

“Ordering Checklist”

For Prelicensing Materials Accessed Online from Dohrn Insurance Training

In order to successfully register and complete one of our self study prelicensing courses you must mail or fax ALL of the following items to us:

_____ EXAM ANSWER SHEET (FOR EACH LINE), SIGNED

**_____ ONLINE COURSE REGISTRATION FORM WITH
PAYMENT OR PAYMENT INFORMATION**

_____ COURSE COMPLETION LETTER REQUEST

WHEN YOU ARE FINISHED WITH YOUR PRELICENSING COURSE(S) AND WISH TO HAVE THEM GRADED AND CERTIFIED, RETURN THE THREE PAGES NUMBERED 2, 3 AND 4, BELOW.

Make certain all three sheets are fully completed
to assure prompt processing

NO COURSE WILL BE GRADED AND CERTIFIED WITHOUT PAYMENT.

NONSUPERVISED COURSE FINAL EXAM ANSWER SHEET
(MUST BE COMPLETED AND RETURNED FOR SCORING AND COURSE CERTIFICATION)

Complete this exam in an "open book" fashion. Answer only if you are certain you are correct; otherwise find the correct response in the study materials.

PRINT
NAME _____ SIGNATURE _____

COMPLETE ALL QUESTIONS

SOC. SEC. # _____ USE PENCIL- "X" over response

My answers below are for (circle one):

LIFE

HEALTH

PROPERTY

CASUALTY

(80 QUESTIONS FOR EACH LINE)

- | | | | |
|-------------|-------------|-------------|-------------|
| 1) A B C D | 21) A B C D | 41) A B C D | 61) A B C D |
| 2) A B C D | 22) A B C D | 42) A B C D | 62) A B C D |
| 3) A B C D | 23) A B C D | 43) A B C D | 63) A B C D |
| 4) A B C D | 24) A B C D | 44) A B C D | 64) A B C D |
| 5) A B C D | 25) A B C D | 45) A B C D | 65) A B C D |
| 6) A B C D | 26) A B C D | 46) A B C D | 66) A B C D |
| 7) A B C D | 27) A B C D | 47) A B C D | 67) A B C D |
| 8) A B C D | 28) A B C D | 48) A B C D | 68) A B C D |
| 9) A B C D | 29) A B C D | 49) A B C D | 69) A B C D |
| 10) A B C D | 30) A B C D | 50) A B C D | 70) A B C D |
| 11) A B C D | 31) A B C D | 51) A B C D | 71) A B C D |
| 12) A B C D | 32) A B C D | 52) A B C D | 72) A B C D |
| 13) A B C D | 33) A B C D | 53) A B C D | 73) A B C D |
| 14) A B C D | 34) A B C D | 54) A B C D | 74) A B C D |
| 15) A B C D | 35) A B C D | 55) A B C D | 75) A B C D |
| 16) A B C D | 36) A B C D | 56) A B C D | 76) A B C D |
| 17) A B C D | 37) A B C D | 57) A B C D | 77) A B C D |
| 18) A B C D | 38) A B C D | 58) A B C D | 78) A B C D |
| 19) A B C D | 39) A B C D | 59) A B C D | 79) A B C D |
| 20) A B C D | 40) A B C D | 60) A B C D | 80) A B C D |

You must also mail or fax the following for course completion:

- ❶ ONLINE COURSE REGISTRATION FORM WITH PAYMENT OR PAYMENT INFORMATION**
- ❷ COURSE COMPLETION LETTER REQUEST**

ONLINE COURSE REGISTRATION FORM

(Only to be used when completing a PRE-LICENSING SELF STUDY course **ACCESSED** from our website, www.dohrnit.com)

PLACE AN "X" NEXT TO YOUR COURSE CHOICE(S)

___ LIFE ___ ACCIDENT & HEALTH ___ PROPERTY ___ CASUALTY

Fees Per Person for Self study: L or H or P or C Only, each is **\$50(one line)**;

L&H or P&C: **\$70 each (two lines): ALL FOUR LINES (L/H/P&C) \$125.00**

(ALL EXAMS MUST BE SUBMITTED WITH PAYMENT SIMULTANEOUSLY TO DOHRN)

REGISTRATION INFORMATION:

NAME _____ Bus. Firm _____ SS# _____

STREET _____ CITY _____ ST _____ ZIP _____

(WE MUST HAVE YOUR Daytime Phone - very important): () _____

TOTAL LINE(S) ORDERED: _____ **TOTAL AMOUNT ENCLOSED \$** _____

IF PAYMENT IS BY CHECK OR MONEY ORDER & MAILED PLEASE INDICATE: CHECK _____ M.O. _____

Note: Payment by check will delay course completion and reporting to the Illinois Dept. of Insurance BY 10 DAYS.

If you want immediate grading and reporting you must pay by credit card or money order.

By your signature below the purchaser using a credit card as payment acknowledges and agrees that once this order is received by Dohrn Insurance Training it is final and NO REFUND is available.

CREDIT CARD INFORMATION - Bill my account for the total amount shown above

CREDIT CARD NUMBER _____

CARDHOLDER NAME _____ **EXP. DATE** _____

(PRINT)

MO. / YEAR

Cardholder Signature

If Credit card billing address is different than the shipping address above, you must provide below:

Card Billing

Street Address: _____ City _____ St. _____ Zip _____

ALSO AVAILABLE: "LONG-TERM CARE PARTNERSHIP INSURANCE REQUIRED TRAINING" (8 HOURS)

Continuing Education ONLY: \$30 when ordered with at least one prelicensing course program, otherwise \$37 when ordered alone online; \$42 to have course materials shipped)

CIRCLE THIS AREA TO ORDER Long Term Care AND ENCLOSE EXTRA \$30 IN PAYMENT TOTAL, ABOVE

2 WAYS

1) Complete this form, enclose payment and **MAIL** to : DOHRN INSURANCE TRAINING, INC.

8517 W. GRAND AVE., UNIT C, RIVER GROVE, IL. 60171

TO REGISTER

2) **COMPLETE AND FAX ORDER FORM WITH CREDIT CARD INFO:1-847-455-1153**

(Fastest service is option #2 with credit card payment)

PLEASE NOTE: Nonsupervised exams accompanied with credit card payments or money orders are processed immediately while payment by check will delay certification and reporting to the Division of Insurance for a period of two weeks from receipt. Once Dohrn receives your payment, exam answer sheet(s) and other required paperwork, you will be contacted by phone at the above number the same or next business day it is received. ALL SUCCESSFUL COURSE COMPLETIONS WHICH ARE PROPERLY PAID ARE REPORTED EVERY WEEKDAY FOR THE PREVIOUS DAY OR PERIOD. OUR TOLL FREE NUMBER IS 800-876-3313, M-F 9AM UNTIL 2 PM.

COURSE COMPLETION LETTER REQUEST

For prelicensing courses completed with DOHRN ONLINE prelicensing material.

MY NAME IS: (print clearly) _____

The course(s) I am completing is (are) : (Circle each line for which you are also submitting a completed and signed exam answer sheet and payment)

LIFE

ACCIDENT & HEALTH

PROPERTY

CASUALTY

Fax to: 847-455-1153

Or mail to: Dohrn Insurance Training, Inc., 8517 W. Grand Avenue, River Grove, IL 60171

❶ this page and

❷ ONLINE COURSE REGISTRATION FORM WITH PAYMENT OR PAYMENT INFORMATION

AND

❸ EXAM ANSWER SHEET (FOR EACH LINE), SIGNED

I have enclosed the above information with payment and request that DOHRN grade my exam(s) and certify my completion to the Illinois Department of Insurance and MAIL MY COMPLETION LETTER for my records to

Street _____

City _____ St _____ Zip _____

I understand that my course completion will be processed promptly unless I have paid by check (payment by check will delay completion for two weeks from the date of exam receipt). I also understand that no certification will be processed if I fail the attached nonsupervised exam and that no refund of course fees is available once I submit an answer sheet with payment to Dohrn Insurance Training, Inc. (whether I pass or fail the nonsupervised exam. If I fail, I understand that I will receive a “makeup” exam which must be completed and returned for grading within 30 days of sending the notice to me of failure. If I fail the makeup exam, I understand that I will have to complete prelicensing with a different course provider for another course fee and that no refund from Dohrn is available.

I also understand that as a Dohrn prelicensing client I will enjoy Preferred Client Discount continuing education pricing if I purchase continuing education from Dohrn within two years of my prelicensing course completion date.

SIGNED _____ DATE _____

(Signature and date is required for processing)

ACCESSING *Life And/Or Accident and Health* **DOHRN Prelicensing Courses Online**

For each course you wish to complete **make certain you read and complete each section that appears below the license you wish to obtain.** Use the handy check list for each section as you study to make certain you are completing the entire course. To receive certification for successfully completing any Prelicensing course, **you must send your signed and completed exam answer sheet to DOHRN for grading along with payment** (all forms printed with this section). Your completion and payment will be acknowledged by phone at the number you provide on the registration from within 2 business days.

**TO ACCESS A LINE TO STUDY, CLICK ON THE LINE YOU WISH TO STUDY
(Life, Accident & Health, Property or Casualty)**

COURSE COMPLETION CHECKLIST

**(MAKE SURE TO READ AND COMPLETE
EACH SECTION LISTED UNDER EACH LINE SELECTED)**

☞ Life Insurance

_____ ☞ Life Manual

_____ ☞ Law Common To All Lines
AND Law Specific to Life

_____ ☞ **Nonsupervised Life Exam (required)1**

_____ ☞ Practice* Law Test

_____ ☞ Diagnostic Life (practice test*)

_____ ☞ Simulated Multi-State AND
Simulated Law (practice test*)

☞ Accident & Health Insurance

_____ ☞ Accident & Health Manual

_____ ☞ Law Common to All Lines AND
Law Specific to Accident & Health

_____ ☞ **Nonsupervised A&H Exam
(required)1**

_____ ☞ Practice* Law Test

_____ ☞ Diagnostic A&H (practice test*)

_____ ☞ Simulated Multi-State AND
Simulated Law Exam (practice test*)

1) Must be sent to and graded by Dohrn Insurance Training, Inc.

*) Taking All practice exams is strongly recommended and each practice test has an answer key provided for self scoring

ACCESSING *Property and/or Casualty* **DOHRN Prelicensing Courses Online**

For each course you wish to complete **make certain you read and complete each section that appears below the license you wish to obtain.** Use the handy check list for each section as you study to make certain you are completing the entire course. To receive certification for successfully completing any Prelicensing course, **you must send your signed and completed exam answer sheet to DOHRN for grading along with payment** (all forms printed with this section). Your completion and payment will be acknowledged by phone at the number you provide on the registration from within 2 business days.

TO ACCESS A LINE TO STUDY, CLICK ON THE LINE YOU WISH TO STUDY (Life, Accident & Health, Property, Casualty or Personal Lines)

COURSE COMPLETION CHECKLIST

**(MAKE SURE TO READ AND COMPLETE
EACH SECTION LISTED UNDER EACH LINE SELECTED)**

☞ Property

_____ ☞ Property Manual

_____ ☞ Law Common To All Lines
_____ Law Specific to Property

_____ ☞ **Nonsupervised Property Exam**(required)¹

_____ ☞ Practice*Property Law Test

_____ ☞ Simulated Multi-State AND
_____ Simulated Law Exam (practice test*)

☞ Casualty

_____ ☞ Casualty Manual

_____ ☞ Law Common to All Lines
_____ Law Specific to Casualty

_____ ☞ **Nonsupervised Casualty Exam**
(required)¹

_____ ☞ Practice* Casualty Law Test

_____ ☞ Simulated Multi-State AND
_____ Simulated Law Exam (practice test)

1) Must be sent to and graded by Dohrn Insurance Training, Inc.

*) Taking All practice exams is strongly recommended and each practice test has an answer key provided for self scoring