

## Submitting a CDO Application on Sircon Guide (Non-Virginia Based CDOs)

Visit [www.sircon.com/virginia](http://www.sircon.com/virginia).

Select “Virginia Health Benefit Exchange Assister Registration”.

### Step 1- Select Application Type

**License Applications**

**i** If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

**NEW INSURANCE LICENSES**

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

**NEW ADJUSTER LICENSES**

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

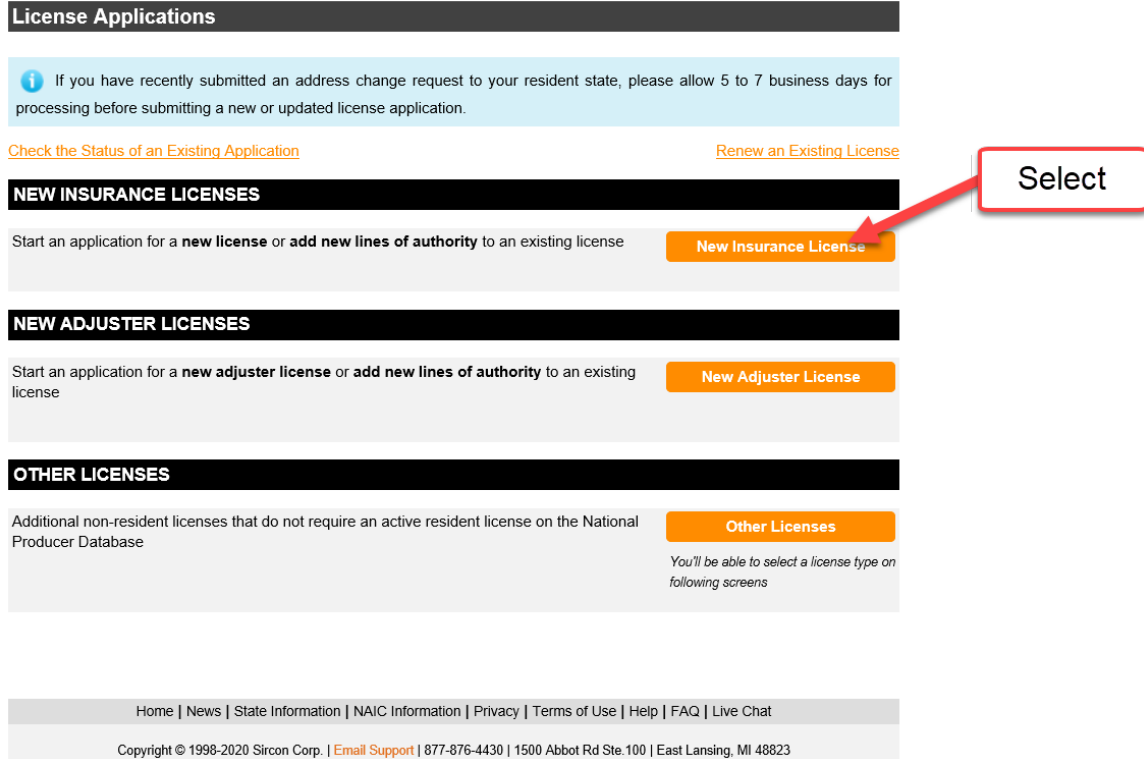
**OTHER LICENSES**

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

*You'll be able to select a license type on following screens*

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### Step 2 – Select Residency and Application Type

**License Applications**

**i** If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

**NEW INSURANCE LICENSES**

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

Is this a Resident or Non-Resident license?	<input type="radio"/> Resident	<input checked="" type="radio"/> Non-Resident
Are you an individual or a firm?	<input type="radio"/> Individual	<input checked="" type="radio"/> Firm

Cancel [Continue](#)

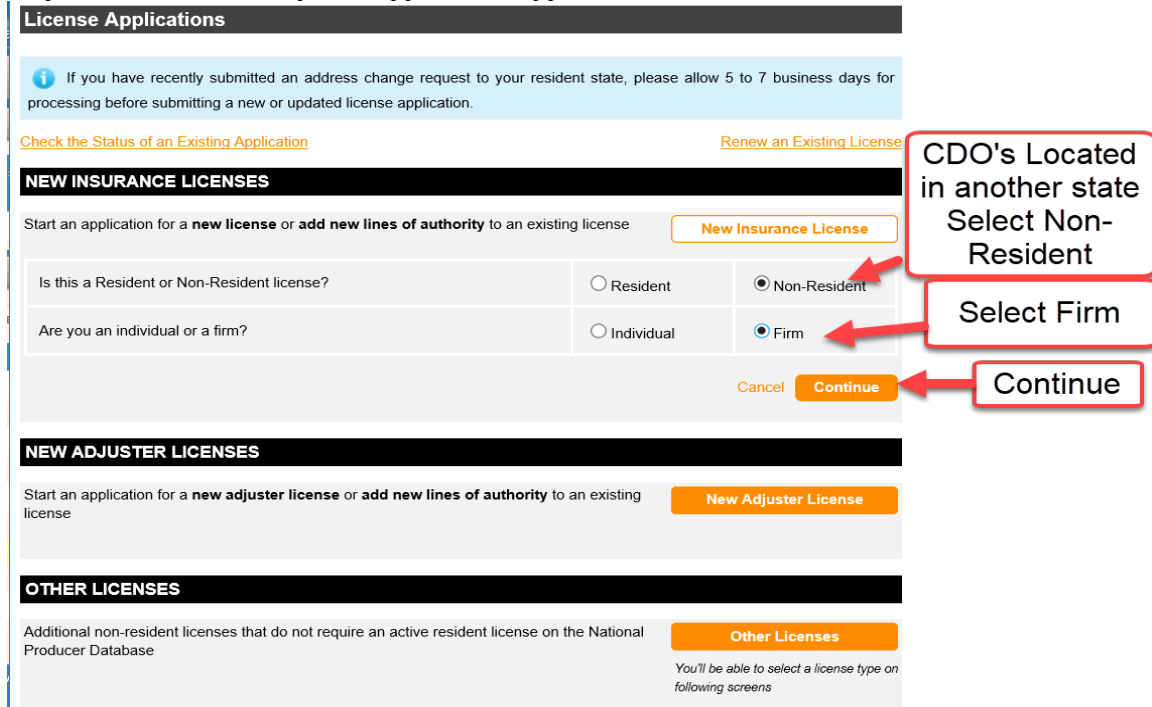
**NEW ADJUSTER LICENSES**

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

**OTHER LICENSES**

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

*You'll be able to select a license type on following screens*



Step 3 – Select “I do not have a resident license” option then select option shown in pop up box.

**Firm Non-Resident License Application**

Resident State  \* Required [I do not have a resident license](#)

**I do not have a resident license** [X]

There are certain states with licenses available that can be applied for without having an active resident license on the National Producer Database (PDB).

If you have an active resident license on the PDB, you should enter your credentials on this page; you will still be able to apply for the licenses that do not require an active resident license.

If you wish to apply for a resident license first [click here](#)

If you wish to apply for a non-resident license that does not require an active resident license on the PDB [click here](#)

**Not all license types are available in all states. Click on a state name below to view the license types available in that state. If the type you seek is not available, do not continue for that state. Instead you will need to contact the state to find out their requirements for application.**

CALIFORNIA - Sole proprietorship may not apply electronically using the business entity uniform application, they must apply as an individual.

CALIFORNIA - Business Entities applying as a Limited Liability Company (LLC's): LLC's are required to provide proof of satisfying the security requirements of Section 1647.5 of the California Insurance Code when applying for an insurance license and once licensed, must also file with the Commissioner an annual confirmation of coverage demonstrating continued compliance with the financial security requirements. Additional LLC application filing information, annual certification of coverage information, and links to forms that can be used as proof of fulfilling the security requirements, please go to the following link for Business Entity Limited Liability Company Requirements (<http://www.insurance.ca.gov/0200-industry/0020-apply-license/0300-business-license/business-entity-limited-liability.cfm>)

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at <http://www.oci.ga.gov/home.aspx>.

Alabama       Indiana       Nebraska       Rhode Island

## Step 4 – Enter CDO Name and Tax ID Information

### Firm License Application

**State of Residency**  \* Required *Which state should I choose?*

**EIN**  \* Required

**Agency Type**  \* Required

**Preparer**  Applicant  Authorized Submitter \* Required

You have reached this page because you wish to apply for a license that does not require you to have an active resident license on the National Producer Database (PDB) or we were unable to validate your resident license credentials on the PDB. If you feel you have reached this page in error, please use the links below to apply for a resident license or apply for non-resident licenses using an active resident license.

Only select states have licenses available through this application workflow. After you select your state of residency you will be able to view the states and available licenses for you to apply for.

If you would like to apply for a Resident License [click here](#)

If you would like to apply for Non-Resident License using a Resident license that exists on the PDB [click here](#)

**States**

**Not all license types are available in all states. Click on a state name below to view the license types available in that state. If the type you seek is not available, do not continue for that state. Instead you will need to contact the state to find out their requirements for application.**

CALIFORNIA - Sole proprietorship may not apply electronically using the business entity uniform application, they must apply as an individual.

CALIFORNIA - Business Entities applying as a Limited Liability Company (LLC's): LLC's are required to provide proof of satisfying the security requirements of Section 1647.5 of the California Insurance Code when applying for an insurance license and once licensed, must also file with the Commissioner an annual confirmation of coverage demonstrating continued compliance with the financial security requirements. Additional LLC application filing information, annual certification of coverage information, and links to forms that can be used as proof of fulfilling the security requirements, please go to the following link for Business Entity Limited Liability Company Requirements (<http://www.insurance.ca.gov/0200-industry/0020-apply-license/0300-business-license/business-entity-limited-liability.cfm>)

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at <http://www.oci.ga.gov/home.aspx>.

Idaho       Minnesota       Nevada       Virginia

Indiana       Mississippi       South Dakota       Wyoming

*Click on a state name to view the license types available for each submission method.*

**Payment Method**

Credit Card/Electronic Check Submission  
\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Siron insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.  
\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Siron insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

*The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.*

Enter Required Information



Select

Select

## Step 5 – Select License Type

### Firm Non-Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)

License Information	
Select State License Type	Previously licensed?
Virginia Applicant seeking registration as a Title Settlement Agency must first be licensed as a Title Insurance agency and be appointed by an insurer in Virginia.	<input checked="" type="radio"/> Yes 
<input checked="" type="checkbox"/> CAC Designated Org 	<input type="radio"/> No
<input type="checkbox"/> Navigator Registration	<input type="radio"/> Yes
	<input checked="" type="radio"/> No

Select

[Click here to view state requirements](#)

Please note that the licenses listed above may not be all licenses available in the state. The licenses on this page are available for you to apply for without being validated on the National Producer Database.

If you would like to apply for non-resident licenses using a resident license that is active on the PDB [click here](#)  
If you would like to apply for a resident license to obtain non-resident licenses not available through this application process [click here](#)

Cancel Back Continue

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## Step 6 – Select Qualification Code

### Firm Resident License Application

Lines of authority that are currently held by the producer in the resident state will appear below, but they will not be selectable.

#### Qualification Information for State of Virginia: CAC Designated Org

Qualification Code	
<input checked="" type="checkbox"/> CAC Designated Org 	<input type="checkbox"/> Other Qualification
<i>* At least one qualification must be selected.</i>	
Cancel Back Continue	 Continue 

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Step 7 - Enter CDO Information

**Firm Resident License Application**

**Agency Information**

**FEIN** 854567896  
**Firm Name** ABC Hospital LLC  
**Incorporation Date** MM-DD-YYYY \* Required (mm-dd-yyyy)  
**Agency Type Code** Limited Liability Partnership \* Required  
**Domicile Country** United States \* Required  
**Affiliated with a Bank?** No \* Required  
**Email Address** ABCHospital@MedicalCare.com \* Required  
**Business Web Address**  
**FINRA CRD Identifier**

Enter Required Information

**Agency Alias Information**

The information in this section is optional.  
If you elect to provide this information, please enter all required fields.  
List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.

Enter Alias/Trade Name (Optional)

**Type** Alias \* Required  
**Name** BestCare \* Required

**Type** \* Required  
**Name** \* Required

**Type** \* Required  
**Name** \* Required

**Type** \* Required  
**Name** \* Required

Add More Agency Alias Information

**Agency Business Address**

Virginia law requires that the business or mailing address you provide must be in the state of Virginia. PO Box will not be accepted for business address.

Enter Required Information

**Line One** 123 Main Street \* Required  
**Line Two**  
**Line Three**  
**City** Richmond \* Required  
**State** Virginia  
**Postal Code** 23219 \* Required  
**Country** \* Required

Step 8 - Enter CDO Information Continued

### Agency Mailing Address

*Virginia law requires that the business or mailing address you provide must be in the state of Virginia.*

Line One  \* Required

Line Two

Line Three

City  \* Required

State  ▼

Postal Code  \* Required

Country  ▼ \* Required

### Agency Business Phone

*Please verify the provided phone number is valid. Virginia Bureau of Insurance will reject license applications with invalid phone numbers that begin with '1'. Example: 123-523-1243 will not be allowed.*

Phone Number  \* Required

Extension

### Agency FAX

*Please verify the provided fax number is valid. Virginia Bureau of Insurance will reject license applications with invalid fax numbers that begin with '1'. Example: 123-523-1243 will not be allowed.*

Fax Number  \* Required

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Enter  
Required  
Information

Enter  
Required  
Information

Continue

Step 9 – Enter CDO Officer/Director/Owner Information

You may enter an entity in lieu of individual officers/directors. If you indicate 100% Ownership only one entry required.

Note: The Virginia Exchange does not validate or require this information; however, the system requires it.

### Owners and Officers

Please enter information into the sections below (at least one is required).

Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity.

Enter  
Required  
Information

Type  \* Required  
EIN/SSN  \* Required  
Agency Name   
First Name   
Last Name   
Title  \* Required  
Owner  \* Required  
Percent Ownership   
Birth Date  (mm-dd-yyyy)

Type  \* Required  
EIN/SSN  \* Required  
Agency Name   
First Name   
Last Name   
Title  \* Required  
Owner  \* Required  
Percent Ownership   
Birth Date  (mm-dd-yyyy)

Add More Owners and Officers

Cancel Back Continue

Continue

Step 10 - Answer Questions.

Each question, and subset questions must be answered. Select either Yes or No. Some questions have an “Other” box option in which you can type information, or N/A.

Step 11 – Agree to Attestation

**Firm Resident License Application**

**Attestation Information for State of Virginia: CAC Designated Org**

The organization has attached to this application a signed Compliance Agreement for Certified Application Counselor Designated Organizations with the Exchange in accordance with § 38.2-6514(C) of the Code of Virginia certifying adherence to all terms and conditions of privacy and security pursuant to 45 CFR § 155.260(b) as well as compliance with the standards specified in 45 CFR § 155.225(d)(3) through (d)(5).

The organization will administer a system to handle and protect personally identifiable information (PII) and sign a PII authorization form with consumers attesting to the organization's adherence to all terms and conditions of privacy and security pursuant to 45 CFR § 155.260(b)(2).

The organization will certify individuals to serve as Certified Application Counselors in accordance with 45 CFR § 155.225(d) and sign an agreement with its individual Certified Application Counselors pursuant to 45 CFR § 155.225(d)(6). The organization has attached a list of individual Certified Application Counselors that it has certified.

The organization will maintain a registration process and method to track the performance of its individual Certified Application Counselors as required under 45 CFR § 155.225 (b)(1)(ii).

The organization will provide on a quarterly basis data and other information to the Exchange regarding the number and performance of its individual Certified Application Counselors as required under 45 CFR § 155.225(b)(1)(iii), as well as an updated list of the organization's individual Certified Application Counselors.

The organization will require its individual Certified Application Counselors to complete required training on topics including qualified health plan options, insurance affordability programs, eligibility and enrollment rules, and all other regulatory requirements, including but not limited to the requirements under 45 CFR § 155.225(d).

I Agree\* *Required*

Cancel Back Continue

**Continue**

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Step 12 – Review Fee Summary

**Note:** No Virginia Exchange fee. However, a Sircon processing fee is required

**Firm Resident License Application**

**License Application Summary**

State to Apply Virginia  
Firm Name ABC Hospital LLC  
[Review License Application](#)

**Processing Fee Required**

**Electronic Applications**

Dest. State	License Type	Qualification Type	Total State Fee
Virginia	CAC Designated Org	CAC Designated Org	\$0.00
<b>State Fee Total</b>			\$0.00
<b>Sircon Service Fee</b>			\$12.50

**Fee Summary**

<b>Electronic Applications State Fee Total</b>	\$0.00
<b>Sircon Service Fee Total</b>	\$12.50
<b>Processing Fee Total</b>	\$1.45
<b>Total</b>	\$13.95

**Check**

*Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.*

I understand that all license application fees are non-refundable.

[Click here to view additional state requirements](#)

I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to:

**Confirm Email**

**Submit**

Step 13 – Enter Payment Information

\* Credit Card Number:

\* Expiration Date:

\* Card Type:  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER



*If you are using a company/corporate card, you must be a signer on the account to use the card.*

Billing Information

---

\* First Name:

\* Last Name:

Company:

\* Street Address 1:

Street Address 2:

\* City:

\* Country:

\* State:

\* Postal Code:

\* Phone Number:

\* Email Address:

Required Attachments:

- Signed Virginia Exchange [Compliance Agreement](#)
- Completion of the [List of Certified CACs Form](#)
- List of Counties and Cities in which you operate