

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Individual Producer License/Registration

(Please Print or Type)

*FBI Privacy Act Statement*

I acknowledge that I have read the FBI Privacy Act Statement.

**Check appropriate boxes for license requested.**

Resident License

Non-Resident License

• Identify Home State:  Home State License #:

New Application

Additional Line of Authority

### Demographic Information

① Soc. Security Number <input style="width: 90%;" type="text"/>	② If assigned, National Producer Number (NPN) <input style="width: 90%;" type="text"/>
--	---

③ If applicable, FINRA Individual Central Registration Depository (CRD) Number <input style="width: 90%;" type="text"/>
--

④ Last Name <input style="width: 95%;" type="text"/>	JR./SR. etc <input style="width: 80%;" type="text"/>	⑤ First Name <input style="width: 95%;" type="text"/>	⑥ Middle Name <input style="width: 95%;" type="text"/>	⑦ Date of Birth (month) <input style="width: 20px;" type="text"/> (day) <input style="width: 20px;" type="text"/> (year) <input style="width: 20px;" type="text"/>
---	---	--	---	---

⑧ Residence/Home Address (Physical Street) <input style="width: 98%;" type="text"/>	⑨ City <input style="width: 95%;" type="text"/>	⑩ State <input style="width: 80%;" type="text"/>	⑪ Zip Code <input style="width: 80%;" type="text"/>	⑫ Foreign Country <input style="width: 95%;" type="text"/>
--	--	---	--	---

⑬ Home Phone Number <input style="width: 90%;" type="text"/>	⑮ Gender (Circle One) Male <input type="checkbox"/> Female <input type="checkbox"/>	⑯ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)
⑭ Individual Applicant Email Address: <input style="width: 95%;" type="text"/>	⑰ Business Entity Name <input style="width: 98%;" type="text"/>	

⑰ Business Entity Name <input style="width: 98%;" type="text"/>
--

⑱ Business Address (Physical Street) <input style="width: 98%;" type="text"/>	⑲ P.O. Box <input style="width: 80%;" type="text"/>	⑳ City <input style="width: 95%;" type="text"/>	㉑ State <input style="width: 80%;" type="text"/>	㉒ Zip Code <input style="width: 80%;" type="text"/>	㉓ Foreign Country <input style="width: 95%;" type="text"/>
--	--	--	---	--	---

㉔ Business Phone Number (include extension) <input style="width: 95%;" type="text"/>	㉕ Business Fax Number <input style="width: 95%;" type="text"/>	㉖ Business E-Mail Address <input style="width: 98%;" type="text"/>	㉗ Business Web Site Address <input style="width: 98%;" type="text"/>
---	---	---	---

㉘ Applicant's Mailing Address <input style="width: 98%;" type="text"/>	㉙ P.O. Box <input style="width: 80%;" type="text"/>	㉚ City <input style="width: 95%;" type="text"/>	㉛ State <input style="width: 80%;" type="text"/>	㉜ Zip Code <input style="width: 80%;" type="text"/>	㉝ Foreign Country <input style="width: 95%;" type="text"/>
---	--	--	---	--	---

34 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.

(May be subject to state approval)

### Agency or Business Entity Affiliations

35 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN <input style="width: 150px;" type="text"/>	NPN <input style="width: 100px;" type="text"/>	Name of Agency <input style="width: 350px;" type="text"/>
FEIN <input style="width: 150px;" type="text"/>	NPN <input style="width: 100px;" type="text"/>	Name of Agency <input style="width: 350px;" type="text"/>
FEIN <input style="width: 150px;" type="text"/>	NPN <input style="width: 100px;" type="text"/>	Name of Agency <input style="width: 350px;" type="text"/>

### Employment History

36 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.

Name	City	State	Foreign Country	From		To		Position Held
				Month	Year	Month	Year	
<input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input style="width: 350px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 150px;" type="text"/>

(State Use)

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Individual Producer License/Registration

Applicant Name:

### Jurisdiction and Type of License Requested

(37) 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

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	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																

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com)



## Uniform Application for Individual Insurance Producer License/Registration

**Applicant Name:**

### Background Questions

38 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you 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), 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 a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you 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. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you 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 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. Have you ever been named or involved as a party in an administrative proceeding, including 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, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 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 you or any business in which you are or were an owner, partner, officer or director, 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, 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, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes  No

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Individual Insurance Producer License/Registration

Applicant Name:

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 or arbitration, or mediation proceedings, and
- c) a copy of the official documents, 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 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. Do you have a child support obligation in arrearage?

Yes  No

If you answer yes,

- a) by how many months are you in arrearage?
- b) are you currently subject to and in compliance with any repayment agreement?
- c) are you the subject of a child support related subpoena/warrant?

Months

Yes  No

Yes  No

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. 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?

N/A  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.



## Uniform Application for Individual Insurance Producer License/Registration

### Applicant's Certification and Attestation

39 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. Unless provided otherwise by law or regulation of the jurisdiction, 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 which this application is made 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. 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).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

### Attachments

40 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](http://www.nipr.com)).

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).

## **State of WEST VIRGINIA RESIDENT INDIVIDUAL LICENSE CHECKLIST**

**Specific Questions? Please contact:**

Agents Licensing & Education (304 558-0610); [OICAgentLicensing@wv.gov](mailto:OICAgentLicensing@wv.gov)

**Electronic applications are accepted at [www.NIPR.com](http://www.NIPR.com).**

**Paper 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:**

If applicable, Letter of Clearance. Pre-Licensing Course Completion Certification and Original PearsonVue Score Report(s) are no longer required but may be provided with the application for faster processing.

**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 being required to complete pre-licensing education and testing. Reciprocity is only allowed for those lines of authority held in the previous home state.

**Fingerprint Requirements:** All individuals applying for an initial resident insurance license, adding a line of authority or relocating to WV with a Letter of Clearance are required to be fingerprinted. You may register online at [www.identogo.com](http://www.identogo.com) or by telephone at (855)766-7746. For additional information regarding the fingerprint process, please visit [www.wvinsurance.gov](http://www.wvinsurance.gov), Agent Licensing, Fingerprint Requirements.

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

**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  
900 Pennsylvania Ave., 7<sup>th</sup> Fl  
Charleston WV 25302

**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](http://www.wvinsurance.gov) under Agent 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. Renewal notices will be mailed to producers prior to the expiration date.

**Surplus Lines Renewal Information:** Surplus licenses expire May 31st, ANNUALLY.

**Notification of Licensure:** Licensees do not receive notification of licensure. At the homepage of the website ([www.wvinsurance.gov](http://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 with a national producer number. To print out the license select SBS Connect License print from the SBS Links box and enter in the identifying information.

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>

Access West Virginia Code of State Rules at <http://apps.sos.wv.gov/adlaw/csr/>

## PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Social Security Account Number (SSAN).** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**Additional Information:** The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any systems(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).