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## Uniform Application for Business Entity Insurance License Renewal/Continuation

(Please Print or Type)

**Check appropriate box for license requested.**

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

### Demographic Information

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year) ____		③ FEIN -	
④ Home State & Home State License Number			⑤ If assigned, National Producer Number (NP#)		
⑥ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑦ Business Address			⑧ City		⑨ State
⑩ Zip or Foreign Country					
⑪ Phone Number (include extension) ( ) -		⑫ Fax Number ( ) -		⑬ Business Web Site Address	
⑭ Business E-Mail Address					
⑮ Mailing Address		⑯ P.O. Box		⑰ City	
⑱ State					
⑲ Zip or Foreign Country					

### Designated/Responsible Licensed Producer

⑳ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at [www.licenseregistry.nipr.com](http://www.licenseregistry.nipr.com) for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____
Name _____	SSN _____	-	-	NPN _____

### Background Information

㉑ 1. ~~Since the last renewal or initial application in this state, has~~ Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ~~ever~~ been convicted of, or is ~~the business entity or any owner, partner, officer or director, member or manager~~ currently charged with, committing a crime or had a judgment withheld or deferred, ~~or are you currently charged with committing a crime, which has not been previously reported to this state?~~ Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 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, identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,~~
- b) a ~~certified~~ copy of the charging document,
- c) a ~~certified~~ copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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## Uniform Application for Business Entity Insurance License Renewal/Continuation

### Background Information continued

2. ~~Since the last renewal or initial application in this state, has~~ the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ~~ever been named or involved as a party~~ in an administrative proceeding regarding any professional or occupational license, or registration, ~~which has not been previously reported to this state?~~ Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. 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; identifying all parties involved (including their percentage of ownership, if any and explaining the circumstances of each incident,
- b) a ~~certified~~ copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a ~~certified~~ copy of the official document which demonstrates the resolution of the charges or any final judgment.

### Applicant's Certification and Attestation

2. On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. ~~Unless provided otherwise by law or regulation of the jurisdiction, where required by law,~~ the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- ~~7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.~~
- ~~8.7.~~ 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).

**Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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