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Uniform Application for Individual License/Registration

(Please Print or Type)

Check appropriate boxes for license requested.

- ❑ Resident License
- ❑ Non-Resident License
  - Identify Home State: ___
- ❑ New Application
- ❑ Additional Line of Authority

Demographic Information

(1) Soc. Security Number	(2) If assigned, National Producer Number (NPN)				
(3) If applicable, FINRA Individual Central Registration Depository (CRD) Number					
(4) Last Name JR./SR. etc	(5) First Name	(6) Middle Name	(7) Date of Birth (month) ___ (day) ___ (year)____		
(8) Residence/Home Address (Physical Street)	(9) City	(10) State	(11) Zip Code	(12) Foreign Country	
(13) Personal Phone Number ( ) -	(15) Gender (Circle One) Male Female	(16) Are you a Citizen of the United States? (Check One) Yes ☐ No ☐ (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)			
(14) Personal Email Address:					
(17) Employer's Business Entity Name					
(18) Business Address (Physical Street)	(19) P.O. Box	(20) City	(21) State	(22) Zip Code	(23) Foreign Country
(24) Business Phone Number (include extension) ( ) -	(25) Business Fax Number ( ) -	(26) Business E-Mail Address	(27) Business Web Site Address		
(28) Applicant's Mailing Address	(29) P.O. Box	(30) City	(31) State	(32) Zip Code	(33) Foreign Country
(34) a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)					

Agency or Business Entity Affiliations

(◯) List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____ **NPN** _____ **Name of Agency** _____
FEIN _____ **NPN** _____ **Name of Agency** _____
FEIN _____ **NPN** _____ **Name of Agency** _____

Employment History

(35) Account for all time for the past five years. Include full and part-time work, self-employment, military service, unemployment and education.

	From Month	From Year	To Month	To Year	Position Held
Name					
City **State** **Foreign Country**					
Name					
City **State** **Foreign Country**					
Name					
City **State** **Foreign Country**					
Name					
City **State** **Foreign Country**					

(State Use)

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NAIC National Association of Insurance Commissioners

Uniform Application for Individual License/Registration

Applicant Name: _____

Jurisdiction and Type of License Requested

(37) Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

License Types: **A –** Agent; **B** – Broker; **P** - Producer; **SLP** – Surplus Lines Producer

Lines of Authority: **V –** Variable Life/Variable Annuity; **L** – Life; **H** – Accident & Health or Sickness; **P** – Property; **C** – Casualty; **PL –** Personal Lines

Limited Lines: **Credit–** Credit; **CR** – Car Rental; **CROP -** Crop; **T –** Travel; **S –** Surety; **O** – Other: Specify Type

	License Type				Major Lines of Authority						Limited Lines of Authority					
Jurisdiction	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK	■	■														
AL	■	■														
AR																
AZ	■	■														
CA			■	■												
CO	■	■		■								■	■			
CT	■	■														
DC	■	■														
DE	■	■											■			
FL		■	■	■						■						
GA		■										■	■			
GU																
HI	■	■											■			
IA												■		■		
ID	■	■										■				
IL	■	■		■							■					
IN	■	■		■												
KS		■	■								■	■				
KY		■	■													
LA	■	■														
MA	■	■		■								■	■			■
MD	■	■											■			
ME	■												■			
MI																
MN	■	■										■				
MO	■	■										■				
MS	■	■														
MT	■	■		■												
NC			■	■												
ND	■	■										■				
NE	■	■														
NH	■	■											■			
NJ	■	■											■			
NM										■						
NV	■	■											■			
NY											■		■			
OH		■	■	■												
OK																
OR	■	■									■	■	■	■		
PA	■	■														
PR				■						■						
RI				■												
SC			■	■												
SD	■	■														
TN	■	■		■												
TX		■	■									■		■		■
UT	■	■														
VI				■						■						
VA		■											■	■		
VT	■	■														
WA													■			
WI		■	■													
WV	■	■														
WY	■	■											■			

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Uniform Application for Individual License/Registration

Applicant Name: _____

Background Questions

(38) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

NOTE: For Questions 1a, 1b and 1c, **"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.

If you answered **"Yes"** to any of the below questions (1a, 1b, or 1c), you must attach to this application:
a) a written statement explaining the circumstances of each incident,
b) a copy of the charging documents of each incident,
c) a copy of the official documents of each incident, which demonstrates the resolution of the charges or any final judgment.

1 a. Have you **EVER** been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes ___ No___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you **EVER** been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes __ No ___

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

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? (Note: For detailed information related to the requirements of 18 USC 1033 as it pertains to insurance licensing please refer to the NAIC publication **"Guidelines for State Insurance Regulators to the Violent Crime Control and Law Enforcement Act of 1994"** found at https://www.naic.org/documents/prod_serv_legal_sir_op.pdf) N/A___ Yes___ No____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A___ Yes___ No____

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? 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 or registration censured, suspended, revoked, canceled, terminated, restricted; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license or entering into a settlement 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 or any other position that exercises management or control over the business. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal or late filing 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 or have you **EVER** been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others, which would include, but is not limited to, deposits, insured's premium payments, employee tax withholdings, escrow accounts, or any monies held by you in a capacity for third parties. 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): _____

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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.

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 or securities broker contract or any other business relationship with an insurance company or securities business terminated for any alleged misconduct? Yes ___ No___

If you answer yes, you must attach to this application:
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
b) copies of all relevant documents.

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? _____ Months
b) are you subject of a child support related subpoena/warrant? Yes ___ No___
c) are you currently subject to a repayment agreement? Yes ___ No___
d) are you currently in compliance with the repayment agreement? N/A ___ Yes ___ No___

(If you answered yes to 7 (c), provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "Yes" answer to one or more of the Background Questions for this application, are you submitting, or have you previously submitted document(s) to the NAIC/NIPR Attachments Warehouse? N/A __Yes __ No__

NOTE: The state(s) identified on this application will receive an alert that your supporting documents are available if:

- You have previously loaded a document(s);
- You have recently submitted an application that is pending;
- You are submitting the same type of application (resident/nonresident, initial/renewal); and
- You are answering "Yes" to the same background question(s).

If you have not previously loaded your supporting documents, you may do so after you have successfully completed your application. You will be provided a link to the Attachment Warehouse instructions upon completion.

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Uniform Application for Individual Insurance License/Registration

Applicant's Certification and Attestation

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

1. 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 and in the furtherance of the Commissioner's, Director's, or Superintendent's official duties, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf in the furtherance of official duties 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. The 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.
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).
9. I acknowledge that jurisdiction specific attachments may be required with this application. State Specific Requirements and Fees information are available at www.NIPR.com. Incomplete applications may be returned as unprocessed and considered deficient.

_____
Month/Day/Year

_____
Original Applicant Signature

_____
Full Legal Name (Printed or Typed)

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