



**STATE OF WEST VIRGINIA
Offices of the
Insurance Commissioner**

**Application for Travel Insurance
Producer Business Entity License**

(Please Print or Type)

Check appropriate boxes for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____
 - Identify Home State License #: _____
- New Application

Demographic Information					
① Business Entity Name		② Incorporation/Formation Date (month) ___ (day) ___ (year) ___		③ FEIN -	
④ If assigned, National Producer Number (NPN)			⑤ If applicable, FINRA Firm Central Registration Depository (CRD)		
⑥ List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.			⑦ State of Domicile		⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City	⑫ State	⑬ Zip Code	⑭ Foreign Country
⑮ Phone Number (include Ext.) () -		⑯ Fax Number () -	⑰ Business Web Site Address	⑱ Business E-Mail Address	
⑲ Mailing Address		⑳ P.O. Box	㉑ City	㉒ State	㉓ Zip Code
㉔ Foreign Country					

Designated/Responsible Licensed Producer	
㉕ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)	
Name _____	SSN _____ - - NPN _____
Name _____	SSN _____ - - NPN _____
Name _____	SSN _____ - - NPN _____
Name _____	SSN _____ - - NPN _____

Owners, Partners, Officers and Directors	
㉖ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:	
Name _____ Title _____	SSN/FEIN _____ - - D.O.B _____ Owner: Yes / No % of ownership interest _____
Name _____ Title _____	SSN/FEIN _____ - - D.O.B _____ Owner: Yes / No % of ownership interest _____
Name _____ Title _____	SSN/FEIN _____ - - D.O.B _____ Owner: Yes / No % of ownership interest _____
Name _____ Title _____	SSN/FEIN _____ - - D.O.B _____ Owner: Yes / No % of ownership interest _____
Name _____ Title _____	SSN/FEIN _____ - - D.O.B _____ Owner: Yes / No % of ownership interest _____
Name _____ Title _____	SSN/FEIN _____ - - D.O.B _____ Owner: Yes / No % of ownership interest _____
Name _____ Title _____	SSN/FEIN _____ - - D.O.B _____ Owner: Yes / No % of ownership interest _____
Name _____ Title _____	SSN/FEIN _____ - - D.O.B _____ Owner: Yes / No % of ownership interest _____

(State Use)

Application for *Travel Insurance Producer Business Entity License/Registration*

Jurisdiction and Type of License/Registration Requested –Major Lines of Authority

27 Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

Legal Business Type: C – Corporation P – Partnership S – Sole Proprietorship LLC – Limited Liability Company LLP – Limited Liability Partnership

Jurisdiction	Legal Business Type					<i>Travel Insurance Producer Business Entity</i>
	C	P	S	LLC	LLP	
WV						J

28 **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 United States Code, title 18, section 1033.								

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 United States Code, title 18, section 1033.								

Background Questions

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

- 1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager 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) or 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 juvenile court.)

- 1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company 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. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, 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 written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a 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 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 written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- 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 the business entity or any owner, partner, officer or director of the business entity, 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.

4. Has the business entity or any owner, partner, officer or director of the business entity, 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? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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? Yes ___ No ___

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, 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. 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?

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.

Applicant's Certification and Attestation

30 On behalf of the business entity or limited liability company, 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. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. 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.
4. 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.
5. I authorize the jurisdictions to which this application is made to give any information they may have 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
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).
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.
10. It is hereby acknowledged that an appointment is required and it is a condition of maintaining a West Virginia license.
11. I certify that the travel insurance business entity producer will require each employee and authorized representative of the travel retailer whose duties include offering and disseminating travel insurance to receive a program of instruction or training. The training program shall, at a minimum, contain instructions on the types of insurance offered, ethical sales practices and required disclosures to prospective customers.

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

Month/Day/Year

Signature

Typed or Printed Name

Title

Address

City

State

Zip

Travel Insurance Producer Business Entity License

WEST VIRGINIA INSURANCE COMMISSION

CHECKLIST

Specific Questions? Please contact:

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

Electronic applications are accepted at www.NIPR.com.

Fees: Application fee \$200.00.
Renewal fee \$200.00 **

Payable by check (personal or business) or money order to the West Virginia Offices of the Insurance Commissioner.

****License Renewal Information:** Travel Insurance Producer Business Entity Licenses renew annually on June 30th.

Fingerprint Requirements (*only applicable to resident Travel Insurance Producer Business Entities*)

The resident designated responsible producer (DRP), and the president, secretary, treasurer and any other person who directs or controls the travel insurance entity's operation must comply with the fingerprinting requirements applicable to insurance producers.

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., 7th Fl
Charleston WV 25302

Appointment Requirements: An 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 Agent Licensing, Forms) within fifteen days from the date the agency contract is executed or the first insurance application is submitted.

Notification of Licensure: Licensees do not receive notification of licensure. At the homepage of the website (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/>