

INFORMATIONAL LETTER NO. 69

TO: All Insurance Companies Licensed To Transact Business
In West Virginia, All Licensed Nonresident Brokers
and Other Interested Parties

DATE: May 1990

RE: Agent Licensing Changes

The 1990 regular session of the West Virginia Legislature enacted House Bill 4501 which makes certain amendments and additions to Chapter 33, Article 12 of the Code of West Virginia.

The sections of Article 12 which are affected by H. B. 4501 are as follows:

33-12-2 QUALIFICATIONS

Effective June 1, 1991, eliminates the nonresident brokers license.
Effective June 1, 1990, no solicitor license will be issued which is not a renewal of an existing solicitor license.

33-12-6 FEES

Effective July 1, 1990:

Requires fees for: Letter of Certification -- \$5.00;
Letter of Clearance -- \$10.00;
Duplicate license -- \$5.00.

Eliminates the retaliatory fee provision for nonresidents. The fee for all nonresident agent licenses will be \$25.00 and no bond or other form of financial responsibility will be required.

INFORMATIONAL LETTER NO. 69
MAY, 1990

33-12-8a LICENSING OF NONRESIDENT PROPERTY CASUALTY AGENTS

Establishes a nonresident agent license for property casualty agents to take the place of the nonresident brokers license which will no longer exist after June 1, 1991.

Effective July 1, 1990 nonresidents desiring a property casualty license in West Virginia may apply for license on form LA-5 (Rev. 7/90) and must be appointed, through this office, for each company the nonresident intends to solicit business for in this State.

Applicants must be licensed in their state of residence and provide proof of same to this office when applying for a license.

All policies on West Virginia risks must be reported, placed, countersigned and consummated through a resident agent of the issuing company.

Agents may enter the state to solicit, negotiate, make or procure contracts of insurance on risks located in West Virginia.

NOTE TO CURRENTLY LICENSED NONRESIDENT BROKERS:

All West Virginia Non-Resident Broker licenses will be cancelled effective May 31, 1991. Contact the insurance companies you want to represent in West Virginia for licensing and appointing procedures.

33-12-29 CHANGE OF ADDRESS

Effective July 1, 1990, requires all licensed individuals to report any change in his or her mailing address to this office within thirty (30) days of such change.

Enclosed is an Agent Request Form which must be used when requesting an address or name change, letter of certification, letter of clearance and/or duplicate license.

This Informational Letter and Agent Request Form should be distributed immediately to all agents, as well as other individuals and offices within your organization who may be responsible for submitting agent licensing requests to this Department.

Further information can be obtained by contacting the West Virginia Insurance Commissioner, Agent Licensing Section, 2019 Washington Street, East, Charleston, WV 25305, telephone (304) 348-0610.

HANLEY C. CLARK
INSURANCE COMMISSIONER

WEST VIRGINIA INSURANCE COMMISSIONER
2019 Washington Street, East
Charleston, WV 25305
(304) 348-0610

AGENT REQUEST FORM

AGENTS NAME: _____ S.S.# _____

WV LICENSE #: _____

The following is requested for the above named:

1. LETTER OF CERTIFICATION -- \$5.00 per letter requested

Please issue certification of my WEST VIRGINIA Resident Agents license. Enclosed is a self-addressed return envelope.

Letters requested x \$5.00 = \$ _____ Amount Due
Check # _____ Date of Check _____
Make checks payable to West Virginia Insurance Commissioner

2. LETTER OF CLEARANCE -- \$10.00 per letter requested

The licensee is the only party authorized to request cancellation of his/her license. Current West Virginia license must be returned with this request.

I have moved from WEST VIRGINIA to the State of _____.
Please cancel my West Virginia license and forward a Letter of Clearance in the return envelope I have provided.

FEE \$10.00 -- Check # _____ Check Date _____
Make check payable to West Virginia Insurance Commissioner

3. DUPLICATE LICENSE -- \$5.00

_____ I hereby certify that my license has been lost, stolen, or destroyed.
_____ I request a duplicate license due to an address change and/or a name change.

Fee \$5.00 -- Check # _____ Check Date _____
Make check payable to West Virginia Insurance Commissioner

4. CHANGE OF ADDRESS

To: _____

5. CHANGE OF NAME*

From: _____
To: _____

*Name change -- include copy of documentation (i.e. Marriage Cert., Court Order)

NOTE: There is no charge for address change or name change unless you wish a new license printed.
If a new license is requested, complete Item 3 and submit the proper fee.

Signature of Requestor

Date

*Items 2, 3 and 5 REQUIRE the AGENTS signature on this form.

THIS FORM MAY BE DUPLICATED

STATE OF WEST VIRGINIA -- INSURANCE COMMISSIONER

APPLICATION FOR NON-RESIDENT AGENTS LICENSE

For Dept. Use Only
License #
Eff. Date

PRINT IN INK OR TYPE
CAREFULLY READ REVERSE SIDE BEFORE COMPLETING FORM.

PART I

- 1. FULL LEGAL NAME: LAST FIRST MIDDLE
2. SOCIAL SECURITY #: 3. DATE OF BIRTH:
4. RESIDENCE ADDRESS: Telephone #:
5. BUSINESS ADDRESS: Telephone #:
6. Are you currently licensed in West Virginia; if YES: License #
7. Are you familiar with the West Virginia Insurance Laws and Administrative Regulations and intend to abide by the requirements and restrictions therein?
8. Does applicant understand that it is illegal to pay any person any part of the premium or share commissions with a policyholder or other person who is not a licensed individual?
9. Do you understand that all policies on West Virginia risks issued as a result of your solicitation, must be placed, countersigned and consummated through a resident West Virginia agent of the issuing company?
10. Do you understand that any & all address changes MUST be reported to this office within thirty (30) days?
11. Has any license applied for by you ever been refused, suspended, or revoked by the Insurance Department of this or any other State?
12. Have you ever been charged with financial irregularities, or are you indebted to any insurance company or agency for any overdue and unpaid money?
13. Have you ever been indicted for, or convicted of, a crime?

NOTE:

Any 'YES' responses to Questions 11, 12, and 13 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.

APPLICANTS SIGNATURE: DATE:

State County of

The applicant, whose name appears signed to the writing above, after first being duly sworn by me, says that the above statements are true to the best of his/her knowledge and belief.

Taken, sworn to and subscribed before me this day of , 19 SEAL

Notary Public Signature: My Commission Expires

PART II (TO BE COMPLETED BY THE INSURANCE COMPANY)

COMPANY WV I.D. # (10 digits)

COMPANY NAME: hereby appoints

AGENTS NAME: as a Non-Resident Agent for:

- Life (includes Credit Life) Variable Annuity
Accident & Sickness (includes Credit A&S) Property-Casualty (includes Fire, Credit A&S) Marine, Casualty, Fidelity & Surety

The company certifies that a credit & character investigation of the appointee has been made.

Attached is \$25.00 License Fee -- Check # Dated

LA-5 (Rev. 7/90) Appointing Official Signature Date Phone Number

WEST VIRGINIA INSURANCE COMMISSIONER
Application For Non-Resident Agent's License
Instructions

A. NON-RESIDENT APPLICANTS INSTRUCTIONS

1. Legal resident of a state OTHER than West Virginia MUST apply as a Non-Resident Agent.
2. Complete and sign Part I of the application before a Notary who must notarize your signature.
3. Attach documentation, as required, if response is "YES" to Questions 11, 12, and/or
4. Address changes must be reported to Agent Licensing within thirty (30) days.

B. INSURANCE COMPANY INSTRUCTIONS

1. Complete Part II and sign by Appointing Official.
2. INCOMPLETE AND/OR INCORRECT APPLICATIONS WILL BE RETURNED TO THE COMPANY FOR COMPLETION/CORRECTION.
3. The completed application must be accompanied by:
 - a. License Fee: \$25.00 Company check made payable to WEST VIRGINIA INSURANCE COMMISSIONER.
 - b. Letter of Certification from applicants home state insurance department.
 - c. Documentation of responses to Questions 11, 12, &/or 13, if applicable.
 - d. Self-addressed return envelope (Acknowledgment will not be mailed unless envelope is provided).

Send the completed application, license fee, and all required attachments to:

WEST VIRGINIA INSURANCE COMMISSIONER
Agent Licensing
2019 Washington Street, East
Charleston, WV 25305
Telephone (304) 348-0610

FORM MAY BE PHOTOCOPIED SO LONG AS SAME COLOR PAPER IS USED AND COPY IS LEGIBLE¹

¹Light green 20# bond