

**New York State Department of Financial Services
INSTRUCTIONS FOR MG (MORTGAGE GUARANTY AGENT) APPLICANT**

Match the submission code numbers listed under the “Resident” (one who has either a resident or business address in NYS) or “Non-Resident” (one who has neither a resident nor a business address in NYS) column with the corresponding numbers on “Submission Requirement Code Chart” to determine what is needed to obtain a license.

			SUBMISSION CODES				
CODE	DESCRIPTION OF LICENSING	INS LAW SECTION	RESIDENT	NON-RESIDENT	EXEMPT FROM #2 (EXAM)	LICENSING PERIOD	FEE
MG	Mortgage Guaranty	6505	1,2,4	1,2 or 3,4,	(1) one qualified by examination who was licensed as MG within last 2 years (2) non-resident who passed exam in home state	Perpetual	No Fee

CODE	SUBMISSION REQUIREMENT CODE CHART
1	Application. Download from this Department's website @ www.dfs.ny.gov . Application may also be obtained from the sponsoring insurance company.
2	Original passed score report for exam taken within 1 year unless “exempt from #2” above. Call Prometric* for examination information. If an original passed score report is required, you must submit a copy of your school certificate. (Course must be completed prior to sitting for the examination).
3	Currently dated certification indicating that applicant passed a mortgage guaranty examination from the state in which your business/home address is located.
4	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@ins.state.ny.us . 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**

- All information must be provided, all questions must be answered and requested attachments must be included or the application cannot be accepted.
- Include residence, business, **AND** mailing addresses even if they are the same.

Please retain this instruction sheet for your information.

www.dfs.ny.gov

**INDIVIDUAL FORM
ORIGINAL/RELICENSING**

**NEW YORK STATE DEPARTMENT
OF FINANCIAL SERVICES
LICENSING BUREAU
ONE COMMERCE PLAZA
ALBANY, NY 12257
www.dfs.ny.gov**

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

**MORTGAGE GUARANTY AGENT LICENSE APPLICATION
UNDER SECTION 6505 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	Zip Code
Residence: No. and Street (required)		P.O. Box, if any	City/Town/ Village	County	State/Country	Zip Code
Mailing Address: (required)(Indicate if same as Bus or Res)		P.O. Box, if any	City/Town/Village	County	State/Country	Zip Code

2. To the Superintendent of Financial Services of the State of New York:
 I hereby apply for a license under Section 6505 of the Insurance Law to represent, as agent,

 (Insurer Name in Full)
 to transact Mortgage Guaranty insurance as set forth in paragraph 23 of Section 1113 and paragraph (a) of Section 6501 of the Insurance Law and for that purpose I submit the following statements and answers to the questions contained in this application.

3. 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."

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

4. Other than traffic infractions:

(a) Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?..... Yes or No

"Crime" includes a misdemeanor, a felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges 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 no contest, or having been given probation, a suspended sentence or a fine.

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? N/A_____ Yes_____ No _____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A_____ Yes_____ No _____

(b) Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or Arbitration 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, sanctioned 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 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, director, or member or manager of a limited liability company. You may 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 you, or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer or have you ever been subject to a bankruptcy proceeding? (Do not include personal bankruptcies unless they involve funds held on behalf of others)..... Yes or No

(d) Have you ever been notified by any jurisdiction to which you are 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) Are you currently a party to, or have you ever been found liable in any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... Yes or No

(f) Have you or any business in which you are or were an owner, partner, officer, or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... Yes or No

RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.

5. Since expiration of your last authority, have you transacted business in New York for the license you are applying for in this application?..... Yes or No

****Attestation and Signature required on page 4**

CERTIFICATE OF TRUSTWORTHINESS AND COMPETENCY

TO THE SUPERINTENDENT OF FINANCIAL SERVICES OF THE STATE OF NEW YORK:

THIS IS TO CERTIFY that the undersigned has satisfied itself that the applicant executing this application is trustworthy and competent to act as agent and that if the license applied for is issued the undersigned will appoint such applicant to act as its agent in reference to the doing of such kind or kinds of insurance business as is specified in this application.

Under the penalties of perjury, I affirm that the statements made in the foregoing certificate are true and hereby subscribe thereto:

(Full Name of Insurer or Society) Company Code #

Dated _____ 20____ BY _____
(This date must be concurrent with or subsequent to the date of the agent's signature.) (Signature and title of officer or managing agent executing certificate.)

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 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.
- ◆ 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 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.