

WEST VIRGINIA OFFICES OF THE INSURANCE COMMISSIONER

C. E. REINSTATEMENT FORM

**Due to Non-Compliance with Continuing Education
Agents Licensing & Education
(304) 558-0610**

WV License # _____

PRINT Full Name: _____
(Last Name - First - Middle)

Home Address: _____

Check if this is a new address

Telephone Number: _____ Email: _____

Residents -- If you have moved from West Virginia to another state, contact our office before proceeding.

I understand the above referenced license was Suspended for non-compliance with continuing education requirements.

Attached are copies (keep originals for your records) of course completion certificates that will be applied to my record for the delinquent reporting period. Any courses with a completion date **After** the expiration date of the producer's license are subject to the payment of the fees (pursuant to WV Administrative Code of State Rules 114-42-6.5) calculated below. I understand that, once my license has been reinstated to active status, I must pursue additional continuing education courses for the current period.

I further understand that I must be re-appointed to any insurance company I intend to represent in West Virginia and I will contact the company(ies) and advise them to submit the proper appointment and fee to the West Virginia Offices of the Insurance Commissioner.

Signature: _____ Date: _____

Hours completed After Expiration date of license x \$5.00 per hour = Total Due for Reinstatement

		\$
Ck./MO #	Date of Ck./MO:	

Check or Money Order (No Cash) payable to: WV Offices of the Insurance Commissioner

Mail form and fee to:
WV Offices of the Insurance Commissioner
Agents Licensing & Education
PO Box 50541
Charleston WV 25305-0541

Overnight Address:
WV Offices of the Insurance Commissioner
Agents Licensing & Education
900 Pennsylvania Ave., 7th Fl
Charleston WV 25302

Producer Late Renewal

WEST VIRGINIA OFFICES of the INSURANCE COMMISSIONER

(Please Print or Type)

Check appropriate boxes for license requested.

- Resident License License #: _____ License Type: _____
- Non-Resident License License #: _____ License Type: _____
 - Identify Home State: _____
 - Identify Home State License #: _____

Demographic Information

① National Producer Number(NPN)		② Date of Birth	
③ Last Name JR./SR. etc		④ First Name	
⑤ Residence/Home Address (Physical Street)	⑥ City	⑦ State	⑧ Zip or Foreign Country
⑨ Individual Applicants Email Address:			
⑩ Business Entity's Name			
⑪ Business Address (Physical Street)	⑫ P.O. Box	⑬ City	⑭ State
		⑮ Zip or Foreign Country	
⑯ Business Phone Number (include extension) () -	⑰ Business Fax Number () -	⑱ Business E-Mail Address	⑲ Business Web Site Address
⑳ Mailing Address	㉑ P.O. Box	㉒ City	㉓ State
		㉔ Zip or Foreign Country	

Agency or Business Entity Affiliations

㉕ 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 _____

Background Questions

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1a. Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department? 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 been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department? 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 ___

N/A ___ Yes ___ No ___

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.)

1c. Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department? Yes ___ No ___

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Applicant Name: _____

Background Questions continued

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 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, which has not been previously reported to this insurance department? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? Yes ___ No ___

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
Yes ___ No ___
- 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 ___

4. In response to a “yes” answer to one or more of the Background Questions for this renewal 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 renewal 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.

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Applicant's Certification and Attestation

⑦ The producer 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. 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).
8. I acknowledge that I am responsible for getting reappointed with the companies for which I am writing.

PRODUCER LATE RENEWAL AMOUNT: \$100.00 (payable to WV Offices of the Insurance Commissioner)

Attached is the \$100.00 fee (\$50.00 renewal, plus \$50.00 late fee) for renewal of my West Virginia Producer license.

RENEWAL LICENSE PRINT – After a renewal fee has been received and posted, the renewed license may be printed at www.wvinsurance.gov, SBS Links, SBS Connect/License Print

Signature: _____ Date: _____

Full Legal Name (Printed or Typed): _____

Mail form and fee to:
WV Offices of the Insurance Commissioner
Agents Licensing & Education
PO Box 50541
Charleston WV 25305-0541

Overnight Address:
WV Offices of the Insurance Commissioner
Agents Licensing & Education
900 Pennsylvania Ave., 7th Fl
Charleston WV 25302

** After one year of the expiration date on the license, the Producer Late Renewal form will not be accepted. If this office does not receive a completed application and payment within one year of the expiration date on the license and complete the continuing education requirement (if required) the license is considered inactive and all individuals will be required to reapply for a new license meeting all licensing requirements.*