

## Application for Individual Producer License Renewal/Continuation

(Please Print or Type)

**Check appropriate box for license requested.**

- Resident License License # \_\_\_\_\_
- Non-Resident License License # \_\_\_\_\_
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

### Demographic Information

① National Producer Number (NPN)		② Date of Birth		
③ Last Name JR./SR. etc		④ First Name		
⑤ Residence/Home Address (Physical Street)		⑥ City	⑦ State	⑧ Zip or Foreign Country
⑨ Individual Applicants Email Address:				
⑩ Business Entity's Name				
⑪ Business Address (Physical Street)		⑫ P.O. Box	⑬ City	⑭ State
⑮ Zip or Foreign Country				
⑯ Business Phone Number (include ext) ( ) -		⑰ Business Fax Number ( ) -		⑱ Business Web Site Address
⑲ Business E-Mail Address				
⑳ Mailing Address		㉑ P.O. Box	㉒ City	㉓ State
㉔ Zip or Foreign Country				

### Agency or Business Entity Affiliations

㉕ 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 _____

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

**Renewal fees are nonrefundable and nontransferable. No personal checks will be accepted unless certified, and no cash will be accepted.**

<b>Producer Major Lines of Authority – Place an X by the license for which you are renewing.</b>		
<b>Line of Authority</b>	<b>Renewal Fee (nonrefundable)</b>	<b>Expiration Dates</b>
Life and Annuities (fixed)	\$10	Based on birth month and odd/even birth year
Health	\$10	
Variable Contracts*	\$10	
Property and Casualty	\$10	
Personal Lines	\$10	
Title	\$10	
*Residents Only must hold Life and Annuities authority.		
<b>Producer Limited Lines of Authority</b>		
<b>Line of Authority</b>	<b>Renewal Fee (nonrefundable)</b>	<b>Expiration Dates</b>
Credit, which includes: Credit L&H Credit Property/Involuntary Unemployment Mortgage Accident & Sickness/Mortgage Redemption Mortgage Guaranty	\$10	Based on birth month and odd/even birth year
Motor Vehicle Rental Contract	\$10	
Limited Life and Health, which includes: Dental Benefit Contracts      Mutual Assessment L&H Dental Services                  Optometric Services Limited Burial	\$10	
Limited Property and Casualty, which includes: Home Protection                  Pet Accident, Sickness & Hospitalization Legal Services                      Self Storage Insurance Mutual Assessment P&C          Travel Insurance Ocean Marine	\$10	
<b>Non-Standard Lines of Authority</b>		
<b>Line of Authority</b>	<b>Renewal Fee (nonrefundable)</b>	<b>Expiration Dates</b>
Life and Health Consultant	\$10	Based on birth month and odd/even birth year
Property and Casualty Consultant	\$10	
Public Adjuster	\$10	
Viatical Settlement Broker	\$10	
Surplus Lines Broker*	\$10	
*Failure to file the maintenance assessment report or pay the maintenance assessment and any related fines, penalties, and interest on or before the first day of March of each year will result in the termination of the Surplus Lines Broker license.		

Mail to: Bureau of Insurance  
PO Box 1157  
Richmond, VA 23218

Overnight Address: Bureau of Insurance  
1300 East Main Street  
Richmond, VA 23219

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

**Background Questions**

26 1a. Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing 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), 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 been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing 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 that consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

1c. Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department? 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 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, 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. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? 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 \_\_\_

4. 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? 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 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.

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

**RESIDENT SURPLUS LINES BROKERS ONLY**

5. 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 \_\_\_\_\_

5a. Full Name of insurance company on the Surety Bond: \_\_\_\_\_

5b. Bond number on Surety Bond: \_\_\_\_\_

5c. Effective Date of the Surety Bond: \_\_\_\_\_

**RESIDENT AND NONRESIDENT PUBLIC ADJUSTER ONLY**

6. 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 \$50,000 with corporate sureties licensed by the Commission. Yes \_\_\_\_\_

6a. Full Name of insurance company on the Surety Bond: \_\_\_\_\_

6b. Bond number on Surety Bond: \_\_\_\_\_

6c. Effective Date of the Surety Bond: \_\_\_\_\_

**ALL VIATICAL SETTLEMENT BROKERS**

Pursuant to Virginia Code § 38.2-6011 E, 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. (<http://law.lis.virginia.gov/vacode/title38.2/chapter60/section38.2-6011/>). Visit [www.scc.virginia.gov/boi/pro/formapp.aspx](http://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](mailto:VSBAnti-FraudPlan@scc.virginia.gov)

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

**Applicant's Certification and Attestation**

⑦ The producer 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. 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 Producer Signature

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