

***Travel Insurance Producer Business Entity License***  
*West Virginia Offices of the Insurance Commissioner (WVOIC)*

For applications processed through the National Insurance Producer Registry (NIPR), the application will be pending until a listing of the Travel Retailers are submitted. The applicant has thirty (30) days to complete the form and submit to the WVOIC either via fax to 304-558-4966 or email at [OICagentlicensing@wv.gov](mailto:OICagentlicensing@wv.gov) to avoid denial of the application. The form below may be used and submitted multiple times.

**RETAILER LOCATIONS - Provide the indicated information for each travel retailer that offers travel insurance on the applicant's behalf. Attach additional copies of this page if necessary.**

Business Entity Name					FEIN	
Business Address						
City			State		Zip Code	Foreign Country
Phone Number (include extension) ( )		Fax Number ( )		E-mail Address For Business Use		
Mailing Address		P.O. Box	City		State	Zip Code Foreign Country
Name of Officer or Other Person who Directs or Controls the Travel Retailer's Operations					Title	
Business Address						
City			State		Zip Code	Foreign Country
Phone Number (include extension) ( )		Fax Number ( )		E-mail Address For Business Use		
Mailing Address		P.O. Box	City		State	Zip Code Foreign Country
<input type="checkbox"/> By checking this box, the applicant certifies that this travel retailer complies with U.S. Code, title 18, section 1033.						

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