

APPLICATION
FOR WRITTEN CONSENT
TO ENGAGE IN THE
BUSINESS OF INSURANCE
PURSUANT TO 18 U.S.C. § 1033 AND 1034

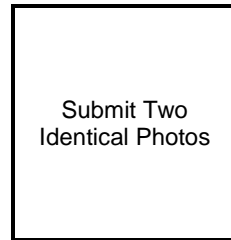
Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by or affecting persons engaged, or proposing to become engaged, in the business of insurance:

- (e)(1)(A) Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (B) Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than 5 years or both.
- (e)(2) A person described in paragraph (1)(A) may engage in the business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which consent specifically refers to this section.

This Application will be reviewed by the chief insurance regulatory official in this state to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to 18 U.S.C. § 1033 (e)(2).

You must answer every question on the Application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Department of Insurance will not process incomplete Applications. Additional information may be requested. If you have previously completed the *Short Form Application for Written Consent to Engage in the Business of Insurance*, you do not need to provide duplicate photos or attachments.

PLEASE TYPE



SECTION I – APPLICANT INFORMATION

Full Name of Applicant:

Last Name	First Name	Middle	SS#
Home Address	City	County	State
	Zip	Home Phone	
Business Address	City	County	State
	Zip	Business Phone	

1. If you were born in the United States, provide the following:

Place of Birth	City	County	State	Zip	Date of Birth
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2. If you were not born in the United States, provide the time of first entry and port of entry:

3. Are you a U.S. Citizen?

yes no

If no, provide the following:

Citizenship Country	State/Province	Basis of U.S. Residence	Alien Registration Number
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4. If you are a naturalized citizen of the United States, indicate where and how you became naturalized. The number of the Certificate of Naturalization must be provided, if applicable.

5. Have you ever used or been known by another name (including maiden name) or used or been issued another social security number?

yes no

If yes, provide the following (attach additional pages as needed):

Name	Social Security Number	Date of Use
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6. Provide identification of your current, and all former, spouses (attach additional pages as needed):

Spouse's Last Name	First Name	Middle	Social Security Number	Marital Status
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7. Do any of your relatives, by blood or marriage (either current or prior), serve in any capacity with any entity engaged in the business of insurance?

yes no

If yes, provide details of all civil actions (attach additional pages as needed):

Name of Relative	Address	Relationship to Applicant	Insurer/Employer
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8. Have you ever been a party, in any capacity, in a civil action, lawsuit, bankruptcy or other proceeding?

yes no

If yes, provide details of all civil actions (attach additional pages as needed):

Title of Case	Case Number
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Identification of Court	<input type="checkbox"/> Federal <input type="checkbox"/> State	City/State	Date of Action
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Description of case and your involvement, including outcome:

SECTION II – EDUCATION

1. Provide complete details about your education and training, including identification of all schools that you have attended. (Attach additional pages as needed):

Name of High School(s) Address Major Dates Attended _____ Highest Level Attained

Name of College(s) Address Major Dates Attended _____ Highest Level Attained

Name of Tech School(s) Address Major Dates Attended _____ Designation

Post Graduate Schools Address Dates Attended _____ Designation
or Programs

SECTION III – CHRONOLOGICAL EMPLOYMENT HISTORY AND PROFESSIONAL LICENSES –
CERTIFICATIONS – DESIGNATIONS

1. List in chronological order each and every place where you have been employed, including any military service (attach additional pages as needed). Include all instances where you have served as a paid or non-paid officer or director.

Name	Address	Title/Job	Employment Dates	Reasons for Leaving

2. Do you now hold, or have you ever held, a professional license relating to the business of insurance, including but not limited to, being a producer, agent, broker, solicitor, adjuster, or third party administrator?
 yes no

If yes, provide the following information about your active or prior insurance professional license(s) (attach additional pages as needed):

Type of License	Date of Issue	State	Status of License
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3. Have you ever had a consumer complaint, administrative, civil or other legal proceeding (include pending actions) filed against you regarding you insurance activities?
 yes no
 If yes, provide the following information (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome
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4. If your insurance-related license has ever been suspended, revoked, or administratively sanctioned (include pending actions) as a result of the legal or administrative action described in this section, provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/ Revocation	Type of License	Fines Paid	Status of Proceeding
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5. Do you now hold, or have you ever held, any other professional licenses, certifications or designations not issued by a Department of Insurance?
 yes no
 If yes, provide the following information about your active or prior professional licenses, certifications or designations (attach additional pages as needed):

Issued by	Address	City/State
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Type of License, certification or designation	Date of Issue	Status of license, certification or designation
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6. Have you ever had a customer, client or consumer complaint, administrative or other legal proceeding (include pending actions) filed against you regarding your other professional activities?
 yes no
 If yes, provide the following (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome
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3. Have you received any type of pardon to the offense or offenses that are the subject of this Application, or any other offense listed in this Application?

yes no

If yes, provide the following information (add additional pages if needed):

Pardoning Authority	County	State	Convicted Offense	Date of Pardon	Terms of Pardon
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4. Have your civil rights been revoked? yes no

If yes, provide the following information:

Court of Judgment	Date of Revocation of Civil Rights	Date of Restoration of Civil Rights
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5. Have you made full payment of any and all outstanding court costs, supervision fees, fines and ordered restitution concerning any and all offenses?

yes no

If no, provide explanation (add additional pages if needed):

6. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed in section IV? yes no

If yes, explain (attach additional pages if needed):

7. List all evidence that exists regarding your rehabilitation (attach additional pages as needed).

SECTION V – PRESENT/PROPOSED INSURANCE EMPLOYMENT

1. Provide complete details about your present employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Employer	Address	City	State	Zip	Telephone
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Name of Insurance Entity	Address	City	State	Zip	Telephone
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Applicant's Direct Supervisor	Address	City	State	Zip	Telephone
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Business Location of Applicant's Employment/Insurance Related Activity	Offices Held or Job Title
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2. Describe in detail the nature, duties and activities of your present employment or business association/relationship with an entity engaged in the business of insurance, including office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

3. Provide complete details about your proposed employment of business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Employer	Address	City	State	Zip	Telephone
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Name of Insurance Entity	Address	City	State	Zip	Telephone
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Applicant's Direct Supervisor	Address	City	State	Zip	Telephone
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Business Location of Applicant's Employment/Insurance Related Activity	Offices Held or Job Title
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4. Describe in detail the nature, duties and activities of your proposed office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

5. Explain why your conviction(s) will not affect your fitness or ability to perform any of the above duties or activities (attach additional pages as needed):

6. List the names and locations of all insurers and entities providing services to insurers for which you have advised, represented or in any manner worked for or provided services to, together with a description of the activities performed for each such entity (attach additional pages as needed).

6. Provide details of any proposed or current written or oral agreements, contracts or understandings between yourself and any entities engaged in the business of insurance (attach additional pages as needed).

SECTION VI – FINANCIAL INFORMATION

1. Attach financial statement(s) indicating your net worth, including all assets held by you, or held in the names of others for you, the amount of each secured and unsecured liability owed by you, or by you together with any other person.

2. Do you have any judicial or administrative penalties, fines or outstanding (include pending actions)?
 yes no
If yes, describe in detail (attach additional pages as needed):

3. Do you have any civil judgments, tax or other liens or penalties outstanding (include pending actions)?
 yes no
If yes, describe in detail (attach additional pages as needed):

8. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which you hold directly or beneficially (or hold in joint tenancy, or in the name of others for you) a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

9. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which your relatives, by blood or marriage, hold directly or beneficially a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

SECTION VII – GROUNDS RELIED UPON FOR APPLICATION FOR WRITTEN CONSENT

1. Provide a complete explanation of the reasons or grounds that applicant relies upon to establish that the applicant's insurance activities for which written consent is sought will not be contrary to the intent and purpose of 18 U.S.C. § 1033, and will not pose a risk to the insurance consumers or the insurance companies
(attach additional pages if needed):

2. You may enclose letters of recommendation addressed to the insurance regulatory official in the state where the Application is being submitted, attesting to your character and reputation. These letters should indicate the length of time that the writer has known you, and should describe your character traits as they relate to the employment, position or activities for which written consent is sought. Each letter should indicate that it is being submitted in compliance with these procedures and that you have informed the writer of the factual basis of the Application being filed with the regulatory official and the purpose thereof.

3. Have you ever applied for written consent with any other Commissioner or equivalent?

yes no

If yes, provide the following information, together with a copy of the Application filed in other state(s):

Name of Commissioner	State	Date of Application	Outcome of Request
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SECTION VIII – ATTACHMENTS

Attach the following documents to this Application for Written Consent. Applications without attachments, or Applications with incomplete attachments, will be returned to the applicant. However, if you have previously completed and submitted the *Short Form Application for Written Consent to Engage in the Business of Insurance*, you do not need to provide duplicate photos or attachments.

1. A certified copy of the applicant's criminal history.
2. A certified copy of the indictment, criminal complaint or other initiating document for the charge(s) which is (are) the subject of this Application.
3. A certified copy of the order of judgment and sentence of the Court for the conviction which is the subject of this Application (including certification of performance of all conditions imposed by the Court) and/or a certified copy of the Court docket.
4. A current financial statement and list of sources of income (as described in Section VI).
5. A current certified copy of applicant's credit report.
6. Copies of any and all current or proposed agreements between you and any entity engage in the business of insurance.
7. A sworn affidavit from the president, or other designated officer or director of the insurer, that states: the basis under which the Affiant is authorized to execute and attest to the statements made in the affidavit; the applicant will in fact perform only those insurance activities as fully described in the Application; the Application is to the best of his/her knowledge and belief, true and correct; the applicant will not be placed in a position in which his/her activities will constitute a risk or threat to insurance consumers or the insurer.
8. A copy of any pardon.
9. Any other attachments that the insurance regulatory official deems appropriate.

The applicant may include the following evidence of rehabilitation for the Commissioner's consideration:

1. Post-conviction community service.
2. Post-conviction charitable activity.
3. Any other information the applicant believes will assist the Commissioner in determining whether to grant written consent.
4. Letters of recommendation, addressed to the insurance regulatory official in the state where the Application is being submitted, attesting to the character and reputation of the applicant. The statement shall indicate the length of time the writer has known the applicant, their business or social relationship, and should include a description of the applicant's character traits and reputation in the community. The recommendation shall also verify that the writer knows of the applicant's criminal history.

