materials or courses. I further certify that the information requested herein will not be sold or otherwise disseminated to parties not affiliated with the firm named above, if any, nor used for the purpose of recruiting by the firm named above nor any other party. By executing this certification, the firm named above agrees to be held fully responsible for any unauthorized use of the information requested.

SIGNATURE

DATE

COUNTY OR CITY OF _____

STATE OF _____

This day the above individual appeared before me, the undersigned Notary Public, for the jurisdiction stated above, acknowledged the above signature as his or her own, and made oath that the matters and things stated in the foregoing are true to the best of his or her knowledge, belief, and information.

GIVEN UNDER MY HAND THIS _____ DAY OF _____, 20____.

MY COMMISSION EXPIRES THE _____ DAY OF _____, 20____.

Signature of Notary