Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

Uniform Application for
Business Entity License/Registration

(Please Print or Type)

Check appropriate boxes for license requested.

- ☐ Resident License
- ☐ Non-Resident License
  - ○ Identify Home State:_______________
- ☐ New Application
- ☐ Additional Line(s) of Authority

Demographic Information

① Business Entity Name

② Incorporation/Formation Date (month) ___(day) ___(year) _____

③ FEIN -

④ If assigned, National Producer Number (NPN)

⑤ If applicable, FINRA Firm Central Registration Depository (CRD)

⑥ List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.

⑦ State of Domicile

⑧ Country of Domicile

⑨ Is the business entity affiliated with a financial institution/bank? Yes ☐ No ☐

⑩ Business Address ⑪ City ⑫ State ⑬ Zip Code ⑭ Foreign Country

⑮ Phone Number (include Ext.) ( ) -

⑯ Fax Number ( ) -

⑰ Business Web Site Address

⑱ Business Email Address

⑲ Mailing Address ⑳ P.O. Box ㉑ City ㉒ State ㉓ Zip Code ㉔ Foreign Country

Designated/Responsible Licensed Producer

㉕ 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.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 ______________

Owners, Partners, Officers and Directors

㉖ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name ____________Title________SSN/FEIN___-___-___ D.O.B ________Owner: Yes / No % of ownership interest ____

Name ____________Title________SSN/FEIN___-___-___ D.O.B ________Owner: Yes / No % of ownership interest ____

Name ____________Title________SSN/FEIN___-___-___ D.O.B ________Owner: Yes / No % of ownership interest ____

Name ____________Title________SSN/FEIN___-___-___ D.O.B ________Owner: Yes / No % of ownership interest ____

Name ____________Title________SSN/FEIN___-___-___ D.O.B ________Owner: Yes / No % of ownership interest ____

Name ____________Title________SSN/FEIN___-___-___ D.O.B ________Owner: Yes / No % of ownership interest ____

Name ____________Title________SSN/FEIN___-___-___ D.O.B ________Owner: Yes / No % of ownership interest ____

Name ____________Title________SSN/FEIN___-___-___ D.O.B ________Owner: Yes / No % of ownership interest ____

(State Use)

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

NAIC National Association of Insurance Commissioners

Uniform Application for Business Entity License/Registration

Applicant Name: ________________________________

Jurisdiction and Type of License/Registration Requested –Major Lines of Authority

㉗ **Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.**

Legal Business Type:	**C** – Corporation	**P** – Partnership	**S** – Sole Proprietorship	**LLC** – Limited Liability Company	**LLP** – Limited Liability Partnership
License/Registration 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 **P L–** Personal Lines

Jurisdiction	Legal Business Type					License/Registration Type				Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	V	L	H	P	C	PL
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						■	■								
VA			■			■	■	■							■
VI									■						■
VT						■	■	■	■	■	■	■	■	■	■
WA															
WI						■	■	■	■	■	■	■	■	■	■
WV						■	■	■	■	■	■	■	■	■	■
WY			■			■	■								

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

Uniform Application for Business Entity License/Registration

Applicant Name:____________________

Jurisdiction and Type of License/Registration - Limited Lines of Authority

㉘ **Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.**

Legal Business Type:	**C** – Corporation	**P** – Partnership	**S** – Sole Proprietorship	**LLC** – Limited Liability Company	**LLP** – Limited Liability Partnership	
License/Registration Types :	**A** – Agent	**B** – Broker	**P** – Producer	**SLP** – Surplus Lines Producer		
Limited Lines:	**Credit** – Credit	**CR** – Car Rental	**CROP** – Crop	**T** – Travel	**S –** Surety	**O –** Other: Specify Type

Jurisdiction	Legal Business Type					License/Registration Type				Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	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						■	■								
VA			■			■	■	■	■	■	■	■	■		
VI									■						
VT						■	■	■	■	■	■	■	■		■
WA												■			
WI						■	■	■	■	■	■	■	■		■
WV						■	■	■	■	■	■	■	■		■
WY			■			■	■					■			

NAIC
National Association of Insurance Commissioners

Uniform Application for Business Entity License/Registration

Applicant Name:_____________________

Background Questions

㉙ Please 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, or having been given probation, a suspended sentence, or a fine.

If you answer **"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 document of each incident,
c) a copy of the official documents of each incident, which demonstrates the resolution of the charges or any final judgment.

1a. 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 a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager 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) or 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 juvenile court.)

1b. 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 a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company 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"** 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. 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 a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes ___ No___

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, **EVER** been named or involved as a party in an administrative proceeding, including a 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 application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to 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, all parties involved (including their percentage of ownership, if any) 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 the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies or **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. N/A __Yes ___ No___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. 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 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): ____________________________________

Uniform Application for Business Entity License/Registration

Applicant Name:____________________

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or **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 arbitrations, or mediation proceedings and
   c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. 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** 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. 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.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

NAIC
National Association of Insurance Commissioners

Uniform Application for Business Entity License/Registration

Applicant Name:____________________

Applicant's Certification and Attestation

㉚ 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 , 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 which this application is made to give any information they may have concerning the business entity or any individual named in this application, 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 that the business entity will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that the business entity is 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 on behalf of the business entity, certified copies of any documents attached to this application or requested by the jurisdiction(s).
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.
10. 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 unprocessed and considered deficient.

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

____
Month/Day/Year

____
Signature

____
Typed or Printed Name

____
Title

____
Address

____
City State Zip