

Application for Individual Producer License

(Please Print or Type)

Check appropriate boxes for license requested.

- ☐ Resident License
- ☐ Non-Resident License
- Identify Home State: ____ Home State License #: _____
- ☐ 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 Home Phone Number () -	⑮ Gender (Circle One) Male Female	⑯ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (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 Individual Applicant Email Address:		⑰ 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

㉟ 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

㊱ Account for all time for the past five years. Give all employment experience starting with your current 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	Foreign Country				
Name						
City	State	Foreign Country				
Name						
City	State	Foreign Country				
Name						
City	State	Foreign Country				
Name						
City	State	Foreign Country				
(State Use)						

Applicant Name: _____

VIRGINIA RESIDENT APPLICANTS must schedule an appointment to be fingerprinted at one of FieldPrint's locations as part of the application requirements. Visit <https://www.scc.virginia.gov/pages/Applying-for-a-Individual-VA-Insurance-License> and review the directions for fingerprinting.

Licensing fees are nonrefundable and nontransferable. No personal checks will be accepted unless certified, and no cash will be accepted.

Producer Major Lines of Authority – Place an X by the license for which you are applying.				
Line of Authority		Exam	License Fee (nonrefundable)	Expiration Dates
	Life and Annuities (fixed)*	Yes	\$15	Based on birth month and odd/even birth year
	Health*	Yes	\$15	
	Variable Contracts**	No	\$15	
	Property and Casualty*	Yes	\$15	
	Personal Lines*	Yes	\$15	
	Title*	Yes	\$15	
<p>*CE is required to maintain license. **Residents Only must hold Life and Annuities authority. Residents and nonresidents must have passed FINRA's Series 6 or 7 exam.</p>				
Producer Limited Lines of Authority				
Line of Authority		Exam	License Fee (nonrefundable)	Expiration Dates
	Temporary Life and Health (Sale of Agency)	No	\$15	180 calendar days
	Temporary Life and Health (Collect Debits)	No	\$15	180 calendar days
	Temporary Property and Casualty (Sale of Agency)	No	\$15	180 calendar days
	Credit, which includes: Credit L&H Credit Property/Involuntary Unemployment Mortgage Accident & Sickness/Mortgage Redemption Mortgage Guaranty	No	\$15	Based on birth month and odd/even birth year
	Motor Vehicle Rental Contract	No	\$15	
	Limited Life and Health, which includes: Dental Benefit Contracts Mutual Assessment L&H Dental Services Optometric Services Limited Burial	No	\$15	
	Limited Property and Casualty, which includes: Home Protection Pet Accident, Sickness & Hospitalization Legal Services Self Storage Insurance Mutual Assessment P&C Travel Insurance Ocean Marine	No	\$15	
Non-Standard Lines of Authority				
Line of Authority		Exam	License Fee (nonrefundable)	Expiration Dates
	Life and Health Consultant*	Yes*	\$15	Based on birth month and odd/even birth year
	Property and Casualty Consultant*	Yes*	\$15	
	Public Adjuster***	Yes	\$15	
	Viatical Settlement Broker	No	\$15	
	Surplus Lines Broker**	No	\$15	
<p>*Life & Health and/or Property & Casualty examinations are required for resident applicants who do not hold Life and Health Licenses and/or a Property and Casualty License. CE is required to maintain license. **Surplus Lines Broker Applicants only. Resident applicants must be actively licensed as a Property and Casualty insurance agent before applying for a Surplus Lines Brokers license. ***CE is required to maintain license.</p>				

Mail to: Bureau of Insurance
PO Box 1157
Richmond, VA 23218

Overnight Address: Bureau of Insurance
1300 East Main Street
Richmond, VA 23219

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.

1a. 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? 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 ___

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 these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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 censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned 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, 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. 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.

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 by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. 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): _____

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 ___

Applicant Name: _____

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 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,

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes ___ No ___
- c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___

(If you answered yes, 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 document(s) to the NAIC/NIPR Attachments Warehouse? N/A ___ Yes ___ No ___

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes ___ No ___

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

RESIDENT SURPLUS LINES BROKERS ONLY

9. As required by the provisions of Chapter 18, Title 38.2 of the Code of Virginia, I attest that I have and thereafter shall keep in force for as long as the license remains in effect, a bond in favor of the Commonwealth in the amount of \$25,000 with corporate sureties licensed by the Commission. Yes ___

9a. Full Name of insurance company on Surety Bond: _____

9b. Bond number on Surety Bond: _____

9c. Effective Date of the Surety Bond: _____

RESIDENT AND NONRESIDENT PUBLIC ADJUSTERS ONLY

10. As required by the provisions of Chapter 18, Title 38.2 of the Code of Virginia, I attest that I have and thereafter shall keep in force for as long as the license remains in effect, a bond in favor of the Commonwealth in the amount of \$50,000 with corporate sureties licensed by the Commission. Yes ___

10a. Full Name of insurance company on Surety Bond: _____

10b. Bond number on Surety Bond: _____

10c. Effective Date of the Surety Bond: _____

ALL VIATICAL SETTLEMENT BROKERS

As required by the provisions of Chapter 18, Title 38.2 of the Code of Virginia, I affirm that I shall within 60 days of licensure implement antifraud initiatives reasonably calculated to detect, prosecute, and prevent fraudulent viatical settlement acts [or life settlement acts] in compliance with § 38.2-6011.E of the Code of Virginia as a viatical settlement broker [or life settlement broker] in Virginia and further certify that I will maintain the operation of these antifraud initiatives while I continue to be licensed as a Virginia viatical settlement broker [or life settlement broker]. I shall make an updated copy of the anti-fraud plan available to the Commission upon request.

Answer: _____

Comments: _____

Applicant's Certification and Attestation

39 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all 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, 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 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.
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).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a 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.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).