

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
LICENSING BUREAU
ONE COMMERCE PLAZA
ALBANY, NY 12257**

INSTRUCTIONS FOR A LIMITED AGENT LICENSE UNDER SECTION 2131 OF THE INSURANCE LAW

Match the submission code numbers with the corresponding numbers on “Submission Requirement Code Chart” to determine what is needed to obtain a license.

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.**

*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	RESIDENT	NON-RESIDENT	LICENSING PERIOD	FEE	
						FULL	HALF
LR	Limited license for rental vehicle companies, wireless communications equipment vendors, and self-service storage companies	2131	1,2,4,5	1,2,3,4,5	Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above) Entities - 2 yrs-07/01 to 06/30 of even years	\$ 80	\$ 40

CODE	SUBMISSION REQUIREMENT CODE CHART
1	Application. Download from this Department’s website or contact NYS Dept. of Financial Services @ 518-474-6630.
2	<u>FEE</u> -- See “Fee” column. Full fees are charged during the first year of a licensing period; half fees are charged during the second year. Make check payable to “Superintendent of Financial Services.” \$20 will be charged for each check dishonored by the bank.
3	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 principal place of business or residence is located.
4	Proof of required filing of a partnership, corporation, limited liability company, or trade name. It is recommended that the 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, 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.
5	Required training program and customer brochures must be submitted to this Department for approval prior to use.

NOTE - A company appointment is no longer required in order to obtain an agent license. NOTE that a notice of appointment must be electronically submitted to the New York State Dept. of Financial Services within fifteen (15) days from the date the agency contract is executed or the first insurance application is submitted.

**All information must be provided, all questions must be answered and requested attachments must be included or the application cannot be accepted.
Please retain this instruction sheet for your information.**

**ORIGINAL/RELICENSING
ENTITY FORM**
NEW YORK STATE DEPT. OF FINANCIAL SERVICES
Attention: Licensing Bureau
One Commerce Plaza
Albany, New York 12257
**PRODUCER APPLICATION FOR LIMITED AGENT'S LICENSE
UNDER SECTION 2131 OF THE INSURANCE LAW**
www.dfs.ny.gov

FOR DEPT USE ONLY

License No. LR-.....
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 any 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. (a) Check below the type of limited license for which you are applying:

____ Rental Vehicle Company ____ Wireless Communications Vendor ____ Self-Service Storage Company (Personal Effects)

If Rental Vehicle company, check below the lines of authority for which you are applying:

____ Excess Liability ____ Accident & Health ____ Personal Effects ____ Cargo

(b) Is applicant a Franchisee?..... Yes or No

4. At how many locations does applicant rent vehicles, offer communications equipment insurance, or offer self-service storage insurance? _____

If at other than address shown in Question 1, attach a list showing the street address, city, county, state, and zip code.

5. List all officers/directors/partners/members/managers and give information requested below. If sub-licensee/designated responsible person, check box(es) at the right. Only officers/directors/partners/members/managers may be sub-licensees/designated responsible persons; employees are not eligible.

(a) Name (Last, First, M.I.)	Title	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.)

(b) Name (Last, First, M.I.)	Title	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_____

(c) Name (Last, First, M.I.)	Title	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	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	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. 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. Is more than 50% of the business entity's revenue derived from the sale of insurance being applied for in this application?.....
If Yes, information requested in Question 8 must be provided. _____ Yes or No

8. Complete this question ONLY if the answer to Question 7 was "Yes." Give full name of EACH officer, director and stockholder of record of business entity having beneficial ownership of 5% or more of any class of securities registered under the federal securities law and percentage of shares of stock owned by each:

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

9. Are any of the individuals named in 5 or 8 under obligation to pay child support?
If "Yes," attach signed child support obligation form for each individual under such obligation. _____ Yes or No

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

(a) Has the business entity or any officer/director/partner/member/manager/owner named in 5 or 8 ever been convicted of a crime, had a judgment withheld or deferred, or is the business entity or any officer/director/partner/member/manager/owner named in 5 or 8 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.

10. CONTD.

(b) Has the business entity or any officer/director/partner/member/manager/owner named in 5 or 8 ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?.....

Yes or No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

(c) Has any demand been made or judgment rendered against the business entity or any officer/director/partner/member/manager/owner named in 5 or 8 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

(d) Has the business entity or any officer/director/partner/member/manager/owner named in 5 or 8 ever been notified by any jurisdiction to which the business entity is applying of any delinquent tax obligation that is not the subject of a repayment agreement?.....

Yes or No

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

(e) Is the business entity or any officer/director/partner/member/manager/owner named in 5 or 8 a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?.....

Yes or No

(f) Has the business entity or any officer/director/partner/member/manager/owner named in 5 or 8 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?.....

Yes or No

11. 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

PURSUANT TO SECTION 2131 OF THE NEW YORK STATE INSURANCE LAW -

No person may act under the license applied for until that person has successfully completed a training program approved by the New York State Dept. of Financial Services. Training programs MUST be submitted with the application.

Any brochures used must be filed with the Superintendent of Financial Services for review. At every location where rental vehicle agreements, wireless communications equipment agreements, or self-service storage agreements are executed, brochures or other written materials must be readily available to prospective consumers and MUST:

summarize clearly and correctly the material terms of insurance coverage including the identity of the insurer and with regard to wireless communications equipment insurance, identify the licensed agent under Section 2103(b) of the NYS Insurance Law;

disclose that these policies may duplicate coverage already provided by a renter's personal automobile policy, homeowner's insurance policy, personal liability policy or other source of coverage;

state that the consumer is not required to purchase the insurance coverage offered in order to rent a vehicle or to purchase or lease wireless communications equipment, or to rent storage space;

describe the process for filing a claim should the consumer elect to purchase coverage;

contain the price, deductible, benefits, exclusions and conditions or other limitations of such policies;

disclose that the employee of the rental vehicle company, wireless communications equipment vendor or self-service storage company is not qualified or authorized to evaluate the adequacy of the purchaser's existing coverages, unless otherwise licensed; and

state that the consumer may cancel the insurance at any time and any unearned premium will be refunded in accordance with applicable law.

Applicant Certification and Attestation

The undersigned Sub-licensee(s)/Designated Responsible Officer(s)/Director(s)/Partner(s)/Member(s)/Manager(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 SUB-LICENSEES/ DESIGNATED RESPONSIBLE PERSONS

DATED _____
E-Mail Address: _____
URL WebSite: _____

Name of Entity Applicant
Signature of Sub-licensee/Designated Responsible Person

*** * 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 Dept. of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Dept. 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