

# LOUISIANA DEPARTMENT OF INSURANCE

## Application for Resident or Non-Resident

### Insurance Business Entity

(Please Print or Type)

**Check appropriate box for license requested.**

- Resident License
- Non-Resident License

Identify Home State: \_\_\_\_\_

Identify Home State License #: \_\_\_\_\_

Mail Application to:  
P.O. Box 94214  
Baton Rouge, LA 70804-9214

#### Demographic Information

<b>1</b> Business Entity Name		<b>2</b> Incorporation/Formation Date (month) ___ (day) ___ (year)		<b>3</b> FEIN -	
<b>4</b> If assigned, National Producer Number (NP#)			<b>5</b> If applicable, FINRA Firm Central Registration Depository (CRD)		
<b>6</b> List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			<b>7</b> State of Domicile		<b>8</b> Country of Domicile
<b>9</b> Is the business entity affiliated with a financial institution/bank?      Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>10</b> Business Address		<b>11</b> City	<b>12</b> State	<b>13</b> Zip Code	<b>14</b> Foreign Country
<b>15</b> Phone Number (include extension) ( ) -		<b>16</b> Fax Number ( ) -	<b>17</b> Business Web Site Address		<b>18</b> Business E-Mail Address
<b>19</b> Mailing Address		<b>20</b> P.O. Box	<b>21</b> City	<b>22</b> State	<b>23</b> Zip Code
<b>24</b> Foreign Country					

#### Designated/Responsible Licensed Producer

**25** Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____
Name _____	SSN _____	- -	NPN _____

#### Owners, Partners, Officers and Directors

**26** Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____	- -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	D.O.B _____	Owner: Yes / No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	- -	D.O.B _____	Owner: Yes / No	% of ownership interest _____

Fiscal Division	Agent Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Initials	
		License Number	
		Issue Date	

APPLICANT NAME \_\_\_\_\_

Place an X by the license type for which you are applying							
<input type="checkbox"/>	Producer	<input type="checkbox"/>	Surplus Lines Broker	<input type="checkbox"/>	Public Adjuster	<input type="checkbox"/>	Claims Adjuster

Place an X by one						
<input type="checkbox"/>	Resident License	<input type="checkbox"/>	Nonresident License	<input type="checkbox"/>	Amended License	<input type="checkbox"/>

Producer Major Lines of Authority – Place an X by the license code(s) for which you are applying				
Line of Authority	Code	Fee (Non-Refundable)	Expiration Date	
<input type="checkbox"/>	Life	A	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Health & Accident	B	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Life, Health & Accident	AB	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Property	J	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Casualty	K	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Property & Casualty	JK	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Personal Lines	W	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Variable Life and Variable Annuity	Z	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Surplus Lines	S	\$250.00	April 30 <sup>th</sup> Odd Years

Producer Limited Lines of Authority – Place an X by the license code(s) for which you are applying				
Line of Authority	Code	Fee (Non-Refundable)	Expiration Date	
<input type="checkbox"/>	Credit	E	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Industrial Fire	O	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Bail Bond	P+	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Surety	P	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Title	N	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Limited Life, Health & Accident	D	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Travel	I	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Portable Electronics	N/A	\$200	December 31 <sup>st</sup> Odd Years

Claims Adjuster Lines of Authority – Place an X by the license code(s) for which you are applying				
Fee for License is \$55.00 regardless of how many lines are selected.				
Line of Authority	Code	Fee (Non-Refundable)	Expiration Date	
<input type="checkbox"/>	Automobile	G1	See Above	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Personal Lines	G2	See Above	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Commercial Lines	G3	See Above	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Comprehensive	G4	See Above	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Crop	G6	See Above	April 30 <sup>th</sup> Odd Years

Public Adjuster – Place an X by the license code for which you are applying				
Line of Authority	Code	Fee (Non-Refundable)	Expiration Date	
<input type="checkbox"/>	Public Adjuster	G5	\$55	April 30 <sup>th</sup> Odd Years

**Licensing fees are nonrefundable and nontransferable.**

Regardless of the date of issue, all life, health & accident line producer agency licenses expire on April 30<sup>th</sup> of the even numbered years, all property & casualty line producer and all public and claims adjuster agency licenses expire on April 30<sup>th</sup> of odd numbered years.

To avoid having to renew this license, I wish to have my agency license issued for May 1<sup>st</sup>, and I understand that I cannot sell, solicit or negotiate insurance policies until May 1<sup>st</sup>.

**Nonresidents only:** If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB.  
License Type \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

**Background Information**

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

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager 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) 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.)

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

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony?

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

N/A \_\_\_ Yes \_\_\_ No \_\_\_

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.)

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, 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 identifying all parties involved (including their percentage of ownership, if any) and 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. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, 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, 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 probation 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. 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, all parties involved (including their percentage of ownership, if any) 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 the business entity or any owner, partner, officer or director of the business entity, 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.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 \_\_\_ No \_\_\_

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

APPLICANT NAME \_\_\_\_\_

**Background Information (continued)**

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

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 arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, 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.

APPLICANT NAME \_\_\_\_\_

**Applicants Certification and Attestation**

29) On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am 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 and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, 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 or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance 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.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made to give any information they may have 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
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).
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

**Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

Notice: The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

APPLICANT NAME \_\_\_\_\_

**OBTAINING A BUSINESS ENTITY INSURANCE LICENSE****General Instructions**

This packet is designed to assist individuals preparing the licensing application of the Louisiana Department of Insurance. The forms and procedures of the application are designed to facilitate the review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth here.

While the Department staff will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us with questions.

- All submittals in association with this application must be sent through the United States Postal Service. Hand delivery is not acceptable and any information arriving in this manner will be returned without review.
- Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application.
- Do not alter the forms contained in this packet. If you feel the requirements do not apply to your firm, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about our forms.
- All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the application's being returned to the applicant.
- All documents required in the application must be dated within ninety (90) days of submittal of the application.
- Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If for some reason an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- To have a trade name on an entity license, a resident must have registered the trade name with the Louisiana Secretary of State. Non-residents must have the trade name on the home state license record.

**All Applications****Resident Applicants**

- A completed business entity application form.
- Please make checks or money orders payable to the Louisiana Department of Insurance.
- The designated/responsible licensed producer signing on behalf of the entities must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- Entities applying for a **variable life & variable annuity** license must provide a CRD report that verifies the corporation or the affiliated broker/dealer is approved with the FINRA.

**Non-Resident Applicants**

- A completed business entity application form.
- Please make checks or money orders payable to the Louisiana Department of Insurance.
- Non-Residents do not need to submit a letter of certification or printout from the producer database (PDB) as long as current license information is available on the producer database.
- The designated/responsible licensed producer signing on behalf of the entity must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- Entities applying for a **variable life & variable annuity** license must provide a CRD report that verifies the partnership or the affiliated broker/dealer is approved with the FINRA.

**Portable Electronics Applicants**

- Portable Electronic Insurance Limited Lines Applicants do not require a licensed individual.
- Portable Electronic Insurance Limited Lines Applicants whose stock is publicly traded and registered under the federal securities laws or that is licensed pursuant to the Federal Communications Act of 1934, or any affiliate or subsidiary may designate a single officer as the designated responsible person for the activities of the vendor pursuant to the limited lines portable electronics insurance license. The name and identifying information only for the designated responsible person is required. The names of all officers, directors and persons owning 10% or more of the applicant is not required.
- A list of all locations in the state where coverage will be offered must be attached to this application.