

Submitting a CDO Application on Sircon Guide

Visit 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](#)

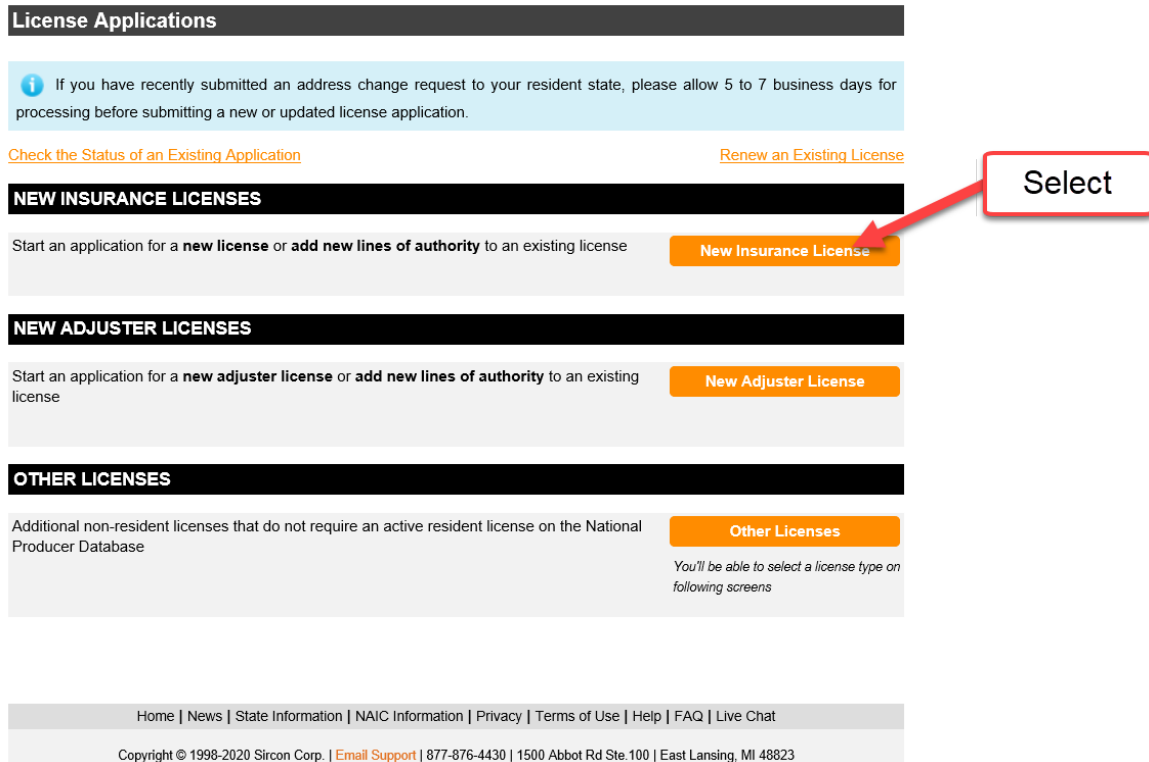
OTHER LICENSES

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

[Cancel](#) [Continue](#)

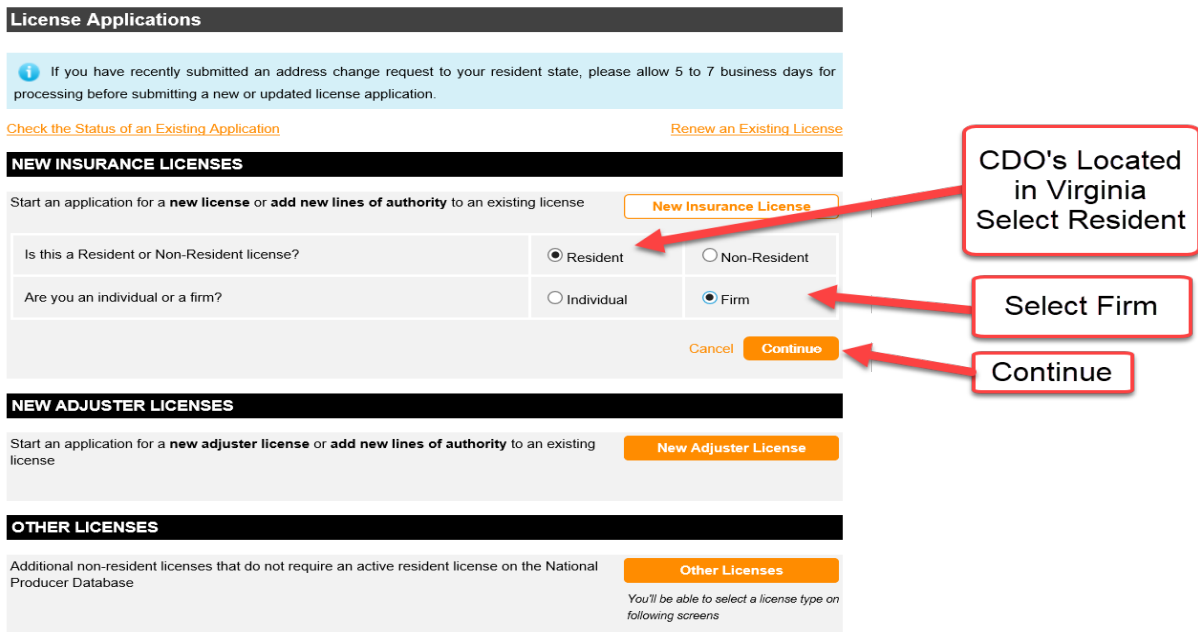
NEW ADJUSTER LICENSES

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 – Enter CDO Name and Tax ID Information

Firm Resident License Application

Firm Name * Required
EIN * Required

Preparer Applicant Authorized Submitter * Required

A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).

States Accepting Electronic License Applications

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

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>)

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

- | | | | | |
|--|---|--|--|---|
| <input type="radio"/> Alabama | <input type="radio"/> Hawaii | <input type="radio"/> Minnesota | <input type="radio"/> North Dakota | <input type="radio"/> Texas |
| <input type="radio"/> Alaska | <input type="radio"/> Idaho | <input type="radio"/> Mississippi | <input type="radio"/> Ohio | <input type="radio"/> Utah |
| <input type="radio"/> Arizona | <input type="radio"/> Illinois | <input type="radio"/> Missouri | <input type="radio"/> Oklahoma | <input type="radio"/> Vermont |
| <input type="radio"/> Arkansas | <input type="radio"/> Indiana | <input type="radio"/> Montana | <input type="radio"/> Oregon | <input checked="" type="radio"/> Virginia |
| <input type="radio"/> California | <input type="radio"/> Iowa | <input type="radio"/> Nebraska | <input type="radio"/> Pennsylvania | <input type="radio"/> West Virginia |
| <input type="radio"/> Colorado | <input type="radio"/> Kentucky | <input type="radio"/> Nevada | <input type="radio"/> Puerto Rico | <input type="radio"/> Wisconsin |
| <input type="radio"/> Connecticut | <input type="radio"/> Louisiana | <input type="radio"/> New Hampshire | <input type="radio"/> Rhode Island | <input type="radio"/> Wyoming |
| <input type="radio"/> Delaware | <input type="radio"/> Maine | <input type="radio"/> New Jersey | <input type="radio"/> South Carolina | |
| <input type="radio"/> District of Columbia | <input type="radio"/> Maryland | <input type="radio"/> New Mexico | <input type="radio"/> South Dakota | |
| <input type="radio"/> Georgia | <input type="radio"/> Michigan | <input type="radio"/> North Carolina | <input type="radio"/> Tennessee | |

States Accepting Paper License Applications

There are currently no states accepting paper license applications.

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.

Continue

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Enter required information

Select Applicant

Select Virginia Unless Located in Another State

Select Payment Type

Continue


Step 4 – Select License Type

Firm 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
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.

State Virginia

License Type CAC Designated Org  **Select CAC Designated Org**

- Consultant
- Insurance Producer
- Limited Lines Firm
- Navigator Registration
- Public Adjuster
- Surplus Lines Broker
- Title Settlement Agency
- Viatical Settlement Broker

Previously licensed ? Yes No

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Step 5 – 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
** At least one qualification must be selected.*

CAC Designated Org  **Select**

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Step 6 - Enter CDO Information

Firm Resident License Application

Agency Information

FEIN 854567896
Firm Name ABC Hospital LLC
Incorporation Date * Required (mm-dd-yyyy)
Agency Type Code * Required
Domicile Country * Required
Affiliated with a Bank? * Required
Email Address * Required
Business Web Address
FINRA CRD Identifier

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.*

* Required
 * Required

* Required
 * Required

* Required
 * Required

* Required
 * Required

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.

Line One * Required
Line Two
Line Three
City * Required
State
Postal Code * Required
Country * Required

Enter Required Information

Enter Alias/Trade Name (Optional)

Enter Required Information

Step 6 - 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

Enter
Required
Information

Enter
Required
Information

Continue

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Step 7 – Enter CDO Officer/Director/Owner Information

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 8 - 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 9 – 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

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Step 10 – 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
State Fee Total			\$0.00
Sircon Service Fee			\$12.50

Fee Summary

Electronic Applications State Fee Total	\$0.00
Sircon Service Fee Total	\$12.50
Processing Fee Total	\$1.45
Total	\$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 11 – 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