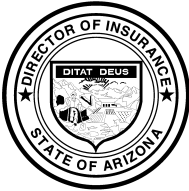


ADOI FORM L-176		INSTRUCTIONS
 LICENSING	<h2>NAIC Uniform Application for Business Entity License/Registration</h2>	

USE THE NATIONAL INSURANCE PRODUCER REGISTRY (www.nipr.com) instead of a paper application form to apply for a license online. NIPR applications are processed more quickly.

DO NOT USE FORM L-176...

- To **renew a license**. Use www.nipr.com to renew your license.
- To obtain a license for a **sole proprietorship**. Individuals must use *NIPR* or *Form L-169* to apply for an insurance license and *Form L-193* to apply to use an assumed name.
- To apply for a **life settlement broker** license. Use *NIPR* or *Form L-LSB* instead.
- To apply for a **rental car, self-service storage, travel insurance producer or portable electronics vendor license**. Use *NIPR* or *Form L-LTD* instead.
- To apply for a license as a **health insurance exchange navigator** or **certified application counselor**. Use *NIPR* or *Form L-NAV* to apply for this license authority.

IF YOU USE A PAPER APPLICATION INSTEAD OF NIPR.COM TO APPLY FOR YOUR LICENSE:

- Carefully read instructions:** You may need to submit additional forms or documents with your application. If your application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be returned as deficient.
- If completing Form L-176 on your computer:** Save and print the completed form to submit with other required documents and fees. To use the form, you must have Adobe Acrobat Reader software.
- If submitting paper Form L-176:** Clearly print in ink or type all information.
- Be sure to sign and date the application** in the Applicant's Certification and Attestation section.
- Mail or deliver the completed application** *with all required documents and fees to:*
 INSURANCE LICENSING SECTION
 SUITE 102
 100 NORTH 15TH AVENUE
 PHOENIX, AZ 85007-2624
- KEEP THESE INSTRUCTIONS:** ***DO NOT** return them with your license application.*

QUESTIONS?

Before calling the Department of Insurance, *look for answers* on the PRODUCERS page of the department's web site (<https://insurance.az.gov>). For questions not addressed on our web site, contact the Insurance Licensing Section:

E-mail: Licensing@azinsurance.gov

Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

1. **OFFICE LOCATIONS:** If the applicant transacts business at any additional OFFICE location other than the address provided in Section I, *submit Form L-LOC* with the application.
2. **FEES** (for a new license **OR** to add authority to an existing license):

Fees are NON-REFUNDABLE and are not prorated [A.R.S. § 20-167(B)]. <i>Make your check or money order payable to INSURANCE LICENSING SECTION.</i>	
Insurance Producer License → (one or more lines of authority)	\$120.00
Title Insurance Agent →	\$120.00
Insurance Adjuster License → • insurance adjuster or • portable electronics insurance adjuster	\$120.00
Surplus Lines Broker License Fee → • Surplus Lines Broker • Mexican Insurance Surplus Lines Broker	\$500.00 to add authority to an existing license that expires in two years or less; OR \$1,000.00 for authority that expires in more than two years.
Bail Bond Agent License →	\$120.00 plus
Fingerprint Card Processing Fee →	\$22.00 for each owner and shareholder of the bail bond agent.
The fingerprint card processing fee is separate from the fee that a fingerprinting service will charge to apply fingerprints to a fingerprint card. [A.R.S. §§ 20-142(E) and 41-1750(G)(2)]	

3. **LICENSE TERM:**

- A license issued to a previously unlicensed business entity expires on the last day of the month, four years after the date of issuance.
- License authority issued to a business entity that already holds an Arizona insurance license expires as follows:
 - For insurance producer or surplus lines broker, the same date as existing insurance producer or surplus lines authority, regardless of the term remaining on the license.
 - For adjuster or bail bond agent licenses, the last day of the month, four years after the date of issuance.

4. **If you answer “YES”** to one or more of the questions in Section V, include:

- a. A **signed** statement describing **in detail** all incidents including
 - names of all parties involved,
 - dates and locations,
 - the names and localities of any courts and/or administrative agencies involved,
 - the disposition of each matter,
 - whether the conviction, plea or finding was for a felony or open-ended charge;

and

- b. Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to

each matter. *If copies are not available, you must provide as a part of this application, a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.*

5. **ASSUMED NAME (OR DBA):** While conducting insurance business, you must use your legal name or an acceptable assumed name. To use an assumed name, *submit Form L-193*. A licensee should also consider protecting the name against use by others by applying with the Arizona Secretary of State for a Trade Name Certificate (www.sosaz.gov, 602-542-6187).

IMPORTANT!

The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. § 1033. *A person who does not obtain the specific written consent may be subject to federal criminal prosecution.* There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions.

A license issued by the Arizona Department of Insurance DOES NOT satisfy other business licensing requirements. An entity formed outside Arizona may need to obtain authority from the Arizona Corporation Commission or the Arizona Secretary of State in addition to obtaining an insurance license in order to lawfully operate its business in Arizona.

- ARIZONA CORPORATION COMMISSION: www.azcc.gov | 602-542-3026
- ARIZONA SECRETARY OF STATE: www.azsos.gov | 602-542-6187

6. **IF YOU ARE APPLYING FOR A NONRESIDENT LICENSE:**

- You must hold an active resident license in your home state (a US state or territory) *UNLESS BOTH OF THE FOLLOWING ARE TRUE:*
 - you are applying to become a nonresident Portable Electronics Adjuster, **AND**
 - you reside in a state that does not license adjusters.
- Your resident state license will be electronically verified and must be in good standing.

7. **IF YOU ARE APPLYING FOR AN ARIZONA RESIDENT LICENSE:**

- **Principal Place of Business:**
To apply as an Arizona resident, documents that the business submitted to a government agency to create/form the business must show an Arizona address as the business entity's principal place of business. A.R.S. § 20-281(4)(b)
- **Organizational documents:**
Include with your license application the following based on the applicant's entity type:
 - If the applicant is a **corporation or limited liability company**, submit a copy of the *ARTICLES OF INCORPORATION* or *ARTICLES OF ORGANIZATION* stamped as "filed" with the Arizona Corporation Commission. The articles must show that the primary business address is within Arizona.
 - If the applicant is a **partnership**, submit with the application a copy of the written *PARTNERSHIP AGREEMENT* and *CERTIFICATE OF REGISTRATION* stamped as "recorded" in the office of the Arizona Secretary of State, or if organized outside Arizona, stamped "recorded" by the government office where the partnership was recorded. The partnership agreement must show the primary business address as being within Arizona.

- If the applicant is a [business trust](#), include a copy of the filed and recorded trust agreement.

If the business was organized in a state that requires the entity to record its principal business address as being outside Arizona, the business entity can apply for a nonresident insurance license but cannot apply for an Arizona resident insurance license.

8. IF YOU ARE APPLYING FOR A [BAIL BOND AGENT](#) LICENSE:

- *Submit a \$10,000 surety bond using Form L-195.* Include the surety's power of attorney and maintain throughout the term of the license.

A bail bond agent may not employ or assist in the employment of any person who has been convicted in any jurisdiction of:

- ANY felony,
- ANY theft conviction (misdemeanor, felony etc.) or;
- ANY crime (misdemeanor, felony etc.) involving carrying or the possession of a deadly weapon or dangerous instrument. A.R.S. § 20-341.03(A)(9).

- **Fingerprints:**

Each owner and stockholder (member, officer, director, etc.) must be individually licensed in Arizona as a bail bond agent [A.R.S. § 20-341.01(B)] and the applicant must include a completed fingerprint card for each in accordance with the following:

- a. *Submit a sealed envelope* containing the completed fingerprint card (Form FD-258) and Form L-FPV in accordance with the procedures shown on Form L-FPV.
- b. Ensure the fees you submit with your application include the FBI Fingerprint Processing Fee for each card you submit.

We strongly recommend that you use a professional fingerprinting service that scans your fingerprints with LiveScan technology and prints your fingerprints on a fingerprint card. LiveScan equipment typically provides more legible fingerprints. Fingerprints that are illegible will be rejected and a replacement fingerprint card will need to be submitted.

- c. The fingerprinting technician must carefully follow instructions on Form L-FPV (Fingerprint Verification Form), which will require you to show a valid, unexpired government-issued photo ID. Information on your ID must be current and must match the information entered on the fingerprint card.
- d. The fingerprinting technician will place the completed card and Form L-FPV in a sealed envelope and will write his/her name along the envelope seal. DO NOT open or fold the envelope containing the card or the card will be rejected.
- e. *Send or deliver to* the Insurance Licensing Section, the unopened and not-folded fingerprint card envelope with the fingerprint card processing fee and other license application materials in a larger envelope.

Fingerprints submitted with an insurance license application will be used to check FBI criminal history records:

If you have a criminal history record, the Department of Insurance will provide you the opportunity to complete or challenge the accuracy of the information in the record and a reasonable amount of time to correct or complete the record (or decline to do so) before a license is denied based on the criminal history record. The procedures for changing, correcting or updating your FBI criminal history record are set forth in Code of Federal Regulations (CFR) Title 28, Sections 16.30 through 16.34. Information on how to review and challenge an FBI criminal history record is available on the FBI Web site at www.fbi.gov (under Criminal History Summary Checks) or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history record in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (ADPS) Criminal History Records Unit at (602) 223-2222. Information concerning the DPS review and challenge process is available on the ADPS Web site, at www.azdps.gov.

9. IF YOU ARE APPLYING FOR A SURPLUS LINES BROKER LICENSE:

- To transact surplus lines insurance for an insured whose home state is within this state, each individual and each business entity must possess a surplus lines broker license issued by the Arizona Department of Insurance. A.R.S. § 20-411(A).
- If the individual and business entity will only be selling, soliciting or negotiating alien insurance for coverage in Mexico (pursuant to A.R.S. § 20-422), the individual and business entity may apply for a Mexican Insurance Surplus Lines Broker license instead of a Surplus Lines Broker license.

10. IF YOU ARE APPLYING FOR A TITLE AGENT LICENSE:

- Submit a **letter of authorization** from the Arizona-admitted title insurance company that the applicant will represent subject to being issued a license.
- Title agent names must comply with standards established in A.R.S. § 20-1583(A).
- A title agent may only be a domestic or foreign stock corporation or LLC.

11. APPLICATION FOR CONSENT TO ENGAGE IN THE BUSINESS OF INSURANCE UNDER 18 U.S.C. § 1033:

An applicant or any person employed by the applicant who proposes to conduct insurance business and who has been convicted of an 18 U.S.C. § 1033 offense must complete an *Arizona Application for Consent to Engage in the Business of Insurance Under 18 USC § 1033*, which is accessible on the PRODUCERS page of the Department of Insurance web site (<https://insurance.az.gov/producers>).

IMPORTANT: If Section III identifies another business entity as a principal of the applicant, Section III must include information about the other business entity's principals; responses in Section V must reflect those principals.

THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.

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: _____
 - Identify Home State License No.: _____
- New Application

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 <input type="checkbox"/> No <input type="checkbox"/>					
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 E-Mail 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 _____	SSN/FEIN _____	DOB _____	Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Interest: _____%
Name _____	SSN/FEIN _____	DOB _____	Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Interest: _____%
Name _____	SSN/FEIN _____	DOB _____	Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Interest: _____%
Name _____	SSN/FEIN _____	DOB _____	Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Interest: _____%
Name _____	SSN/FEIN _____	DOB _____	Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Interest: _____%
Name _____	SSN/FEIN _____	DOB _____	Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Interest: _____%

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Uniform Application for Business Entity License/Registration

Applicant Name: _____

Name _____
Title _____ SSN/FEIN _____ DOB _____ Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No Ownership Interest: ____%
Name _____
Title _____ SSN/FEIN _____ DOB _____ Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No Ownership Interest: ____%
Name _____
Title _____ SSN/FEIN _____ DOB _____ Owner: <input type="checkbox"/> Yes <input type="checkbox"/> No Ownership Interest: ____%

Additional Line(s) of Authority

(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.



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 PL – 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															
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NC															
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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															



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.

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? 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 _____

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 identifying all parties involved (including their percentage of ownership, if any) and 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. 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 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 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, 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 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.

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): _____

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: _____

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 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. 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? 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.

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: _____

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 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 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 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).
 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.

**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

Attachments

- 31 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 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).