

**National Treatment and Coordination (E) Working Group**  
**Company Licensing Proposal Form**

<p align="right"><b>DATE:</b> <u>April 19, 2021</u></p> <p><b>CONTACT PERSON:</b> <u>Jane Barr</u></p> <p><b>TELEPHONE:</b> _____</p> <p><b>EMAIL ADDRESS:</b> <u>jbarr@naic.org</u></p> <p><b>ON BEHALF OF:</b> <u>National Treatment &amp; Coordination (E) Working Group</u></p> <p><b>NAME:</b> _____</p> <p><b>TITLE:</b> _____</p> <p><b>AFFILIATION:</b> _____</p> <p><b>ADDRESS:</b> _____</p>	<p align="center"><b><u>FOR NAIC USE ONLY</u></b></p> <p>Agenda Item # <u>2021-05</u></p> <p>Year <u>2021</u></p> <p align="center"><b><u>DISPOSITION</u></b></p> <p>[ ] ADOPTED _____</p> <p>[ ] REJECTED _____</p> <p>[ ] DEFERRED TO _____</p> <p>[ ] REFERRED TO OTHER NAIC GROUP _____</p> <p>[ X ] EXPOSED May 5, 2021 _____</p> <p>[ ] OTHER (SPECIFY) _____</p>
--	---

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

- [ ] 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  
 [ ] Form 15 – Affidavit of Lost C of A [ ] Form 16 – Voluntary Dissolution [ ] Form 17 – Statement of Withdrawal

**DESCRIPTION OF CHANGE(S)**

Create a template for a cover letter to accompany the biographical affidavit when the Applicant Company is part of a Holding Company and the affidavit is used for more than one applicant company and the affiant’s signature date is 6 months or less.

**REASON OR JUSTIFICATION FOR CHANGE \*\***

The purpose is to clarify that the Applicant Company cannot make any changes to the biographical affidavit once it is signed by the affiant, if the Applicant Company intends to use it for more than one insurer’s (within the same group) application.

**Additional Staff Comments:**

\*\* This section must be completed on all forms.

Revised 01-2019

**Uniform Certificate of Authority Application (UCAA)**

Biographical Affidavit Cover Letter

Holding Company Structure

**Affiant Name:** \_\_\_\_\_

**Group Name:** \_\_\_\_\_

**Group Code:** \_\_\_\_\_

**Purpose of Affidavit:** \_\_\_\_\_

**Applicant Company:** \_\_\_\_\_

Insurers listed under group code:

<b>Company Name</b>	<b>NAIC Cocode</b>	<b>Position with the Company</b>	<b>Effective Date of Position</b>

**Applicant Company Representative Contact Information:**

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

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

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

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

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

**Signature Date:** \_\_\_\_\_