

## **INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS, TRADE NAMES, NAME CHANGES, ETC.**

The names of all corporations, partnerships, limited liability companies and trade names must receive prior approval from the Department of Financial Services for use in New York. Name changes for entities must also receive prior approval. The name must first be submitted to the Department for consideration, and either approval or disapproval will be forwarded in writing, along with the appropriate licensing application and/or instructions. After receiving Department approval, follow the instructions below and on the application.

**PLEASE NOTE: THE LICENSEE CAN ONLY DO BUSINESS IN THE NAME IN WHICH HE/SHE OR IT IS LICENSED.**

### **INDIVIDUAL TRADE NAMES**

**RESIDENTS** - you must file with the County Clerk's Office in the county in which your business address is located. After filing, we require a copy of the Business Certificate from the County Clerk's Office.

**NON-RESIDENTS** – must be currently licensed and in compliance in your declared home state.

**NOTE:** Your license information **MUST** be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.

### **ENTITY TRADE NAMES**

**RESIDENT AND NON-RESIDENTS** - must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing the assumed name with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231.

### **CORPORATIONS**

**RESIDENTS and NON-RESIDENTS** – must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231. We also require a copy of your Articles of Incorporation or Charter attached to your application.

**NON-RESIDENTS** - must be currently licensed in the corporate name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

## **INSTRUCTIONS FOR CORPORATIONS, PARTNERSHIPS, TRADE NAMES, NAME CHANGES, ETC. (CONT'D)**

### **LIMITED LIABILITY COMPANIES**

**RESIDENTS AND NON-RESIDENTS** must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231. We also require a copy of your Articles of Organization attached to your application.

**NON-RESIDENTS** - must be currently licensed in the limited liability name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

### **PARTNERSHIPS**

**RESIDENTS** - You must file with the County Clerk's Office in the county in which your business address is located. After filing, we require a copy of the Business Certificate from the County Clerk's Office.

**NON-RESIDENTS** – must be currently licensed in the partnership name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

### **LIMITED PARTNERSHIPS**

**RESIDENTS and NON-RESIDENTS** – must file with the New York State Department of State. After filing, we need a copy of the New York State Department of State filing receipt or proof of filing with the New York State Department of State. You may contact that Department by calling (518)473-2492 or by writing them at New York State Department of State, Division of Corporations, 41 State Street, 2<sup>nd</sup> Floor, Albany, New York 12231.

**NON-RESIDENTS** - must be currently licensed in the limited partnership name and in compliance in the declared home state. **NOTE:** The license information for your entity and for each of the individuals named as sublicensees on the licensing application **MUST** be included in the National Producer Database; if not, a currently dated Certification must be submitted from the state you have declared as your home state and in which your principle place of business or residence is located.

**THE LICENSEE CAN ONLY DO BUSINESS IN THE NAME IN WHICH HE/SHE OR IT IS LICENSED.**

**NAME CHANGES FOR ENTITIES MUST INCLUDE AMENDED FILING RECEIPTS OR BUSINESS CERTIFICATES AND THE RETURN OF ALL LICENSES IN THE PREVIOUS NAME.**

**New York State Department of Financial Services  
INSTRUCTIONS FOR BR (PROPERTY/CASUALTY BROKER) APPLICANT**

Online licensing is available to first time RESIDENT applicants applying for an INDIVIDUAL/TBA license who have taken the exam within the past two (2) years. RESIDENT applicants are to apply online by visiting our website at: [www.dfs.ny.gov](http://www.dfs.ny.gov) Complete online licensing instructions are available on the Department's website. Non-resident online licensing is also available to first time non-resident applicants applying for an INDIVIDUAL license through the website of – National Insurance Producer Registry (NIPR) - <http://www.licenseregistry.com>

**INDIVIDUAL/TBA LICENSES ARE ISSUED WITH AN EXPIRATION DATE DETERMINED BY DATE OF BIRTH:**

**\*\*If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.**

**\*\*If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.**

Match the submission code numbers listed under the “\*Resident” or “\*Non-Resident” columns with the corresponding numbers on “Submission Requirement Code Chart” to determine what is needed to obtain a license

\*Resident - one who has declared New York as their Home State; Home State means the District of Columbia or any state or territory of the United States in which the applicant maintains his, her or its principal place of residence or principal place of business.

\*Non-Resident” - licensee who has declared a state OTHER than New York as their Home State. Home State is where you maintain a principal place of residence or business AND are licensed in good standing for the lines of authority being applied for in this application.

			SUBMISSION CODES				
COD E	DESCRIPTION OF LICENSE	INS LAW SECTION	RESIDENT	NON-RESIDENT	EXEMPT FROM #3 (EXAM)	LICENSING/CERTIFICATION PERIOD	FEES
BR	broker (property, casualty, personal lines, and baggage)	2104	1,2,3,4,7	1,2,5,6,7	one qualified by examination who was licensed BR within last 2 years, (2) one who has been licensed within the last 90 days and in good standing in the declared home state for the lines of authority being applied for in this application (3) current resident PC agent, (4) non-resident	Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above)  Entities - 2 yrs-11/1 to 10/31 of even years	See Attached Fee Schedule
<b>CODE</b>	<b>SUBMISSION REQUIREMENT CODE CHART</b>						
1	Application. Process electronically or download from this Department's website at <a href="http://www.dfs.ny.gov">www.dfs.ny.gov</a>						
2	FEE – See Attached Fee Schedule. <b>Full fees</b> are charged when a license is issued for a licensing period greater than one year; <b>half fees</b> are charged when a license is issued for a licensing period of one year or less. Make check payable to “Superintendent of Financial Services.” \$20 will be charged for each check dishonored by the bank. RESIDENT: Partnership, corporation, limited liability company fee is per sub-licensee. NON-RESIDENT: See attached list.						
3	Original passed score report for exam taken within 2 years unless “exempt from #3” above. Call Prometric* for examination information. A first time applicant must also submit either (1) School certificate (course must be completed prior to sitting for the examination) OR (2) Statement of Employer form documenting that the applicant has been regularly employed by a licensed insurance company, broker or agent for not less than 1 year during the 3 years preceding the date of application, and has been employed in responsible insurance duties relating to the underwriting or adjusting of losses in any 1 or more of the following lines of insurance: Fire, Marine, Liability, Workers Compensation, Fidelity and Surety, Property and Casualty.						
4	Proof of accumulation of Continuing Education credits if such proof was required had the last license been renewed and the \$10.00 Continuing Education filing fee unless applying under #3.						
5	Must be currently licensed and in compliance in your declared home state. <b>NOTE:</b> Your license information MUST be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.						
6	Code 4, if applicable, unless the home state information shows that the Continuing Education requirements of that state have been met.						
7	Proof of required filing of a partnership, corporation, limited liability company, or trade name. It is recommended that the applicant obtain name approval for use of the name in the insurance industry from this Department before filing the name with a County Clerk office or the New York State Department of State. You may submit a list of proposed names in the order of preference to New York State Department of Financial Services, One Commerce Plaza, Albany, NY 12257 or to our e-mail address, <a href="mailto:licensing@dfs.ny.gov">licensing@dfs.ny.gov</a> . Once a name is approved, licensing instructions will be provided.						

\*Prometric, Inc., NY Insurance Exam Registration, 7941 Corporate Drive, Nottingham, MD 21236, Telephone 800-324-7147

[www.prometric.com/newyork/ins](http://www.prometric.com/newyork/ins)

**PLEASE RETAIN THIS INSTRUCTION SHEET FOR YOUR INFORMATION**

[www.dfs.ny.gov](http://www.dfs.ny.gov)

**ORIGINAL/RELICENSING PROPERTY/CASUALTY AGENT &  
PROPERTY/CASUALTY BROKER FEES**

**DETERMINATION OF RESIDENT OR NON-RESIDENT STATUS:**

- If you declared New York State as your home state, pay the fee listed on the chart for New York.
- If you declared a home state other than New York, pay the license fee listed on the chart for the state declared as the home state and in which you are a licensed insurance producer.

**COMPUTATION OF FEE TO BE SUBMITTED WITH APPLICATION:**

- The term for broker licenses is up to two years.
  - **INDIVIDUALS/TBA – Effective Date of Issued License to Date of Birth Expiration:** If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.  
If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.
  - **PROPERTY/CASUALTY AGENT ENTITIES – July 1 to June 30 of even numbered years.**
  - **PROPERTY/CASUALTY BROKER ENTITIES – November 1 to October 31 of even numbered years.**
- To compute a licensing fee for an application to be issued for a period greater than one year, add the licensing fee plus any retaliatory fee indicated. To compute a licensing fee for an application to be issued for one year or less, add *one-half (1/2)* the licensing fee plus the *whole* of any retaliatory fee indicated.
- In addition, a relicensing applicant whose license expired within the last 2 years and who was required to document Continuing Education had he/she renewed the license, must also include both the required documentation of the accumulation of 15 credits of Continuing Education and a \$10.00 filing fee (per application, not per sub-licensee).

STATE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Alabama	\$20	\$ 80	\$80 plus \$80 per sub-licensee
Alaska		\$200	\$400 plus \$80 per sub-licensee
Arizona		\$ 80	\$80 plus \$80 per sub-licensee
Arkansas		\$ 80	\$135 with 1 sub-licensee plus \$80 for each additional sub-licensee
California		\$144	\$144 plus \$144 per sub-licensee.
Colorado		\$ 93.50	\$93.50 per sub-licensee
Connecticut	\$25	\$ 80	\$80 plus \$80 per sub-licensee
Delaware		\$ 80	\$80 plus \$80 per sub-licensee
District of Columbia		\$100	\$100 with 1 sub-licensee plus \$100 for each additional sub-licensee
Florida	\$50	\$ 80	\$80 per sub-licensee
Georgia		\$100	\$100 per sub-licensee
Hawaii		\$300	\$300 up to 4 sub-licensees; \$80 for each additional sub-licensee
Idaho		\$ 80	\$80 plus \$80 per sub-licensee
Illinois		\$250	\$150 plus \$250 per sub-licensee
Indiana		\$ 80	\$80 plus \$80 per sub-licensee
Iowa		\$ 80	\$80 per sub-licensee
Kansas	\$30	\$ 80	\$100 per sub-licensee
Kentucky		\$ 80	\$120 plus \$120 per sub-licensee
Louisiana		\$ 80	\$80 plus \$80 per sub-licensee
Maine		\$ 85	\$85 plus \$85 per sub-licensee
Maryland		\$ 80	\$80 plus \$80 per sub-licensee
Massachusetts		\$200	\$200 per sub-licensee
Michigan	\$10	\$ 80	\$80 per sub-licensee
Minnesota		\$ 100	\$200 plus \$100 per sub-licensee
Mississippi		\$ 80	\$100 plus \$80 per sub-licensee
Missouri		\$100	\$100 plus \$100 per sub-licensee
Montana		\$200	\$200 plus \$80 per sub-licensee

STATE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Nebraska		\$80	\$80 per sub-licensee
Nevada		\$135	\$135 plus \$135 per sub-licensee
New Hampshire		\$210	\$210 per sub-licensee
New Jersey		\$190	\$190 plus \$80 per sub-licensee
New Mexico		\$ 80	\$80 plus \$80 per sub-licensee
New York		\$ 80	\$80 per sub-licensee
North Carolina		\$ 200	\$200 plus \$80 per sub-licensee
North Dakota		\$ 80	\$80 plus \$80 per sub-licensee
Ohio		\$ 80	\$80 per sub-licensee
Oklahoma		\$ 80	\$80 plus \$80 per sub-licensee
Oregon		\$ 80	\$80 plus \$80 per sub-licensee
Pennsylvania		\$110	\$110 plus \$80 per sub-licensee
Rhode Island		\$110	\$110 plus \$80 per sub-licensee
South Carolina		\$80	\$80 per sub-licensee
South Dakota		\$80	\$80 per sub-licensee
Tennessee		\$ 80	\$80 per sub-licensee
Texas		\$ 80	\$80 plus \$80 per sub-licensee
Utah		\$ 80	\$80 plus \$80 per sub-licensee
Vermont		\$ 80	\$80 plus \$80 per sub-licensee
Virginia		\$ 80	\$80 plus \$80 per sub-licensee
Washington	\$ 5	\$ 80	\$80 plus \$80 per sub-licensee
West Virginia		\$ 80	\$80 per sub-licensee
Wisconsin		\$135	\$135 plus \$135 per sub-licensee
Wyoming		\$150	\$150 per sub-licensee

### CANADA

PROVINCE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Alberta		\$ 150	\$ 150 plus \$150 per sub-licensee
Manitoba		\$ 340	\$ 340 per sub-licensee
Northwest Territories	\$10	\$ 80	\$ 80 per sub-licensee
Nova Scotia		\$ 80	\$ 225 plus \$80 per sub-licensee
Ontario	Individuals & Sub-licensees must pass exam	\$ 270	\$ 270 per sub-licensee
Quebec	\$100	\$1,000	\$1,000 per sub-licensee
Saskatchewan		\$ 140	\$ 190 plus \$140 per sub-licensee
Yukon Territories	\$ 5	\$ 200	\$ 200 per sub-licensee

### U.S. TERRITORIES

TERRITORY	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Puerto Rico		\$1,682.00	\$ 800 includes all sub-licensees
Virgin Islands		\$ 400	\$ 400 plus \$ 400 per sub-licensee

**ORIGINAL/RELICENSING  
ENTITY FORM  
NEW YORK STATE  
DEPARTMENT OF FINANCIAL SERVICES**

Attention: Licensing Bureau  
One Commerce Plaza  
Albany, New York 12257

**PRODUCER APPLICATION FOR BROKER'S LICENSE UNDER  
SECTION 2104 OF THE INSURANCE LAW**

www.dfs.ny.gov

FOR DEPT USE ONLY

License No. BR-.....
Ex. By.....App. By.....
Issued.....
Original.....Relicensing.....

Resident \_\_\_\_\_

Non-Resident \_\_\_\_\_

Identify Home State: \_\_\_\_\_

Identify Home State License # \_\_\_\_\_ (If Home State is Not NY)

1. Name of Applicant _____					
Entity Name in Full _____			Fed. Employer ID No.* _____		
Principal Business Address (Required) _____					
Street and Number (Required) _____			P.O. Box (if any) _____		
Mailing Address (Required)(Indicate if Same as Business) _____					
City, Town or Village _____		County _____	State _____	Zip Code _____	Telephone No. _____
Street and Number _____			P.O. Box (if any) _____		
City, Town or Village _____		County _____	State _____	Zip Code _____	

(If either address changes, this Department must be notified in writing immediately.)

2. Indicate if your entity is a \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership\* \_\_\_\_\_ Limited Liability Company  
\*If Partnership – at least 2 partners/members are required

3. Check below the lines of authority for which the corporation is applying.

\_\_\_\_\_ **PROPERTY** \_\_\_\_\_ **CASUALTY** \_\_\_\_\_ **PERSONAL LINES** \_\_\_\_\_ **BAGGAGE**

4. List all officers/directors/partners/members/managers and give information requested below. If sub-licensee/designated responsible person, check box(es) at the right. The entity will be licensed with the lines of authority for which its sub-licensees/designated responsible persons are qualified. Only officers/directors/partners/members/managers may be sub-licensees/designated responsible persons; employees are not eligible.

(a) Name (Last, First, M.I.) _____	Title _____	Social Security No* _____	Date of Birth _____	Sex M__ F__
Residence: Number and Street (Required) _____	P. O. Box (If any) _____	City _____	State _____ Zip Code _____	Sub-licensee/Designated Responsible Person? Yes _____ No _____
(b) Name (Last, First, M.I.) _____	Title _____	Social Security No* _____	Date of Birth _____	Sex M__ F__
Residence: Number and Street (Required) _____	P. O. Box (If any) _____	City _____	State _____ Zip Code _____	Sub-licensee/Designated Responsible Person? Yes _____ No _____
(c) Name (Last, First, M.I.) _____	Title _____	Social Security No* _____	Date of Birth _____	Sex M__ F__
Residence: Number and Street (Required) _____	P. O. Box (If any) _____	City _____	State _____ Zip Code _____	Sub-licensee/Designated Responsible Person? Yes _____ No _____

\* See Privacy Notification on Page 4.



8. (CONTD.)

- (e) Is the business entity or any officer/director/partner/member/manager named in 4 or 5 a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... \_\_\_\_\_  
Yes or No
- (f) Has the business entity or any officer/director/partner/member/manager named in 4 or 5 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... \_\_\_\_\_  
Yes or No

9. **RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.**

Since expiration of its last authority, has this entity transacted business in New York State for the license being applied for in this application?..... \_\_\_\_\_  
Yes or No

**Applicant Certification and Attestation**

The undersigned Sub-licensee(s)/Designated Responsible Officer(s)/Director(s)/Partner(s)/Member(s)/Manager(s) hereby certifies, under penalty of perjury that:

- ◆ All of the information submitted in this application and attachments is true and complete and (I am) or (We are) 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/us and the business entity to civil or criminal penalties.
- ◆ Where required by law, the business entity hereby designates the Commissioner, Director, or Superintendent of Financial Services, or an appropriate representative in each jurisdiction for 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, Director, or Superintendent of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- ◆ The business entity grants permission to the Commissioner, Director, or Superintendent of Financial Services 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.
- ◆ The jurisdictions are hereby authorized to give any information they may have concerning (me) or (us) to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and the jurisdictions and any person acting on their behalf are hereby released from any and all liability of whatever nature by reason of furnishing such information.
- ◆ It is acknowledged that (I) or (We) understand and comply with the insurance laws and regulations of the jurisdictions to which is being applied for licensure/registration.
- ◆ **For Non-Resident License Applicants**, it is certified that (I) or (we) have been licensed within the last ninety (90) days and in good standing in the home state/resident state for the lines of authority requested from the non-resident state.

**THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL SUB-LICENSEES/ DESIGNATED RESPONSIBLE PERSONS**

DATED \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

URL WebSite: \_\_\_\_\_

\_\_\_\_\_  
Name of Entity Applicant

\_\_\_\_\_  
Signature of Sub-licensee/Designated Responsible Person

**Make Check Payable to Superintendent of Financial Services**

**\* \* CHILD SUPPORT NOTIFICATION \* \***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

**\* \* PRIVACY NOTIFICATION \* \***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

**CHILD SUPPORT OBLIGATION FORM**

\_\_\_\_\_  
Name of Entity on Application (Please Print)

\_\_\_\_\_  
Name of Individual (Please Print)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

Are you under obligation to pay child support?

Yes    No

  

If "yes," (a) Are you current or less than 4 months in arrears?

  

(b) Are you paying by income execution plan agreed to by courts or parties?

  

(c) Is the obligation subject of pending court proceeding?

  

(d) Are you receiving public assistance or supplemental security income?

  

If answer to the question regarding obligation to pay child support is "yes," one of the answers to a-d must be "yes" or license will expire six months from the effective date of this license unless you notify the Department by that time which answer has changed to "yes."

Persons four months in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under penalty of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This form may be reproduced

csoform2.doc