



**2. Education Beyond High School** (attach additional sheets, if necessary)

Institution(s) Attended	Dates of Attendance		or	Type of Diploma Degree Received
	From:	To:		

**3. Courses in Professional Education Completed** (attach additional sheets, if necessary)

Institution(s) Attended	Course Title	No. of Hours	Date Completed

**4. Record of Teaching Experience (Include Student Teaching)** (attach additional sheets, if necessary)

Name and Location (City & State) of School	Dates of Attendance		Subjects Taught
	From	To	

**5. Are you under obligation to pay child support?**

**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

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

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

- a Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?

**Note: "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.**

\_\_\_\_\_  
Yes or No

**"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 answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

- 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

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

**d** Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

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

\_\_\_\_\_  
Yes or No

**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?

If you answer yes, you must attach to this application:

\_\_\_\_\_  
Yes or No

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment

**f** Have you or any business in which you are or were an owner, partner, officer, 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?

If you answer yes, you must attach to this application:

\_\_\_\_\_  
Yes or No

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

**7. Current New York State Insurance Licenses:**

BR - \_\_\_\_\_ Expiry Year: \_\_\_\_\_ Resident  Non-Resident

LA - \_\_\_\_\_ Expiry Year: \_\_\_\_\_ Resident  Non-Resident

LB - \_\_\_\_\_ Expiry Year: \_\_\_\_\_ Resident  Non-Resident

PC - \_\_\_\_\_ Expiry Year: \_\_\_\_\_ Resident  Non-Resident

**8. Current Other State Licenses:** [List name of state, type of license(s), period of time licensed.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. List Any Expired Licenses:** [List name of state, type of license(s), years in force and year of termination or expiration.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Have you ever been approved by the New York Insurance Department or any other state to be an instructor for pre-licensing insurance training course?  YES  NO

If "YES," complete below:

Name of School/Company \_\_\_\_\_ Approval Date \_\_\_\_\_ Ending Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Insurance Education/Designation: [Check appropriate Box (es)].

CLU Designation:  YES  NO Year Attained: \_\_\_\_\_ - OR -

Number of parts and subjects passed: \_\_\_\_\_

CPCU Designation:  YES  NO Year Attained: \_\_\_\_\_ - OR -

Number of parts and subjects passed: \_\_\_\_\_

Other Courses Taken and/or Designations Earned: (Specify course name and year passed or designation earned)

\_\_\_\_\_  
\_\_\_\_\_

12. Employment Experience: [Please attach resume and/or biographical sketch showing the past ten (10) years of employment experience.]

You must notify Provider Organization(s) immediately of any changes in information on this application.

Under the penalties of perjury I affirm that the information given in the Foregoing application and in the attached documentation is true and hereby subscribe thereto.

\_\_\_\_\_  
Signature of Proposed Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number (and Extension)

All signatures must be original. No stamps or photocopies.

The remainder of this application must be completed by the Provider Organization's Designated Person.

The Provider Organization must notify the Department immediately of any changes in the information on this application.

I verify that the Provider Organization has satisfied itself as to the validity of the information on this application and on the attached documentation.

**Note:** *If the employer is a corporation this form must be signed by an officer or director.  
If the employer is a limited liability company this form must be signed by a member.  
If the employer is a partnership this form must be signed by a member of the partnership.*

_____ Provider Organization Name	_____ Provider Organization Approval No.
_____ Signature of Designated Person	_____ Date
_____ Print or Type Above Name	_____ Telephone Number with Extension

**All signatures must be original. No stamps or photocopies.**

**A person may NOT act as an Instructor for THIS Provider Organization until the Insurance Department's approval of this application has been received by THIS Provider Organization.**

**\* \* \* 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 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 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.