Application for Business Entity License Renewal/Continuation

(Please Print or Type)

Check appropriate boxes for license requested.

- ❑ Resident License License #_____
- ❑ Non-Resident License License #_____

$50 fee per line of authority

- ❑ Life & Health Consultant
- ❑ Property & Casualty Consultant
- ❑ Viatical Settlement Broker
- ❑ Surplus Lines Broker

Demographic Information

1 Business Entity Name		2 FEIN -		
3 Home State & Home State License Number		4 If assigned, National Producer Number (NPN)		
5 Is the business entity affiliated with a financial institution/bank? Yes ☐ No ☐				
6 Business Address		7 City	8 State	9 Zip Code or Foreign Country
10 Phone Number (include extension) ( ) -	11 Fax Number ( ) -	12 Business Web Site Address	13 Business E-Mail Address	
14 Mailing Address	15 P.O. Box	16 City	17 State	18 Zip Code or Foreign Country

Designated/Responsible Licensed Producer

19 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. (*See Matrix of State Requirements at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.*)

Name _____ SSN_____-_____-_____ NPN _____

Name _____ SSN_____-_____-_____ NPN _____

Name _____ SSN_____-_____-_____ NPN _____

Name _____ SSN_____-_____-_____ NPN _____

Background Questions

20

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, been convicted of, or is currently charged with, committing a misdemeanor or had a judgment withheld or deferred for a misdemeanor which has not been previously reported to this insurance department? 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).

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, or is currently charged with committing a felony or had a judgment withheld or deferred for a felony which has not been previously reported to this insurance department? 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. 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 or is currently charged with a military offense which has not been previously reported to this insurance department? Yes ___ No___

Applicant Name: _____

Background Questions continued

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, 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, which has not been previously reported to this insurance department? Yes ___ No___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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. "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; identifying 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. In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? 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 renewal 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.

RESIDENT SURPLUS LINES BROKERS ONLY

4. As required by the provisions of Chapter 18, Title 38.2 of the Code of Virginia, I attest that I have and thereafter shall keep in force for as long as the license remains in effect, a bond in favor of the Commonwealth in the amount of $25,000 with corporate sureties licensed by the Commission. Yes_____

4a. Full Name of insurer on Surety Bond: _____

4b. Bond number on Surety Bond: _____

4c. Effective Date of the Surety Bond: _____

ALL VIATICAL SETTLEMENT BROKERS

As required by Virginia Code, a Viatical Settlement Broker shall within 60 days of licensure and annually thereafter by March 1 of each year certify to the Commission implementation of anti-fraud initiatives reasonably calculated to detect, prosecute, and prevent fraudulent viatical settlement acts. Review a copy of Virginia Code § 38.2-6011 E at http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+38.2-6011. Visit www.scc.virginia.gov/boi/pro/formapp.aspx to download and properly complete the Annual Certification of Anti-Fraud Initiatives Form. Email completed certifications and any questions concerning your compliance status to VSBAnti-FraudPlan@scc.virginia.gov.

Applicant Name: _____

Applicant's Certification and Attestation

21 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