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Uniform Application for Individual Insurance Producer License

(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 Soc. Security Number - -	2 If assigned, National Producer Number (NPN)				
3 If applicable, NASD Individual Central Registration Depository (CRD) Number	4 Are you affiliated with a financial institution/bank? Yes ☐ No ☐				
5 Last Name JR./SR. etc	6 First Name	7 Middle Name	8 Date of Birth (month) ___ (day) ___ (year)____		
9 Residence/Home Address (Physical Street)	10 P.O. Box	11 City	12 State	13 Zip Code	14 Foreign Country
15 Home Phone Number ( ) -	16 Gender (Circle One) Male Female	17 Are you a Citizen of the United States? (Check One) Yes ☐ No ☐ (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)			
18 Business Entity Name					
19 Business Address (Physical Street)	20 P.O. Box	21 City	22 State	23 Zip Code	24 Foreign Country
25 Business Phone Number (include extension) ( ) -	26 Business Fax Number ( ) -	27 Business E-Mail Address	28 Business Web Site Address		
29 Applicant's Mailing Address	30 P.O. Box	31 City	32 State	33 Zip Code	34 Foreign Country

35 a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

b. List any trade names under which you are currently doing business or intend to do business.

Agency or Business Entity Affiliations

36 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

37 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	From Year	To Month	To Year	Position Held
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

(State Use)

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NAIC
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Uniform Application for Individual Insurance Producer License

Jurisdiction and Type of License Requested

(38) Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

License 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

Limited Lines: **Credit–** Credit; **CR** – Car Rental; **CROP -** Crop; **T –** Travel; **S –** Surety; **O** – Other: Specify Type

	License Type				Major Lines of Authority						Limited Lines of Authority					
Jurisdiction	A	B	P	SLP	V	L	H	P	C	PL	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	■	■														
VI				■						■						
VA		■		■									■	■	■	■
VT	■	■														
WA													■			
WI		■	■		■											
WV	■	■														
WY	■	■										■	■	■	■	

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Uniform Application for Individual Insurance Producer License

Background Information

(39) The Applicant must 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. 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___

   "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 contendre, 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 certified copy of the charging document,
   c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

   If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A_____ Yes_____ No _____

   If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A _____ Yes ____ No _____

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of 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) a written statement identifying the type of license and explaining the circumstances of each incident,
   b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
   c) 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 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 arrangements 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 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 certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
   c) a certified copy of the official document, 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 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) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? 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 releated subpoena/warrant? Yes ___ No___

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Uniform Application for Individual Insurance Producer License

Applicant's Certification and Attestation

(40) 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. Where required by law, 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 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. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining Applicant's qualification for licensure. *(Applicable only to residents of Alaska)*

_____
Month/Day/Year

_____
Original Producer Signature

_____
Full Legal Name (Printed or Typed)

Attachments

(41) 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 Licensing 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
RESIDENT INDIVIDUAL LICENSE CHECKLIST

Specific Questions? Please contact:
Agents Licensing & Education (304 558-0610); agent.licensing@wvinsurance.gov

Application: Complete & sign the NAIC Uniform Application for Individual License.

Fee: The licensing fee is $50.00 except for the Surplus Lines fee of $200. Payable by check (personal or business) or money order to the West Virginia Offices of the Insurance Commissioner.

Attachments: Original Pre-Licensing Course Completion Certification, Original Promissor Score Report(s) and, if applicable, Letter of Clearance.

If moving to West Virginia from another state where a resident license was held, you must apply within 90 days of the date the license in the previous state was cancelled to be exempt from having to complete pre-licensing education and testing. Reciprocity is only allowed for those lines of authority held in the previous home state.

Sign application and mail with fee and any additional required items to:

Agents Licensing & Education

Overnight Address:	**Mailing Address:**
1124 Smith Street, Rm 402	**PO Box 50541**
Charleston WV 25301	**Charleston WV 25305-0541**

Appointment Requirements: No initial appointment is required with the application for license. Appointments must be submitted by insurance companies (electronically thru NIPR or, if paper, form WVAT located at www.wvinsurance.gov under AGENTS, Licensing Forms) within fifteen days from the date the agency contract is executed or the first insurance application is submitted.

Producer Renewal Information: Producer licenses are effective for a minimum of two (2) years. Licenses expire on the last day of the producer's birth month. The expiration date will be listed on your producer license.

Surplus Lines Renewal Information: Surplus licenses expire May 31st, ANNUALLY. Renewal notices will be mailed to producers prior to the expiration date.

Questions: Contact the Agents Licensing & Education at (304) 558-0610.
Access the West Virginia Offices of the 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.

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