

APPLICATION FOR INDIVIDUAL RESIDENT OR NON RESIDENT
INSURANCE PRODUCER, SURPLUS LINES BROKER, PUBLIC OR CLAIMS ADJUSTER LICENSE

Louisiana Department of Insurance Application Form

USE THIS FORM ONLY IF APPLICATION CANNOT BE SUBMITTED BY ELECTRONIC MEANS

Read the application carefully and PRINT or TYPE your responses. Incomplete applications will cause delays in the licensing process. Application for licenses not requiring an exam and nonresident applications that cannot be submitted online must be mailed directly to this Department.
The Department's mailing address is PO Box 94214 Baton Rouge, LA 70804

Check appropriate box for license requested.

- Resident License (Check if you are a first-time application or if more than five years has elapsed since you last held a license)
- Non-Resident License (Check if you hold a resident license in another state or province of Canada)
- Identify Home State: _____

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)	
③ If applicable, NASD Individual Central Registration Depository (CRD) Number			
④ Last Name JR./SR. etc		⑤ First Name	⑥ Full 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 () -	⑭ Gender (Circle One) Male Female	⑮ 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.)	
Individual Applicant Email Address:			
⑯ Business Entity Name			
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City
		⑳ State	㉑ Zip Code
		㉒ Foreign Country	
㉓ Business Phone Number (include extension) () -	㉔ Business Fax Number () -	㉕ Business E-Mail Address	㉖ Business Web Site Address
㉗ Applicant's Mailing Address		㉘ P.O. Box	㉙ City
		㉚ State	㉛ Zip Code
		㉜ Foreign Country	
㉝ a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business.			
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			
㉞ 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			
㉞ 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 Month	Year	To Month
			Year
Name			Position Held
City State Foreign Country			
Name			
City State Foreign Country			
Name			
City State Foreign Country			
Name			
City State Foreign Country			
FISCAL DIVISION ONLY	AGENT LICENSING ONLY	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Date Processed	
		Initials	
		License Number	
		Issue Date	

Application Instructions

*Resident applicants who need to take a license examination must file a license application online through Sircon. A link to the online form can be found at <http://www.prometric.com/Louisiana/Insurance.htm>

*Resident applicants applying for limited line life, health & accident, credit, travel, or variable life & variable annuity may apply online via NIPR (www.nipr.com)

*Resident applicants who are exempt from examination requirements because of licensure in another state must submit a paper application to this Department.

*All new resident producers and adjusters who become licensed on or after January 1, 2010 are required to be fingerprinted and a criminal background check performed as part of the license application requirements. See Page 4 of this application for additional information.

*Effective 1-1-2010, nonresident applicants are required to submit applications electronically. Paper submissions are accepted if an application cannot be submitted by electronic means. Paper submissions that could have been submitted electronically may be returned unprocessed.

Place an X by the license type for which you are applying

Producer	Surplus Lines Broker	Public Adjuster	Claims Adjuster
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Place an X by one

Resident License	Nonresident License	Temporary License	Amended License
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Producer Major Lines of Authority – Place an X by the license code(s) for which you are applying

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Life	A	Yes	\$75	End of Birth Month Even Years
Health & Accident	B	Yes	\$75	End of Birth Month Even Years
Life, Health & Accident	AB	Yes	\$75	End of Birth Month Even Years
Property	J	Yes	\$75	End of Birth Month Odd Years
Casualty	K	Yes	\$75	End of Birth Month Odd Years
Property & Casualty	JK	Yes	\$75	End of Birth Month Odd Years
Personal Lines	W	Yes	\$75	End of Birth Month Odd Years
Variable Contracts	Z	No	\$75	End of Birth Month Even Years
Surplus Lines	S	Yes	\$250	End of Birth Month Odd Years

Producer Limited Lines of Authority – Place an X by the license code(s) for which you are applying

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Credit	E	No	\$75 initial line	End of Birth Month Even Years
Industrial Fire	O	Yes	\$75	End of Birth Month Odd Years
Bail Bond	P+	Yes	\$75	End of Birth Month Odd Years
Surety	P	Yes	\$75	End of Birth Month Odd Years
Title	N	Yes	\$75	End of Birth Month Odd Years
Limited Life Health & Accident	D	No	\$75 initial line and \$35 each additional line	End of Birth Month Even Years
Travel	I	No	\$75 initial line and \$35 each additional line	End of Birth Month Even Years

Claims Adjuster Lines of Authority – Place an X by the license code(s) for which you are applying

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Automobile	G1	Yes	\$55	End of Birth Month Odd Years
Personal Lines	G2	Yes	\$55	End of Birth Month Odd Years
Commercial Lines	G3	Yes	\$55	End of Birth Month Odd Years
Comprehensive (All Lines)	G4	Yes	\$55	End of Birth Month Odd Years
Crop	G6	Yes	\$55	End of Birth Month Odd Years

Public Adjuster – Place an X by the license code for which you are applying

Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date
Public Adjuster	G5	Yes	\$55	End of Birth Month Odd Years

Licensing fees are nonrefundable and nontransferable.

Regardless of the date of issue, all life, health & accident lines expire on the last day of your birth month every even-numbered year, all property & casualty lines expire on the last day of your birth month every odd-numbered year. All Public and Claims Adjuster licenses expire on the last day of your birth month every odd-numbered year.

To avoid having to renew this license, I wish to have my license issued after my birth month, and I understand that I cannot sell, solicit or negotiate insurance policies until after this time.

Nonresidents Only: If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB. License Type _____.

Background Information

36 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges 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 no contest, 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 copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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 ___

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 limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement 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 ___

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 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 arrears? Yes ___ No ___

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to a 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.)

Applicants Certification and Attestation

37) 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. 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

38) 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 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).

State-Specific Instructions

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ELECTRONIC PROCESSING

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Resident applicants who are exempt from examination requirements must submit a paper application to this Department.

FINGERPRINT REQUIREMENTS

All new resident producers and adjusters who become licensed on or after January 1, 2010 are required to be fingerprinted and a criminal background check performed as part of the license application requirements.

Fingerprints must be done at a Prometric test center in Louisiana using "live scan" technology which digitally captures and transmits the fingerprints. Test center locations in Louisiana may be found by going to www.prometric.com/louisiana/insurance and selecting "Get Started" or you may call 800-871-6457 for location information. Appointments for fingerprinting are required (no walk-in's). The fingerprinting fee will be collected by Prometric at the time the appointment is scheduled.