



PRE-LICENSING - REGISTRATION FORM (New Jersey)

Please print, complete and fax, mail or email this form to reserve your place for your choice of course

Name				<input style="width: 100%;" type="text"/>			
Address				<input style="width: 100%;" type="text"/>			
City		State		Zip Code			
Phone (H)		Phone (W)					
Cell #		Soc. Sec. #					
E-Mail			Birth Date				
Employer			Occupation:				
Address				<input style="width: 100%;" type="text"/>			
City		State		Zip Code			
Phone		Manager					

PLEASE CHECK DESIRED PRE-LICENSING COURSE(S) AND DATE(S) YOU ARE REGISTERING FOR

- Life Only **(Self Study \$150)** - \$295 (Includes textbook) Start Date: _____ Location: _____
- Accident and Health Only **(Self Study \$150)** - \$295 (Includes textbook) Start Date: _____ Location: _____
- Life, Accident and Health **(Self Study - \$185)** - \$375 (Includes textbook) Start Date: _____ Location: _____
- Personal Lines **Self Study \$199** - \$395 (Includes textbook) Start Date: _____ Location: _____
- Property & Casualty **Self Study - \$250** - \$495 (Includes textbook) Start Date: _____ Location: _____

Life or Accident & Health - Course includes 10 classroom hrs/10 hrs self study/ 1.5 hrs - classroom review 1.5 hrs Exam
Life, Accident & Health - Course includes 20 classroom hrs/20 hrs self study/ 3 hrs - classroom review/ 3 hrs Exam
Personal Lines - Course includes 10 classroom hrs/10 hrs self study/ 1.5 hrs - classroom review/1.5 hrs Exam
Property & Casualty - Course includes 20 classroom hrs/20 hrs self study/ 3 hrs - classroom review/ 3 hrs Exam
Students must receive 70% or better to pass each Exam. Our Course will prepare you for the State Exam

PAYMENT METHOD: (Check One and list the card

Payment Enclosed: \$ _____ (Shipping is \$10.00 additional)

- Certified Check Card # _____
- Money Order Master card Expiration Date: _____
- American Express Visa Am. Exp. 4 Digit # _____ All other cards 3 Digit # _____

Registration: All registration fees must be received at least two weeks (2) prior to class start date. This will enable timely delivery of your course materials prior to class.

- Register by **Phone/Fax:** Tel. 845-354-2036 Fax completed Registration Form to 845-354-4779
- Register by **E-mail:** info@focalinsurance.com OR **Online:** www.focalinsurance.com
- Register by **Mail:** Return Registration Form with Certified Check or Money Order payable to: **Focal Insurance Consulting - Insurance Education**
 P.O. Box 175 Pomona, New York 10970-0175

Attendance: **The State of New Jersey Department of Banking and Insurance requires full attendance for New Jersey Pre-Licensing Course.**
 All students are required to attend all of the classroom instructional hours, complete all of the Self Study and review hours and pass the Final Exam for successful completion of the course.

Refund: Tuition fees are refundable if you provide a **written** request to Focal Insurance one (1) working day prior to class date less a \$25 non refundable administrative Fee.

Rescheduling: Tuition is non-refundable for "No Shows". "No Shows are allowed one opportunity to reschedule class with a \$20 reschedule fee. If you are not rescheduling, all materials must be returned in resellable condition to receive a refund for your text.

Certificates: A Certificate of Completion is given to each student at the end of the course. There is a \$10 Charge for replacement Certificates

How did you hear of us? Advertising _____ Internet _____ NJ State Ins. Dept. _____ Referral _____ Other _____

Signature: _____ Date: _____