## National Treatment and Coordination (E) Working Group

### Company Licensing Proposal Form

<table>
<thead>
<tr>
<th>DATE: 4/16/2020</th>
<th>FOR NAIC USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONTACT PERSON:</td>
<td>Agenda Item # 2020-01</td>
</tr>
<tr>
<td>Jennifer Milam</td>
<td>Year 2020</td>
</tr>
<tr>
<td>TELEPHONE:</td>
<td>DISPOSITION</td>
</tr>
<tr>
<td>EMAIL ADDRESS:</td>
<td>[ ] ADOPTED</td>
</tr>
<tr>
<td><a href="mailto:Jennifer.milam@floir.com">Jennifer.milam@floir.com</a></td>
<td>[ ] REJECTED</td>
</tr>
<tr>
<td>ON BEHALF OF:</td>
<td>[ ] DEFERRED TO</td>
</tr>
<tr>
<td>National Treatment &amp; Coordination (E) WG</td>
<td>[ ] REFERRED TO OTHER NAIC GROUP</td>
</tr>
<tr>
<td>NAME:</td>
<td>[ X ] EXPOSED Due Sept. 25th</td>
</tr>
<tr>
<td>Debbie Doggett &amp; Linda Johnson co-chairs</td>
<td>[ ] OTHER (SPECIFY)</td>
</tr>
<tr>
<td>TITLE:</td>
<td></td>
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<tr>
<td>AFFILIATION:</td>
<td></td>
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<tr>
<td>MO DOI and WY DOI</td>
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<tr>
<td>ADDRESS:</td>
<td></td>
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</tbody>
</table>

### IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

[X ] UCAA Forms [ ] UCAA Instructions [ ] Enhancement to the Electronic Application Process
[ ] Company Licensing Best Practices HB

**Forms:**

- [ ] Form 1 – Checklist
- [ ] Form 2 - Application
- [ ] Form 3 – Lines of Business
- [ ] Form 6- Certificate of Compliance
- [ ] Form 7 – Certificate of Deposit
- [ ] Form 8 - Questionnaire
- [ ] Form 8C- Corporate Amendment Questionnaire
- [ X ] Form 11-Biographical Affidavit
- [ ] Form 12-Uniform Consent to Service of Process
- [ ] Form 13- ProForma
- [ ] Form 14- Change of Address/Contact Notification
- [ X ] Form 15 – Affidavit of Lost C of A
- [ ] Form 16 – Voluntary Dissolution
- [ ] Form 17 – Statement of Withdrawal

### DESCRIPTION OF CHANGE(S)

To clarify the signature was either a wet signature or an electronic signature on Form 11 (Biographical Affidavit) and Form 15 (Affidavit of Lost C of A) by including the following verbiage within the notary section “foregoing instrument was acknowledged before me by means of _physical presence or _online notarization….”. Each state’s requirements will be noted on the signature chart posted on the UCAA webpage. Form 15 will be added to this chart.

### REASON OR JUSTIFICATION FOR CHANGE **

As more and more states move towards accepting electronic signatures and update their statutory requirements it is necessary to capture those requirements on these forms. This change will identify which avenue (physical or electronic) the notary used to verify the affiant’s signature. With the current climate of remote working due to Covid-19 it may be necessary to utilize electronic signatures and notaries going forward. This will also be a requirement when the biographical affidavit database is created.

### Additional Staff Comments:

** This section must be completed on all forms.

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Uniform Certificate of Authority Application (UCAA)

BIOGRAPHICAL AFFIDAVIT

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: _________________________ UCAA Type: _________________________ Other: _________________________

Detail Eliminated To Conserve Space

Dated and signed this ______ day of _________________ 20 _____ at _________________________ . I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

___ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

______________________________________________
(Signature of Affiant)

State of: _______________________ County of: ________________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ______day of ____________, 20____ by _____________________, and: ☐ who is personally known to me, or ☐ who produced the following identification:

___________________________________
Notary Public

___________________________________
Printed Notary Name

___________________________________
My Commission Expires
BIOGRAPHICAL AFFIDAVIT
Supplemental Personal Information

(Print or Type)

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: _________________________ UCAA Type: _________________________ Other: _________________________

Detail Eliminated To Conserve Space

Dated and signed this _____ day of ________________, 20_____ at _____________________________________. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

___ I hereby acknowledge that I may be contacted to provide additional information regarding international searches.

______________________________
(Signature of Affiant)

State of: _____________________ County of: _____________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization; this _____ day of ______________, 20____ by __________________, and: ☐ who is personally known to me, or ☐ who produced the following identification:

[SEAL]

______________________________
Notary Public

______________________________
Printed Notary Name

______________________________
My Commission Expires
DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS  
(All states except California, Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)(“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may obtain copies of any Background Reports about you from the consumer reporting agency (“CRA”) that produces them. You may also request more information about the nature and scope of such reports by submitting a written request to Company. To obtain contact information regarding CRA or to submit a written request for more information, contact _______________________________________________________________________[company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.”

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

___________________________________________________________________________________________________
(Printed Full Name and Residence Address)

______________________________   ____________________________
(Signature) (Date)

State of: _______________ County of: ________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of ______________, 20_____ by ________________________, and: ☐ who is personally known to me, or ☐ who produced the following identification:

[SEAL]                        ____________________________
Notary Public                  Printed Notary Name

______________________________
My Commission Expires
DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS  
(Minnesota and Oklahoma)

This Disclosure and Authorization is provided to you in connection with pending or future application(s) of [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both)(“Background Reports”) regarding your background for review by a department of insurance in any state where Company pursues an Application during the term of your functioning as, or seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _______________________________________________________[company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. This Authorization shall remain in full force and effect until the earlier of (i) the expiration of the Term of Affiliation, (ii) written revocation as described above, or (iii) six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

__________________________________________   ___________________________
(Signature)  (Date)

State of:________________ County of:________________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this day of ______________, 20___ by _____________________, and: ☐ who is personally known to me, or ☐ who produced the following identification:

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires
DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS

(California)

This Disclosure and Authorization is provided to you in connection with a pending application of ________________ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through ________________ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____________________________________________________________________ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

☐ By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law. I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

_______________________________________________   ______________________________
(Printed Full Name and Residence Address) (Signature) (Date)

State of:_______________   County of ________________

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this ___ day of ________________ , 20___ by __________________, and: ________________________, who is personally known to me, or ☐ who produced the following identification: _______________________.

[SEAL]

Notary Public

Printed Notary Name

My Commission Expires
Uniform Certificate of Authority Application (UCAA)

AFFIDAVIT OF LOST CERTIFICATE OF AUTHORITY

STATE OF __________________________ )
COUNTY OF __________________________ )

BEFORE ME, the undersigned authority, on this day personally appeared ____________________________, who after being by me duly sworn upon oath deposes and states:

That he/she is the ______________________________________ of ____________________________ , ____________________________ ,
__________________________________________ , _________________________________________ ,
(City of Domicile) ____________________________ , (State of Domicile)
and that he/she has custody and control of the minutes and other records of said corporation and that diligent search has been made for the current Certificate of Authority issued to said corporation by the _____________________________________ .
(State Department of Insurance)

This said Certificate of Authority, issued in _________, cannot be located and is considered lost, misplaced or destroyed, and it is therefore impossible to surrender said Certificate to the __________________________________________________ .
(State Department of Insurance)

In the event that the original Certificate of Authority is located, the Company will immediately return the Certificate of Authority to the __________________________________________________ .
(State Department of Insurance)

DATED this ________ day of ____________________, 20_____

_______________________________________________
(Signature)

STATE OF __________________________ )
COUNTY OF __________________________ )

This instrument was acknowledged before me ☐ physical presence or ☐ online notarization, the above named ______________________________________, personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein, are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _________ day of ____________________, 20_____

________________________________________
(Notary Public)