



NAIC UNIFORM APPLICATION FOR INDIVIDUAL NON-RESIDENT LICENSE

1. SOCIAL SECURITY NUMBER		PLEASE PRINT OR TYPE					
2. LAST NAME JR/SR ETC		3. FIRST NAME		4. MIDDLE NAME		5. DATE OF BIRTH MO: _____ DAY: _____ YEAR: _____	
6. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)		7. P.O. BOX		8. CITY		9. STATE	10. ZIP
11. HOME PHONE NUMBER		12. GENDER (CHECK ONE) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		13. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, OF WHICH COUNTRY ARE YOU A CITIZEN?); (IF NO, YOU MUST SUPPLY WORK AUTHORIZATION)			
14. BUSINESS NAME							
15. BUSINESS ADDRESS (PHYSICAL STREET)		16. P.O. BOX		17. CITY		18. STATE	19. ZIP
20. BUSINESS PHONE NUMBER		21. BUSINESS FAX NUMBER	22. BUSINESS E-MAIL ADDRESS			23. BUSINESS WEB SITE ADDRESS	
24. MAILING ADDRESS		25. P.O. BOX		26. CITY		27. STATE	28. ZIP
29. ASSUMED BUSINESS NAME/TRADE NAME (SEE MATRIX OF STATE REQUIREMENTS)							

AGENCY OR BUSINESS ENTITY AFFILIATES

30. LIST YOUR INSURANCE AGENCY AFFILIATIONS (COMPLETE ONLY IF THE APPLICANT IS TO BE LICENSED AS AN ACTIVE MEMBER OF THE BUSINESS ENTITY)			
FEIN #	NAME OF AGENCY	FEIN #	NAME OF AGENCY
FEIN #	NAME OF AGENCY	FEIN #	NAME OF AGENCY
FEIN #	NAME OF AGENCY	FEIN #	NAME OF AGENCY

EMPLOYMENT HISTORY

31. ACCOUNT FOR ALL TIME FOR THE PAST FIVE YEARS. GIVE ALL EMPLOYMENT EXPERIENCE STARTING WITH YOUR PREVIOUS EMPLOYER WORKING BACK FIVE YEARS. INCLUDE FULL AND PART-TIME WORK, SELF-EMPLOYMENT, MILITARY SERVICE, UNEMPLOYMENT, AND FULL-TIME EDUCATION.						
		FROM		TO		POSITION HELD
		MONTH	YEAR	MONTH	YEAR	
NAME						
CITY		STATE				
NAME						
CITY		STATE				
NAME						
CITY		STATE				
NAME						
CITY		STATE				
NAME						
CITY		STATE				
(STATE USE)						

THIS APPLICATION APPLIES TO LICENSES ISSUED FOR THE ADMITTED MARKET ONLY

JURISDICTION AND TYPE OF LICENSE REQUESTED

32. NEXT TO EACH JURISDICTION, CHECK THE LICENSE TYPE(S) AND LINE(S) OF AUTHORITY FOR WHICH YOU ARE APPLYING. CHECK THE LAST COLUMN IF YOU HAVE BEEN PREVIOUSLY LICENSED IN THE JURISDICTION TO WHICH YOU ARE APPLYING.

LICENSE TYPES: A - AGENT B - BROKER P - PRODUCER
 LINES OF AUTHORITY: L - LIFE H - ACCIDENT & HEALTH OR SICKNESS P - PROPERTY C - CASUALTY V - VARIABLE LIFE/VARIABLE ANNUITY

LICENSE TYPE			JURISDICTION	LINES OF AUTHORITY					PREVIOUSLY LICENSED? (JURISDICTIONS YOU ARE APPLYING TO ONLY)			LICENSE TYPE			JURISDICTION	LINES OF AUTHORITY					PREVIOUSLY LICENSED? (JURISDICTIONS YOU ARE APPLYING TO ONLY)			
A	B	P		L	H	P	C	V	YES	NO		A	B	P		L	H	P	C	V	YES	NO		
N/A	N/A		AK											N/A	NC									
			AL											N/A	ND									
N/A	N/A		AR											N/A	NE									
		N/A	AZ												NH									
		N/A	CA									N/A	N/A		NJ					N/A				
N/A	N/A		CO										N/A	N/A	NM									
N/A	N/A		CT											N/A	NV									
		N/A	DC					N/A							NY									
		N/A	DE										N/A	N/A	OH									
	N/A	N/A	FL										*	N/A	OK									
			GA												OR									
			HI											N/A	PA									
N/A	N/A		IA												RI									
		N/A	ID												N/A	SC								
N/A	N/A		IL									N/A	N/A	N/A	SD									
			IN									N/A	N/A	N/A	TN									
*	*	N/A	KS									N/A	N/A	N/A	TX									
	N/A	N/A	KY					N/A				N/A	N/A	N/A	UT									
		N/A	LA										N/A	N/A	VA									
			MA											N/A	VT									
		N/A	MD											N/A	WA						N/A			
N/A	*		ME										N/A	N/A	WI						N/A			
	N/A	N/A	MI										N/A	N/A	WV									
		N/A	MN												WY									
		N/A	MO												GU									
	N/A	N/A	MS												PR									
N/A	N/A		MT												VI									

*SEE MATRIX OF STATE REQUIREMENTS

BACKGROUND INFORMATION

33. The Applicant must read the following very carefully, and answer every question:

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes No

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations 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,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? 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 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.

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BACKGROUND INFORMATION (Continued)

3. Has any demand been made or judgment rendered against you for the overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? 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 jurisdictions: _____
5. Are you currently a party to, or have you ever been found liable, in any lawsuit or arbitration 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, and
c) a copy of the official document 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 ever had an insurance agency contract or any other business relationship with an insurance company 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, by how many months are you in arrearage? _____ months
8. Are you the subject of a child support related subpoena or warrant? Yes No

APPLICANT'S CERTIFICATION AND ATTESTATION

34. 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. Where required by law, 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, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
 5. I authorize the jurisdiction 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 am familiar with the insurance laws of the jurisdiction to which I am applying for licensure.
- _____ Mo Day Year Signature of Applicant Full Legal Name (Printed or Typed)

ATTACHMENTS

35. The following attachments must accompany the application, otherwise the application may be returned unprocessed or considered deficient.
1. Original Letter of Certification from your resident license jurisdiction dated within 90 days of application (copies of your resident license are not acceptable)
 2. Any jurisdiction specific attachments listed in the Matrix of State Requirements

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