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, 2nd 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, 2nd 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, 2nd 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, 2nd 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.

INSTRUCTIONS FOR C3 (CONSULTANT - GENERAL) APPLICANT

DUE TO A CHANGE IN LEGISLATION AN INDIVIDUAL/TBA LICENSE WILL BE 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							FEE	
CODE	DESCRIPTION OF LICENSE	INS LAW SECTION	RESIDENT	NON-RESIDENT	EXEMPT FROM #3 (EXAM)	LICENSING PERIOD	FULL	HALF
C3	Consultant - General	2107	1,2,3,4,7	1,2,5,6,7	(1) one who was licensed C3 within the last 2 years (2) current PC (property/casualty) agent or current BR (property/casualty) broker (3) CPCU, FCAS or ACAS designation	Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above) Entities - 2 yrs- 4/1 to 3/31 of even years	$100	$50

CONSULTANT LICENSING EXEMPTIONS: (1) An agent or broker may consult with respect to lines for which he is authorized and charge a consulting fee based upon a written memorandum signed by the party to be charged, without being licensed as a consultant. (2) An agent or broker may charge a consulting fee and receive commissions for the sale of insurance if both the consulting fee and the insurance commissions are provided for in the written memorandum signed by the party to be charged. (3) An agent or broker may offset consultant's fee against commissions received on the sale of insurance only if provided for in the written memorandum.

CODE	SUBMISSION REQUIREMENT CODE CHART
1	Application.
2	FEE -- See "Fee " column. **Full fees** are charged when a license is issued for a licensing period greater than one year; **half fees** are charged when a license is issued for a licensing period of one year or less. Partnership, corporation, limited liability company fee is **per** partnership, corporation, limited liability company **plus per** sub-licensee. Make check payable to "Superintendent of Insurance." $20 will be charged for each check dishonored by the bank.
3	Original passed score report for exam taken within 2 years year unless "exempt from #3" above/copy of CPCU, FCAS or ACAS designation. Call Prometric* for examination information.
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. 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.
6	Code 4, if applicable, unless providing a home/business state certification showing that the Continuing Education requirements of that state have been met.
7	**ENTITIES** - Proof of required filing of a partnership, corporation, limited liability company, or trade name. It is recommended that 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 Insurance Department, Licensing Bureau, One Commerce Plaza, Albany, NY 12257 or to our e-mail address, **licensing@dfs.ny.gov**. 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

Please retain this instruction sheet for your information.

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

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

PRODUCER APPLICATION FOR GENERAL CONSULTANT'S LICENSE UNDER SECTION 2107 OF THE INSURANCE LAW

www.dfs.ny.gov

FOR DEPT USE ONLY

License No. C3-……

Ex. By…..……..App. By……..……...

Issued……..…Expires……

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) _____ National Producer No. (If Assigned)
Street and Number (Required) — P.O. Box (if any)

City, Town or Village — County — State — Zip Code — Telephone No.

Mailing Address (Required)(Indicate if Same as Business) _____
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. List all officers and directors and give information requested below. If sub-licensee/designated responsible person, check box(es) at the right and list before other officers and directors. The entity will be licensed in those lines for which its sub-licensees/designated responsible persons are qualified. Only officers and directors may be sub-licensees/designated responsible persons; employees are not eligible.

(a) Name (Last, First, M.I.)	Title of Officer/Director	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 of Officer/Director	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.

3. **(CONTD.)**

(c) Name (Last, First, M.I.)		Title of Officer/Director	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_____	

(d) Name (Last, First, M.I.)		Title of Officer/Director	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_____	

(e) Name (Last, First, M.I.)		Title of Officer/Director	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_____	

4. Identify all owners with at least 10% interest or voting interest of the business entity:

Name	SSN/FEIN	Date of Birth	Title

5. If **corporate** applicant - attach a copy of its Charter or Certificate of Incorporation which confers upon it the right to act as an insurance consultant; also attach a copy of the corporation's Department of State filing receipt, unless previously submitted.

   If **partnership** applicant – attach a copy of its Business Certificate from the County Clerk's Office in which the business address is located, unless previously submitted.

   If **limited liability company** applicant – attach a copy of its Articles of Organization. Also attach a copy of the Department of State filing receipt, unless previously submitted

6. Are any of the individuals named in 3 or 4 under obligation to pay child support? ……..……..…….. _____ Yes or No

   If "Yes," attach signed child support obligation form for each individual under such obligation.

7. If any of the following questions are answered "YES," an explanation must be attached.

   Other than traffic violations:

   (a) Has the business entity or any officer/director/partner/member/manager/owner named in 3 or 4 ever been convicted of a crime, had a judgment withheld or deferred, or is the business entity or any officer/director/partner/member/manager/owner named in 3 or 4 currently charged with committing a crime?……... _____ Yes or No

   "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "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 having been given probation, a suspended sentence or a fine.

   (b) Has the business entity or any officer/director/partner/member/manager/owner named in 3 or 4 ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?..…… _____ Yes or 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 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. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

   (c) Has any demand been made or judgment rendered against the business entity or any officer/director/partner/member/ manager/owner named in 3 or 4 for overdue monies by an insurer, insured or producer, or ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others.……..…… _____ Yes or No

7. **(CONTD.)**

(d) Has the business entity or any officer/director/partner/member/manager/owner named in 3 or 4 ever been notified by any jurisdiction to which the business entity is applying of any delinquent tax obligation that is not the subject of a repayment agreement?…… _____ Yes or No

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

(e) Is the business entity or any officer/director/partner/member/manager/owner named in 3 or 4 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/owner named in 3 or 4 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?…… _____ Yes or No

8. **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-licensees/Designated Responsible Officer(s)/Director(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 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, 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 OF THE OFFICERS AND/OR DIRECTORS NAMED AS SUB-LICENSEES/ DESIGNATED RESPONSIBLE PERSONS

_____
Name of Entity

DATED _____

E-Mail Address:_____

URL WebSite: _____

_____
Signature of Sub-licensee/Designated Responsible Officer/Director

_____
Signature of Sub-licensee/Designated Responsible Officer/Director

_____
Signature of Sub-licensee/Designated Responsible Officer/Director

_____
Signature of Sub-licensee/Designated Responsible Officer/Director

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

		Yes	No
Are you under obligation to pay child support?		O	O
If "yes,"	(a) Are you current or less than 4 months in arrears?	O	O
	(b) Are you paying by income execution plan agreed to by courts or parties?	O	O
	(c) Is the obligation subject of pending court proceeding?	O	O
	(d) Are you receiving public assistance or supplemental security income?	O	O

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