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# Uniform Application for Business Entity License/Registration

(Please Print or Type)

**Check appropriate boxes for license requested.**

- ❑ Resident License
- ❑ Non-Resident License
  - o Identify Home State:_____
  - o Identify Home State License #:_____
- ❑ New Application
- ❑ Additional Line(s) of Authority

## 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 ☐ No ☐

| | | | | |
|---|---|---|---|---|
| (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 _____ Title_____ SSN/FEIN____-____-_____ D.O.B _____ Owner: Yes / No % of ownership interest ____

Name _____ Title_____ SSN/FEIN____-____-_____ D.O.B _____ Owner: Yes / No % of ownership interest ____

Name _____ Title_____ SSN/FEIN____-____-_____ D.O.B _____ Owner: Yes / No % of ownership interest ____

Name _____ Title_____ SSN/FEIN____-____-_____ D.O.B _____ Owner: Yes / No % of ownership interest ____

Name _____ Title_____ SSN/FEIN____-____-_____ D.O.B _____ Owner: Yes / No % of ownership interest ____

Name _____ Title_____ SSN/FEIN____-____-_____ D.O.B _____ Owner: Yes / No % of ownership interest ____

Name _____ Title_____ SSN/FEIN____-____-_____ D.O.B _____ Owner: Yes / No % of ownership interest ____

Name _____ Title_____ SSN/FEIN____-____-_____ D.O.B _____ Owner: Yes / No % of ownership interest ____

**(State Use)**

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# 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 **P L–** 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 | | | | | | ■ | ■ | | | | | | | | |
| MA | | | ■ | | | ■ | ■ | | ■ | | | | | | |
| MD | | | ■ | | | ■ | ■ | | | | | | | | |
| ME | | | ■ | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| MI | | | | | | ■ | ■ | | | | | | | | |
| MN | | | | | | ■ | ■ | | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| MO | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| MS | | ■ | | | | | | | | | | | | | |
| MT | | | | | | ■ | ■ | | ■ | | | | | | |
| NC | | | ■ | ■ | ■ | ■ | ■ | | ■ | | | | | | |
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| NE | | | | | | ■ | ■ | | | ■ | ■ | ■ | ■ | ■ | ■ |
| NH | | | | | | ■ | ■ | | | | | | | | |
| NJ | | | | | | ■ | ■ | | | | | | | | |
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| TN | | | | | | ■ | | | | | | | | | |
| TX | | | ■ | | | | ■ | ■ | | | | | | | ■ |
| UT | | | | | | ■ | ■ | | | | | | | | |
| VA | | | ■ | | | ■ | ■ | ■ | | | | | | | ■ |
| VI | | | | | | | | | ■ | | | | | | ■ |
| VT | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| WA | | | | | | | | | | | | | | | |
| WI | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| WV | | | | | | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ | ■ |
| WY | | | ■ | | | ■ | ■ | | | | | | | | |

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# Uniform Application for Business Entity License/Registration

## 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): _____

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.

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# Uniform Application for Business Entity License/Registration

## 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).

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**Uniform Application for**
**Business Entity License/Registration**

## STATE OF WEST VIRGINIA - Office of the Insurance Commissioner
# NONRESIDENT BUSINESS ENTITY
## Instruction Checklist

**Electronic applications are accepted at www.NIPR.com.**

**Application:** Complete & sign the NAIC Uniform Application for a Non-Resident Business Entity License

**Fee:** The licensing fee is $200 Payable by check (personal or business) or money order to the West Virginia Offices of the Insurance Commissioner.

**REGULAR MAIL:**
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
700 Pennsylvania Ave., 7th Fl
Charleston WV 25302

"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 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.

- **Business Entity Application: The Uniform Application for Business Entity Application is located at: http://www.wvinsurance.gov**
- **Fees: The licensing fee is $200.00. Check or money order payable 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.**
- **Appointment Requirements: A business entity cannot be appointed. All sales, solicitations and negotiations must be conducted through an appointed and individual licensed producer.**

**Notification of Licensure:** Licensees do not receive notification of licensure. At the homepage of the website (www.wvinsurance.gov) scroll down to SBS links and select licensee lookup. After entering in the name in the search criteria, if licensure has been granted the name will appear. To print out the license select SBS Connect License print from the SBS Links box.

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

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