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Uniform Application for Business Entity Insurance License/Registration

(Please Print or Type)

Check appropriate box for license requested.

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

Demographic Information

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year) ____		③ FEIN -	
④ If assigned, National Producer Number (NP#)			⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number		
⑥ List any other assumed, fictitious, alias or trade names under which you are 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 Phone Number (include extension) () -	⑮ Fax Number () -	⑯ Business Web Site Address		⑰ Business E-Mail Address	
⑱ Mailing Address		⑲ P.O. Box	⑲ City	⑲ State	⑲ Zip Code

Designated/Responsible Licensed Producer

⑲ Identify at least one Designated/Responsible Licensed Producer: *(See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)*

Name _____ SSN _____ - -

Owners, Partners, Officers and Directors

⑲ 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 _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - Owner: Yes / No

(State Use)

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Uniform Application for Business Entity Insurance License/Registration

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 Y – Business Entity

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	Y	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																

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Uniform Application for Business Entity Insurance License/Registration

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

Ⓔ 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 Y – Business Entity

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	Y	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																

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Uniform Application for Business Entity Insurance License/Registration

Background Information

29) Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. 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, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a certified copy of the charging document,
- a certified 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, or manager or member of a limited liability company, ever been involved in an administrative 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 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. “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 written statement identifying the type of license and explaining the circumstances of each incident,
- a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- a certified 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, or member or manager if a 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 arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, 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): _____

5. Is the business entity or any owner, partner, officer or director 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 written statement summarizing the details of each incident,
- a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager if 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 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
- certified copies of all relevant documents.

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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. Where required by law, 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 give any information they may have concerning me 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. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. 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.

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

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

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).

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**STATE OF WEST VIRGINIA
Office of Insurance Commissioner**

**NON-RESIDENT BUSINESS ENTITY
INSTRUCTION CHECKLIST**

Business entities are expected to be in compliance no later than October 1, 2003.

After October 1, 2003, penalties for non-compliance may be enforced.

Procedures effective July 1, 2003

**MAILING ADDRESS FOR
APPLICATION WITH FEE:
Agents Licensing & Education
West Virginia Offices of the Ins. Commissioner
PO Box 50541
Charleston WV 25305-0541**

**PHYSICAL MAILING ADDRESS:

1124 Smith St
Charleston WV 25301**

“Business entity” means a corporation, association, partnership, limited liability company, or other legal entity.

“Insurance agency” means an individual, corporation, partnership, association, limited liability company, or other legal entity except for an employee of the individual, corporation, partnership, association, limited liability company, or other legal entity, and other than an insurer or an adjuster as defined by W. Va. Code § 33-12B-1, which employs individuals licensed to engage in activity or whose members engage in any activity to be performed only by a licensed individual insurance producer or solicitor. It shall not include sole proprietor or partnerships in which there is only one licensed insurance producer.

You are not required to seek name approval from the Offices of the Insurance Commissioner prior to filing application. The insurance commissioner may refuse to grant a license to act as an agency insurance producer proposing to do business under a name which is likely to deceive or mislead the public in this state.

No agency insurance producer may be licensed in West Virginia which has or uses a name so similar to that of any agency insurance producer already so licensed as to cause uncertainty or confusion; except that in case of conflict of names between two agency insurance producers the commissioner may permit or require the newly licensed agency insurance producer to use in West Virginia a trade name that is reasonably necessary to avoid such conflict.

- Application:** We will accept the NAIC Uniform BUSINESS ENTITY Application. The application is located at www.wvinsurance.gov or NAIC Forms at www.licenseregistry.com;
- Fees:** The licensing fee is \$200.00. Payable by check or money order to the West Virginia Offices of the Insurance Commissioner. Fee is non-refundable—if application is returned for correction, another \$200.00 fee must be submitted with the application.
- Designated Individual (item #25 on application):** An individual licensed producer who is an officer, partner, or director responsible for the insurance agency’s or business entity’s compliance with the insurance laws and rules of West Virginia.
- Lines of Authority (page 2 on application):** Business entities will not be licensed by or assigned Lines of Authority. Letter of Certification is NO LONGER needed.

Appointment Requirements: A business entity cannot be appointed. All sales, solicitations and negotiations must be conducted through an appointed and individual licensed producer.

Questions: Contact the Agents Licensing & Education at (304) 558-0610. Access the WV Offices of Insurance Commissioner at <http://www.wvinsurance.gov>. Access West Virginia Code at <http://www.legis.state.wv.us/legishp.html>. Access West Virginia Code of State Rules at <http://www.wvsos.com>, see Emergency Rule 114-2, effective 5-29-2003.