

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

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 ....

- ① The person requesting the information **must provide the following:**
  - a. A copy of the confirmation letter from Pearson VUE verifying that the requesting party is registered with the Virginia Insurance Continuing Education Board as a continuing education provider in Virginia; **AND**
  - b. Copies of the informational materials that will be included in the mailing for which such information will be utilized; **AND**
  - c. The completed **AGENT NAME AND ADDRESS DATA REQUEST FORM**, providing all requested parameters and signing the certification before a notary public.
- ② The Bureau will process the request and provide the information in an Excel spreadsheet. Please allow a reasonable period of time for the request to be processed. The spreadsheet will be sent via email.
- ③ The Bureau of Insurance will honor requests only for lists of resident agents holding one or more of the license types that are subject to continuing education requirements.
- ④ The Bureau will not be responsible for duplicate information where agents hold more than one of the requested license types, or incorrect residence address information.

Submit your request to Bureau of Insurance, PO Box 1157, Richmond, VA 23218. Questions may be submitted to [AgentLicensing@scc.virginia.gov](mailto:AgentLicensing@scc.virginia.gov).

# COMMONWEALTH OF VIRGINIA

SCOTT A. WHITE  
COMMISSIONER OF INSURANCE  
STATE CORPORATION COMMISSION  
BUREAU OF INSURANCE



**P.O. BOX 1157  
RICHMOND, VIRGINIA 23218**

**1300 E. MAIN STREET  
RICHMOND, VIRGINIA 23219**

**TELEPHONE: (804) 371-9631**  
**[www.scc.virginia.gov/boi](http://www.scc.virginia.gov/boi)**

## AGENT NAME AND ADDRESS DATA REQUEST FORM

**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:** \_\_\_\_\_

PROVIDER ID: (assigned by Pearson VUE) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

**DOCUMENTATION ENCLOSED AS PROOF OF INTENT**

[ ] Materials to be included in the mailing **AND** [ ] CE Sponsor confirmation letter

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

**LICENSE TYPES** - Check **ALL** that apply (no fees required)

<input type="checkbox"/> Life & Annuities	<input type="checkbox"/> Title
<input type="checkbox"/> Health	<input type="checkbox"/> Life & Health Consultants
<input type="checkbox"/> Property & Casualty	<input type="checkbox"/> Property & Casualty Consultants
<input type="checkbox"/> Personal Lines	<input type="checkbox"/> Public Adjuster

**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 or 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**

(REVISED 6/2015)

\_\_\_\_\_  
**(SEAL)**