

## **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 PC (PROPERTY AND CASUALTY AGENT) 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 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.

| CODE | DESCRIPTION OF LICENSE   | INS/LAW SECTION | SUBMISSION CODES |              | EXEMPT FROM #3 (EXAM)  | LICENSING PERIOD  | FEES                      |
|------|--|-----------------|------------------|--------------|--|---|---------------------------|
|      |  |                 | RESIDENT         | NON-RESIDENT |  |   |                           |
| PC   | Property and Casualty agent  | 2103(b)         | 1,2,3,4,7        | 1,2,5,6,7    | (1) one qualified by examination who was licensed PC agent 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 BR (4) non-resident (5) baggage only | Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above)<br><br>Entities - 2 yrs-07/01 to 06/30 of even years | See Attached Fee Schedule |
| CODE | <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 submit a copy of his or her school certificate. (Course must be completed prior to sitting for the examination).  |                 |                  |              |  |   |                           |
| 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 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, Licensing Bureau, 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)**

**A Company Appointment must be filed with the Superintendent of Insurance within fifteen (15) days from the date the agency contract is executed or the first insurance application (contract/policy) is submitted.**

**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 /<br>PARTNERSHIP /<br>CORPORATION / LIMITED<br>LIABILITY COMPANY<br>RETALIATORY FEES | INDIVIDUAL<br>LICENSE FEES | PARTNERSHIP / CORPORATION / LIMITED<br>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<br>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 /<br>PARTNERSHIP /<br>CORPORATION / LIMITED<br>LIABILITY COMPANY<br>RETALIATORY FEES | INDIVIDUAL<br>LICENSE FEES | PARTNERSHIP / CORPORATION / LIMITED<br>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 /<br>PARTNERSHIP /<br>CORPORATION / LIMITED<br>LIABILITY COMPANY<br>RETALIATORY FEES | INDIVIDUAL<br>LICENSE FEES | PARTNERSHIP / CORPORATION / LIMITED<br>LIABILITY COMPANY LICENSE FEES |
|--------------------------|---|----------------------------|---|
| Alberta                  |   | \$ 150                     | \$ 150 plus \$150 per sub-licensee                                    |
| Manitoba                 |   | \$ 340                     | \$ 340 per sub-licensee   |
| Northwest<br>Territories | \$10  | \$ 80                      | \$ 80 per sub-licensee  |
| Nova Scotia              |   | \$ 80                      | \$ 225 plus \$80 per sub-licensee                                     |
| Ontario                  | Individuals & Sub-licensees<br>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<br>Territories     | \$ 5  | \$ 200                     | \$ 200 per sub-licensee   |

### U.S. TERRITORIES

| TERRITORY      | INDIVIDUAL /<br>PARTNERSHIP /<br>CORPORATION / LIMITED<br>LIABILITY COMPANY<br>RETALIATORY FEES | INDIVIDUAL<br>LICENSE FEES | PARTNERSHIP / CORPORATION / LIMITED<br>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 PROPERTY/CASUALTY AGENT'S LICENSE  
UNDER SECTION 2103(b) OF THE INSURANCE LAW**

www.dfs.ny.gov

FOR DEPT USE ONLY

|                               |
|-------------------------------|
| License No. PC-.....          |
| 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) _____     |                |                     |
| 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 entity is applying.

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

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

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

\* See Privacy Notification on Page 4.

4. (CONTD.)

|  |       |                     |               |   |
|--|-------|---------------------|---------------|---|
| (d) Name (Last, First, M.I.)                               | Title | Social Security No* | Date of Birth | Sex<br>M__ F__  |
| Residence: Number and Street (Required) P. O. Box (If any) | City  | State               | Zip Code      | Sub-licensee/Designated Responsible Person?<br>Yes_____ No_____ |

|  |       |                     |               |   |
|--|-------|---------------------|---------------|---|
| (e) Name (Last, First, M.I.)                               | Title | Social Security No* | Date of Birth | Sex<br>M__ F__  |
| Residence: Number and Street (Required) P. O. Box (If any) | City  | State               | Zip Code      | Sub-licensee/Designated Responsible Person?<br>Yes_____ No_____ |

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

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

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

7. Are any of the individuals named in 4 or 5 under obligation to pay child support?.....  
**If "Yes,"** attach signed child support obligation form for each individual under such obligation. \_\_\_\_\_ Yes or No

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

(a) Has the applicant or any person named in question 4 or 5 ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the applicant or person currently charged with committing a misdemeanor?.....  
\_\_\_\_\_ Yes or No  
 You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court).

(b) Has the applicant or any person named in question 4 or 5 ever been convicted of a felony, had a judgment withheld or deferred, or is the applicant or person currently charged with committing a felony?.....  
\_\_\_\_\_ Yes or No  
 You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court).

(c) Has the applicant or any person named in question 4 or 5 ever been convicted of a military offense, had a judgment withheld or deferred or is the applicant or person currently charged with committing a military offense?.....  
\_\_\_\_\_ Yes or No

NOTE: For questions 8a, 8b, and 8c "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.

(d) Has the applicant or any person named in question 4 or 5 ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding, regarding any professional or occupational license, registration or certification?.....  
\_\_\_\_\_ Yes or No  
 "Involved" means having a license, registration, or certification 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, registration, or certification 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, registration or certification. "Involved" also means having a license, registration or certification application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

8. (CONTD.)

- (e) Has any demand been made or judgment rendered against the applicant or any person named in question 4 or 5 for overdue monies by an insurer, insured or producer, or has the applicant or person ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others.... \_\_\_\_\_  
Yes or No
- (f) Has the applicant or any person named in question 4 or 5 ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement?..... \_\_\_\_\_  
Yes or No  
If you answer yes, then identify the jurisdiction(s): \_\_\_\_\_
- (g) Is the applicant or any person named in question 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
- (h) Has the applicant or any person named in question 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 applicant 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 person 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 applicant to civil or criminal penalties;
- ◆ where required by law, the applicant hereby designates the New York State Superintendent of Financial Services to be its agent for service of process regarding all insurance matters in New York State and agrees that service upon the Superintendent is of the same legal force and validity as personal service upon the applicant;
- ◆ the applicant grants permission to the New York State Superintendent of Financial Services to verify any information supplied with any federal, state, or local government agency, current or former employer or insurance company;
- ◆ the New York State Superintendent of Financial Services is hereby authorized to give any information the Superintendent may have concerning (me) or (us) to any federal, state, or local agency, or any other organization referenced in New York Insurance Law Section 110, and any person acting on the Superintendent's behalf is 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 New York Insurance Laws and regulations promulgated thereunder; and
- ◆ **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 _____<br><br>E-Mail Address: _____<br><br>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