



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Financial Conditions Division

Mailing Address:
Financial Conditions
PO Box 50540
Charleston, WV 25305-0540

Telephone: (304) 558-2100
Facsimile: (304) 558-1365
financial.conditions@wvinsurance.gov
www.wvinsurance.gov

Location:
Financial Conditions
1124 Smith Street, Room 102
Charleston, WV 25301

Discount Medical Plan Organization Application

Name of Applicant: _____

DBA (if applicable): _____

Home Office Address: _____
 Street or PO Box City State Zip Code + 4

Mailing Address: _____
 Street or PO Box City State Zip Code + 4

Contact Person: _____
 Phone Number: _____ Fax Number: _____
 E-mail Address: _____

Compliance Officer: _____
 Address: _____
 Phone Number: _____ Fax Number: _____
 E-mail Address: _____

Type of Business Organization:
 Corporation Limited Liability Company Partnership Other (Identify/Explain): _____

State of Domicile: _____ Formation Date: _____ FEIN Number: _____
mm/dd/yyyy

List all states which the applicant is currently registered as a discount medical plan organization.

List all states which a discount medical plan organization application has been refused or denied.

List Names and Addresses of all Members, or Officers, or Owners of the Applicant:			
Full Name	Title	Address	% Ownership



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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 DMP 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? If you answer Yes, you must attach to this application: Yes No

- 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.

“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.

2. Has the DMP 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? If you answer Yes, you must attach to this application: Yes No

- 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.

“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.

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 member, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. If you answer Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment. Yes No

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? If you answer yes, identify the jurisdiction(s). Yes No

5. Is the DMP 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? If you answer Yes, you must attach to this application: Yes No

- 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. Has the DMP or any owner, partner, officer or director, or member or manager if a limited liability company, ever had a contract or any other business relationship terminated for any alleged misconduct? If you answer Yes, you must attach to this application: Yes No

- 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.



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On behalf of the DMP, 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. 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.
3. 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.
4. 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.
5. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
6. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
7. For Non-Resident Applications, I certify that I am licensed or registered and in good standing in my home state/resident state.

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

Notarial Acknowledgement Required of all Applicants

Dated and signed this _____ day of _____, 20____.

_____ being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained in this application are true and correct and that all of the applicable Filing Requirements contained on Page 1 have been met.

Signature	Title (Type or Print)	Full Legal Name (Type or Print)
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State of _____

City/County of _____

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

Affix Seal Here

 Notary Public

My Commission Expires: _____