

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.

www.dfs.ny.gov

**INDIVIDUAL FORM
ORIGINAL/RELICENSING**

**STATE OF NEW YORK
DEPT. OF FINANCIAL SERVICES
ONE COMMERCE PLAZA
ALBANY, NEW YORK 12257**
www.dfs.ny.gov

FOR DEPARTMENT USE ONLY	
License No. C3.....
Ex. by	App. by
Issued	Expires.....
<input type="checkbox"/> Original.....	<input type="checkbox"/> Relicensing.....

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

Resident _____
 Non-Resident _____
 Identify Home State _____
 Identify Home State License # _____ (If Home State is Not NY)

1.

Name of Applicant		Last	First	M.I.
Social Security Number*	If assigned, National Producer Number (NPN)		Date of Birth	Gender M____ F____
Trade Name (Sole Proprietorship) Read instructions before entering anything in this space.				
c/o if any (pertaining to Principal Insurance Business Address)				Telephone Number
Principal Insurance Business Address: No. & Street (required)	P.O. Box, if any	City/Town/Village	County	State/Country
Residence: No. and Street (required)	P.O. Box, if any	City/Town/ Village	County	State/Country
Mailing Address: (required)(Indicate if same as Bus or Res)	P.O. Box, if any	City/Town/Village	County	State/Country
				Zip Code

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

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 6 months from its effective date unless you notify the Department by that time which answer has changed to "Yes."

Applicant Certification and Attestation

- ◆ The Applicant must read the following very carefully:
- ◆ 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.
- ◆ Where required by law, I hereby designate the Commissioner, Director or Superintendent of Financial Services, 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 Financial Services, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- ◆ I further certify that I grant permission to the Commissioner, Director or Superintendent of Financial Services, 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.
- ◆ I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- ◆ I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law 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.
- ◆ I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- ◆ For **Non-Resident License Applicants**, I certify that I 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.

Dated _____ 20 ____

Telephone No. _____

E-Mail Address _____

URL/Website Address _____

Applicant Signature

Applicant Name (Printed or Typed)

* * 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.