



# Uniform Application for Individual Producer License/Registration

(Please Print or Type)

**Check appropriate boxes for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_ Home State License #: \_\_\_\_\_
- New Application
- Additional Line of Authority

### Demographic Information

<b>1</b> Soc. Security Number  - -		<b>2</b> If assigned, National Producer Number (NPN)				
<b>3</b> If applicable, FINRA Individual Central Registration Depository (CRD) Number						
<b>4</b> Last Name JR./SR. etc		<b>5</b> First Name	<b>6</b> Middle Name	<b>7</b> Date of Birth (month) ___ (day) ___ (year)___		
<b>8</b> Residence/Home Address (Physical Street)		<b>9</b> City	<b>10</b> State	<b>11</b> Zip Code	<b>12</b> Foreign Country	
<b>13</b> Home Phone Number ( ) -	<b>15</b> Gender (Check One) Male    Female	<b>16</b> Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)				
<b>14</b> Individual Applicant Email Address:						
<b>17</b> Business Entity Name						
<b>18</b> Business Address (Physical Street)		<b>19</b> P.O. Box	<b>20</b> City	<b>21</b> State	<b>22</b> Zip Code	<b>23</b> Foreign Country
<b>24</b> Business Phone Number (include extension) ( ) -	<b>25</b> Business Fax Number ( ) -	<b>26</b> Business E-Mail Address		<b>27</b> Business Web Site Address		
<b>28</b> Applicant's Mailing Address		<b>29</b> P.O. Box	<b>30</b> City	<b>31</b> State	<b>32</b> Zip Code	<b>33</b> Foreign Country

**34** a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.  
b. List any trade names under which you are currently doing business or intend to do business.  
(May be subject to state approval)

### Agency or Business Entity Affiliations

**35** List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

### Employment History

**36** Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
Name					
City					
State					
Name					
City					
State					
Name					
City					
State					
Name					
City					
State					

(State Use)



# Uniform Application for Individual Producer License/Registration

Applicant Name: \_\_\_\_\_

## Jurisdiction and Type of License Requested

⑦ Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

**License Types:**      A – Agent                      B – Broker                      P – Producer                      SLP – Surplus Lines Producer

**Lines of Authority:**      V – Variable Life/Variable Annuity      L – Life                      H – Accident & Health or Sickness      P – Property      C – Casualty      PL – Personal Lines

**Limited Lines:**      Credit – Credit                      CR – Car Rental                      CROP – Crop                      T – Travel                      S – Surety                      O – Other: Specify Type

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
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OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VI																
VA																
VT																
WA																
WI																
WV																
WY																



# Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: \_\_\_\_\_

## Background Questions

38 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

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

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), 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 a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes No

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

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

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes No

NOTE: For Questions 1a, 1b and 1c, "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 to any of these questions, 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.

2. 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 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 or 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.

3. 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 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.

4. 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? Yes No

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

5. 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 No



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Applicant Name: \_\_\_\_\_

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

- 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 documents, which demonstrates the resolution of the charges or any final judgment.

6. 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    No

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

- 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. Do you have a child support obligation in arrearage? Yes    No

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
  - b) are you currently subject to and in compliance with any repayment agreement? Yes    No
  - c) are you the subject of a child support related subpoena/warrant? Yes    No
- (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A    Yes    No

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes    No

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.



## Uniform Application for Individual Insurance Producer License/Registration

### Applicant's Certification and Attestation

39 The Applicant must read the following very carefully:

1. 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.
2. Unless provided otherwise by law or regulation of the jurisdiction, 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.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, 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.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization 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.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).

The New Jersey Department of Banking and Insurance offers an **online application** service. All producers are encouraged to utilize our electronic process for faster, easier and less costly license application. For online application information, please go to our website - [www.dobi.nj.gov](http://www.dobi.nj.gov)

**Resident Applicants only:** The Department is required to complete criminal history background investigation for each applicant seeking a major or limited line insurance producer license. Through participation in **LIVE SCAN**- Electronic Fingerprinting, the Department conducts a New Jersey State Police and an FBI criminal record check. Information concerning LIVE SCAN-Electronic Fingerprinting may be found on our website at [www.dobi.nj.gov](http://www.dobi.nj.gov)

**Resident Applicants for:**

- **All Major Lines and Bail Bonds:** Must attach the exam score report verifying passing the appropriate exam(s) for the lines of authority requested.
- **Variable:** Resident Applicants must have LIFE authority and FINRA Individual Central Registration Depository registration.
- **Surplus Lines:** Must attach exam score report and have PROPERTY and CASUALTY authority.
- **Bail Bond Limited Line:** Must attach exam score report.
- **Other Limited Lines:** Credit must attach proof of completion of approved program of instruction.

**New Jersey Department of Banking and Insurance Fees (paper application)**

**License Type - Application Fee + \$40 Processing Fee = Total Fee**

**Major Line Biennial License - \$150 + \$40 = \$190**

**Limited Line Producer Biennial License - \$75 + \$40 = \$115**

**New Jersey Department of Banking and Insurance Mailing address:**

State of New Jersey-Department of Banking and Insurance

Producer Licensing Unit

PO Box 327

20 West State Street

Trenton, New Jersey 08625-0327

**Make Check payable to:** “State Treasurer of New Jersey”