

## **Uniform Application for Individual Producer License/Registration**

(Please Print or Type)

### Check appropriate box for license requested.

- □ Resident License
- □ Non-Resident License
  - Identify Home State: \_\_\_\_\_\_

	Demogr	aphic Infor	mation				
1 Soc. Security Number	2 If assi	gned, National	Producer	Number (	NPN)		
If applicable, FINRA Individual Central Registration	Denository (CRD)						
If applicable, FINRA Individual Central Registration Number	Depository (CRD)						
4) Last Name JR./SR. etc	(5) First N	lame		6) Middle	e Name	7 Date of Bir	rth
						(month)	(day) (year)
Residence/Home Address (Physical Street)	9 Cit	ty	Į.		10 State	11 Zip Code	12 Foreign Country
(3) Home Phone Number (4) Gender (Circle (1) - Male Femal		ou a Citizen of t				you a citizen?)	
Individual Applicant Email Address:					-	-	proof of eligibility to
	work in t	he U.S.)					
16 Business Entity Name							
~							
(17) Business Address (Physical Street)	[8] P.O. Box	(19)City		@ St	ate	21) Zip Code	②Foreign Country
63 D	<u> </u>	<b>6 7</b> ·	E 14 '1 4	11		O D : W	1.0% 4.11
(3) Business Phone Number (include extension) (	umber	25 Business	E-Mail A	ddress		26 Business We	eb Site Address
( ) - (7) Applicant's Mailing Address	(28) P.O. Box	② City		30) St	ate 21 7i	p Code	32) Foreign Country
2) Applicant's Maining Address	28)1.O. Box	29 City		30) 31		p Code	(32)1 oreign country
33) a. List any other assumed, fictitious, alias, maiden or tra	de names which yo	u have used in	the past.				
ľ							
b. List any trade names under which you are currently d	loing business or int	end to do busin	iess.				
(May be subject to state approval)							
(34) List your Insurance Agency Affiliations: (Complete onl	Agency or Bu				of the busines	es entity)	
						•	
FEINNPN							
FEINNPN							
FEIN NPN							
(5) Account for all time for the past five years. Give all em		oyment His		nt amplo	er working b	ock five veers. In	clude full and part time
work, self-employment, military service, unemployment a	nd full-time educati	on.		ant employ		ack live years. In	ciude fuii and part-ume
			From Month	Year M	To onth Year	P	osition Held
Name							
City State Foreign	Country			•			
Name							
,	Country				<u> </u>		
Name  City State Foreign	Country					_	
Name State Foreign	i Counti y						
	Country					-	
<u> </u>	(St	ate Use)					



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36 Next to each j	urisdicti	on, chec	k the lic	ense type	Ju e(s) and	risdic line(s)	tion ar	nd Typ rity for v	e of L	icense u are app	Request plying.	ed					
License Types:			– Agent			$\mathbf{B} - \mathrm{Br}$	oker			oducer		P – Surplus	Lines Produc	er			
Lines of Author	rity:		– Varial fe/Varia	ole ble Ann	uity	L – Li	fe		Healti Sickn	h or		Property	C – Casualty		PI	PL – Personal Lines	
Limited Lines:			redit– C	redit			Car Rent			P - Crop	T –	Travel	S – Sure		Ту	O – Other: Specify Type	
		Licens						s of Autl					imited Lines				
Jurisdiction	A	В	P	SLP	V	L	Н	P	C	PL	Credit	CR	CROP	Т	S	0	
AK AL																	
AR																	
AZ																	
CA CO																	
CT																	
DC																	
DE FL																	
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WA WI																	
WV																	
WY						L											



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Background Information		
The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.		
1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?	Yes	No
Note: "Crime" includes a misdemeanor, a felony or a military offense.		
You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.		
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.		
If you answer yes, you must attach to this application:  a) a written statement explaining the circumstances of each incident,  b) a copy of the charging document,  c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.		
If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?  N/A Yes No		
If so, was consent granted? (Attach copy of 1033 consent approved by home state.)  N/A Yes No		
2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?	Yes	No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.		
If you answer yes, you must attach to this application:  a) a written statement identifying the type of license and explaining the circumstances of each incident,  b) a copy of the Notice of Hearing or other document that states the charges and allegations, and  c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.		
3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others	Yes	No
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.		
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?	Yes	No
If you answer yes, identify the jurisdiction(s):		
5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?	Yes	No
If you answer yes, you must attach to this application:  a) a written statement summarizing the details of each incident,  b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and  c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.		



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6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	Yes	No
<ul> <li>If you answer yes, you must attach to this application:</li> <li>a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and</li> <li>b) copies of all relevant documents.</li> </ul>		
7. Do you have a child support obligation in arrearage?	Yes	No
If you answer yes,  a) by how many months are you in arrearage? b) are you currently subject to and in compliance with any repayment agreement? c) are you the subject of a child support related subpoena/warrant? (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)	Yes Yes	Months No No
8). In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?	N/A Yes	No
Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?  Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.	Yes	No



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#### **Applicant's Certification and Attestation**

(38) The Applicant must read the following very carefully:

- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that
  submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of
  the license and may subject me to civil or criminal penalties.
- 2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
- 5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
- 8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

#### Attachments



The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

- For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
- 2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).