



## West Virginia Offices of the Insurance Commissioner

### C.E. Reinstatement Form

Due to non-compliance with Continuing Education

NPN: \_\_\_\_\_

Print Full Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

Check, if this is a new address:

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Residents: If you have moved from West Virginia to another state, contact our office before proceeding.**

I understand the above referenced license was suspended for non-compliance with continuing education requirements.

**Attached are copies (keep the originals for your records) of course completion certificates** that will be applied to my record for the delinquent reporting period. Any courses with a completion date **after** the expiration date of the producer's license are subject to the payment of the fees (pursuant to WV Administrative Code of State Rules §114-42-6.5) calculated below. I understand that, once my license has been reinstated to active status, I must pursue additional continuing education courses for the current period.

**For Producers Only:** I further understand that I must be re-appointed to any insurance company I intend to represent in West Virginia, and I will contact the company(ies) and advise them to submit the proper appointment and fee to the West Virginia Offices of the Insurance Commissioner.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

There is a \$5.00 charge for **EACH** hour of C.E. that was completed **after** the expiration date of your license.

C.E. Hours Completed after Expiration: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_ Date of Check: \_\_\_\_\_

**Make the Check or Money Order payable to:** WV Offices of the Insurance Commissioner

**Mail form and fee to:**  
WVOIC – Licensing and Education  
P.O. Box 50541  
Charleston, WV 25305-0541

**Overnight Address:**  
WVOIC – Licensing and Education  
900 Pennsylvania Ave.  
Charleston, WV 25302

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 License Late Renewal/Continuation

(Please Print or Type)

**Check appropriate boxes for license requested.**

- Resident License License #: \_\_\_\_\_ License Type: \_\_\_\_\_
- Non-Resident License License #: \_\_\_\_\_ License Type: \_\_\_\_\_
  - Identify Home State: \_\_\_\_\_

Demographic Information				
① National Producer Number (NPN)	② Date of Birth	③ If applicable, FINRA Individual Central Registration Depository (CRD) Number:		
④ Last Name JR./SR. etc	⑤ First Name	⑥ Middle Name		
⑦ Are you a Citizen of the United States? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, of which country are you a citizen? _____) (If No, and this is an application for a Resident Renewal, you must supply proof of eligibility to work in the U.S.)				
⑧ Residence/Home Address (Physical Street)	⑨ City	⑩ State	⑪ Zip or Foreign Country	
⑫ Personal Email Address:	⑬ Personal Phone Number			
⑭ Employer's Business Entity Name				
⑮ Business Address (Physical Street)	⑯ P.O. Box	⑰ City	⑱ State	⑲ Zip or Foreign Country
⑳ Business Phone Number (include extension) ( ) -	㉑ Business Fax Number ( ) -	㉒ Business Email Address	㉓ Business Web Site Address	
㉔ Mailing Address	㉕ P.O. Box	㉖ City	㉗ State	㉘ Zip or Foreign Country

### Agency or Business Entity Affiliations

㉙ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

### Background Questions

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**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 of each incident,
- c) a copy of the official document of each incident, which demonstrates the resolution of the charges or any final judgment.

1a. Have you **EVER** been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department?

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).

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, which has not been previously reported to this insurance department? 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? (Note: For detailed information related to the requirements of 18 USC 1033 as it pertains to insurance licensing please refer to the NAIC publication “Guidelines for State Insurance Regulators to the Violent Crime Control and Law Enforcement Act of 1994” [https://www.naic.org/documents/prod\\_serv\\_legal\\_sir\\_op.pdf](https://www.naic.org/documents/prod_serv_legal_sir_op.pdf)) N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that 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, which has not been previously reported to this insurance department? Yes \_\_\_ No \_\_\_

2. Have you **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, which has not been previously reported to this insurance department?

“Involved” means having a license or registration censured, suspended, revoked, canceled, terminated, restricted or, being assessed a fine, placed on probation, sanctioned or surrendering a license or entering into a settlement 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 or any other position that exercises management or control over the business. You may **EXCLUDE** terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal or late filing fee.

If you answer yes, you must attach to this application: Yes \_\_\_ No \_\_\_

- a written statement identifying the type of license 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. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? Yes \_\_\_ No \_\_\_

If you answer yes,

- by how many months are you in arrearage? \_\_\_ Months
- are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_
- are you currently subject to a repayment agreement? Yes \_\_\_ No \_\_\_
- are you currently in compliance with the repayment agreement? NA \_\_\_ Yes \_\_\_ No \_\_\_

(If you answered “Yes” to 3(c), provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support.)

4. In response to a “Yes” answer to one or more of the Background Questions for this renewal application, are you submitting, or have you previously submitted document(s) to the NAIC/NIPR Attachments Warehouse? NA \_\_\_ Yes \_\_\_ No \_\_\_

**NOTE:** The state(s) identified on this application will receive an alert that your supporting documents are available if:

- You have previously loaded a document(s);
- You have recently submitted an application that is pending;
- You are submitting the same type of application (resident/nonresident, initial/renewal); and
- You are answering “Yes” to the same background question(s).

If you have not previously loaded your supporting documents, you may do so after you have successfully completed your application. You will be provided a link to the Attachment Warehouse instructions upon completion.

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 License Late Renewal/Continuation

Applicant Name: \_\_\_\_\_

### Applicant's Certification and Attestation

① 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 and in the furtherance of the Commissioner's, Director's, or Superintendent's official duties, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf in the furtherance of official duties 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. The 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.
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 acknowledge that jurisdiction specific attachments may be required with this application. State Specific Requirements and Fees information are available at [www.NIPR.com](http://www.NIPR.com). Incomplete applications may be returned as unprocessed and considered deficient.

**AMOUNT: \$100.00 (payable to WV Offices of the Insurance Commissioner)**

Attached is the \$100.00 fee (\$50.00 renewal, plus \$50.00 late fee) for the renewal of my West Virginia Producer license.

\_\_\_\_\_  
Original Producer Signature

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**RENEWAL LICENSE PRINT** - After a renewal fee has been received and posted the renewed license may be printed at [www.wvinsurance.gov](http://www.wvinsurance.gov), SBS Links, SBS Connect/License Print.

**Mail Renewal form, fee and attachments, if any, to:**

**Regular Mail:**

WVOIC - Licensing & Education  
P.O. Box 50541  
Charleston, WV 25305-0541

**Overnight Mail:**

WVOIC - Licensing & Education  
900 Pennsylvania Avenue  
Charleston, WV 25302

**\*After one year of the expiration date on the license, the Producer Late Renewal form will not be accepted. If the licensee does not complete the continuing education requirements (if required) and mail in the completed application and payment within one year of the expiration date on the license they will be required to reapply for a new license meeting all licensing requirements.**