

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.

**New York State Department of Financial Services
INSTRUCTIONS FOR LB (LIFE/ACCIDENT AND HEALTH/VARIABLE ANNUITIES 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 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>

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							
CODE	DESCRIPTION OF LICENSE	INS LAW SECTION	RESIDENT	NON-RESIDENT	EXEMPT FROM #3 (EXAM)	LICENSING PERIOD	FEES
LB	life, accident & health, variable life/variable annuities broker	2104(b)(1)(A)	1,2,3,4,7	1,2,5,6,7	(1) one qualified by examination who was licensed as LA or LB 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) non-resident LA or LB	Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above) Entities - 2 yrs-11/01 to 10/31 of even years	See Attached Fee Schedule.
CODE	SUBMISSION REQUIREMENT CODE CHART						
1	Application. Apply electronically or download form from this Department's website @ www.dfs.ny.gov						
2	FEE – See Attached Fee Schedule. 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. 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 life/accident & health exam taken within 2 years unless “exempt from #3” above. Call Prometric* for examination information. Life qualifications and proof of having passed the applicable NASD or SEC examination are required for Variable Life/Variable Annuities. A first time applicant must 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 use of life insurance, accident & health insurance and annuity contracts in the design and administration of plans for estate conservation and distribution, employee benefits and business continuation.						
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 filing under #3 for life/accident and health.						
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 principal 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 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 Dept. of Financial Services, 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

**ORIGINAL/RELICENSING LIFE/ACCIDENT & HEALTH AGENT
AND LIFE/ACCIDENT & HEALTH 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 agent 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.
 - **LIFE/ACCIDENT & HEALTH AGENT ENTITIES** – July 1 to June 30 of odd numbered years.
 - **LIFE/ACCIDENT & HEALTH 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 LICENSE FEES			ENTITY LICENSE FEES	
	INDIVIDUAL/ENTITY RETALIATORY FEES	BASIC (LIFE AND/OR ACCIDENT & HEALTH)	VA EXTRA	BASIC (LIFE AND / OR ACCIDENT & HEALTH)	VA EXTRA
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	\$93.50 per sub-licensee	93.50
Connecticut	\$25	\$ 80		\$80 plus \$80 per sub-licensee	
Delaware		\$ 80		\$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 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	

STATE	INDIVIDUAL LICENSE FEES			ENTITY LICENSE FEES	
	INDIVIDUAL/ENTITY RETALIATORY FEES	BASIC (LIFE AND/OR ACCIDENT & HEALTH)	VA EXTRA	BASIC (LIFE AND / OR ACCIDENT & HEALTH)	VA EXTRA
Kansas	\$30	\$ 80		\$80 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		\$150		\$150 per sub-licensee	
Michigan	\$10	\$ 80		\$80 per sub-licensee	
Minnesota		\$ 80	\$50	\$200 plus \$80 per sub-licensee	\$50
Mississippi		\$ 80	\$20	\$80 plus \$80 per sub-licensee	\$20
Missouri		\$100		\$100 plus \$100 per sub-licensee	
Montana		\$200		\$200 plus \$80 per sub-licensee	
Nebraska		\$ 80		\$80 plus \$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	\$60	\$80 plus \$80 per sub-licensee	\$60
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 plus \$80 per sub-licensee	
South Dakota		\$ 80		\$80 per sub-licensee	
Tennessee		\$ 80		\$80 per sub-licensee	

STATE	INDIVIDUAL/ENTITY RETALIATORY FEES	INDIVIDUAL LICENSE FEES		ENTITY LICENSE FEES	
		BASIC (LIFE AND/OR ACCIDENT & HEALTH)	VA EXTRA	BASIC (LIFE AND / OR ACCIDENT & HEALTH)	VA EXTRA
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		\$ 85	\$ 50	\$85 plus \$85 per sub-licensee	\$ 50
Wyoming		\$150		\$150 per sub-licensee	

CANADA

PROVINCE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	CORPORATION / PARTNERSHIP / LIMITED LIABILITY COMPANY LICENSE FEES
Alberta		\$200	\$200 per sub-licensee
Manitoba		\$340	\$340 per sub-licensee
New Brunswick		Do Not Issue	Do Not Issue
Newfoundland		\$200	\$400 plus \$200 per sub-licensee
Northwest Territories		Do Not Issue	Do Not Issue
Nova Scotia		\$ 80	\$150 plus \$80 per sub-licensee
Ontario	\$ 75	\$150	Do Not Issue
Prince Edward Isl.		Do Not Issue	Do Not Issue
Quebec		\$150	\$400 plus \$150 per sub-licensee. Do Not Issue Partnerships
Saskatchewan		\$140	\$210 plus \$140 per sub-licensee
Yukon		Do Not Issue	Do Not Issue

U.S. TERRITORIES

TERRITORY	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	CORPORATION / PARTNERSHIP / LIMITED LIABILITY COMPANY LICENSE FEES
Guam		Do Not Issue	Do Not Issue
Puerto Rico		\$1,682.00	\$1,000 includes all sub-licensees
Virgin Islands	\$10	\$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 LIFE BROKER'S LICENSE UNDER
SECTION 2104(b)(1)(A) OF THE INSURANCE LAW**

www.dfs.ny.gov

FOR DEPT USE ONLY

License No. LB-.....
Ex. By.....App. By.....
Issued.....Expires.....
Original.....Relicensing.....
Add A Line.....

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)		
_____ 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. Check below the lines of authority for which the applicant is applying.

_____ LIFE _____ ACCIDENT/HEALTH _____ VARIABLE LIFE/VARIABLE ANNUITIES _____ TRAVEL ACCIDENT

4. If Variable Life/Variable Annuities in Question 3 has been checked, applicant must comply with (a) AND (b):

(a) Name a sub-licensee/designated responsible person who has current Life qualifications

AND

(b) Submit, with this application, proof of qualification as a securities salesman. (NASD or SECO Certification.)

5. 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.

5. (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_____	

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

Name	SSN/FEIN	Date of Birth	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If **corporate** applicant - attach a copy of its Charter or Certificate of Incorporation which confers upon it the right to act as an insurance broker; 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.

8. Are any of the individuals named in 5 or 6 under obligation to pay child support?
Yes or No

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

9. 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 owner/officer/director/partner/member/manager named in 5 or 6 ever been convicted of a crime, had a judgment withheld or deferred, or is the business entity or any owner/officer/director/partner/member/manager named in 5 or 6 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 owner/officer/director/partner/member/manager named in 5 or 6 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 owner/officer/director/partner/member/manager named in 5 or 6 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

9. (CONTD.)

(d) Has the business entity or any owner/officer/director/partner/member/manager named in 5 or 6 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 owner/officer/director/partner/member/manager named in 5 or 6 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 owner/officer/director/partner/member/manager named in 5 or 6 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?.....

Yes or No

10. **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

DATED _____

E-Mail Address: _____

URL WebSite: _____

Name of Entity

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

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