

To ensure you are filing the current version of the application and that the application is complete, please reference the National Insurance Producer Registry web site at www.licenseregistry.com.

Uniform Application for Non-Resident Business Entity Insurance License/Registration

(Please Print or Type)

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year) ____		③ FEIN -	
④ If assigned, National Producer Number (NP#)			⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number		
⑥ List any name under which you are doing business		⑦ State of Domicile		⑧ Country of Domicile	
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address			⑪ City		⑫ State
⑬ Zip or Foreign Country			⑭ Phone Number () -	⑮ Fax Number () -	⑯ Business Web Site Address
⑰ Business E-Mail Address			⑱ Mailing Address	⑲ P.O. Box	⑳ City
㉑ State	㉒ Zip or Foreign Country				
Designated/Responsible Licensed Producer					
㉓ Identify at least one Designated/Responsible Licensed Producer: <i>(See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)</i>					
Name _____		SSN _____		- -	
Name _____		SSN _____		- -	
Name _____		SSN _____		- -	
Name _____		SSN _____		- -	
Owners, Partners, Officers and Directors					
㉔ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity:					
Name _____		Title _____		SSN/FEIN _____	
				- -	
Owner: Yes / No					
Name _____		Title _____		SSN/FEIN _____	
				- -	
Owner: Yes / No					
Name _____		Title _____		SSN/FEIN _____	
				- -	
Owner: Yes / No					
Name _____		Title _____		SSN/FEIN _____	
				- -	
Owner: Yes / No					
Name _____		Title _____		SSN/FEIN _____	
				- -	
Owner: Yes / No					
Name _____		Title _____		SSN/FEIN _____	
				- -	
Owner: Yes / No					
Name _____		Title _____		SSN/FEIN _____	
				- -	
Owner: Yes / No					
Name _____		Title _____		SSN/FEIN _____	
				- -	
Owner: Yes / No					

(State Use)

Jurisdiction and Type of License/Registration Requested

(25) Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

Legal Business Type: C – Corporation P – Partnership S – Sole Proprietorship LLC – Limited Liability Company LLP – Limited Liability Partnership

License/Registration Types: A – Agent B – Broker P – Producer SLP – Surplus Lines Producer Y – Business Entity

Lines of Authority: V – Variable Life/Variable Annuity L – Life H – Accident & Health or Sickness P – Property C – Casualty PL – Personal Lines

CP – Credit Products O – Other – Limited Line

Legal Business Type					License/Registration Type					Jurisdiction	Lines of Authority							
C	P	S	LLC	LLP	A	B	P	SLP	Y		V	L	H	P	C	PL	CP	O
										AK								
										AL								
										AR								
										AZ								
										CA								
										CO								
										CT								
										DC								
										DE								
										FL								
										GA								
										GU								
										HI								
										IA								
										ID								
										IL								
										IN								
										KS								
										KY								
										LA								
										MA								
										MD								
										ME								
										MI								
										MN								
										MO								
										MS								
										MT								
										NC								
										ND								
										NE								
										NH								
										NJ								
										NM								
										NV								
										NY								
										OH								
										OK								
										OR								
										PA								
										PR								
										RI								
										SC								
										SD								
										TN								
										TX								
										UT								
										VA								
										VI								
										VT								
										WA								
										WI								
										WV								
										WY								

Background Information

Ⓢ Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. “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 having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified 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 ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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 and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

Applicants Certification and Attestation

- 27) The undersigned owner, partner, officer or director of the business entity 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 to civil or criminal penalties.
 2. Where required by law, the business entity 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 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 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 give any information they may have concerning me 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/registration.
 7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
 8. 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.

Attachments

- 28) The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
1. Unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
 2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

Must be signed by an officer, director, principal or partner of the business entity:

 Month Day Year

 Signature

 Typed or Printed Name

 Title

 Social Security Number

 Address

 City State Zip

W:\Sep02\TF\Finserv\Wg\Narabwgbusapp9-1post.doc

**Uniform Application for Non-Resident
Individual Insurance Producer License**
(Please Print or Type)

1 Soc. Security Number		2 If assigned, National Producer Number (NP#)			
3 If applicable, NASD Individual Central Registration Depository (CRD) Number			4 Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
5 Last Name JR./SR. etc		6 First Name	7 Middle Name	8 Date of Birth (month) ___ (day) ___ (year)___	
9 Residence/Home Address (Physical Street)		10 P.O. Box	11 City	12 State	13 Zip or Foreign Country
14 Home Phone Number () -	15 Gender (Circle One) Male Female	16 Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)			
17 Employer's Name					
18 Business Address (Physical Street)		19 P.O. Box	20 City	21 State	22 Zip or Foreign Country
23 Business Phone Number () -	24 Business Fax Number () -	25 Business E-Mail Address		26 Business Web Site Address	
27 Applicant's Mailing Address		28 P.O. Box	29 City	30 State	31 Zip or Foreign Country

32 List any name under which you are doing business.

Agency or Business Entity Affiliations

33 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____

Employment History

34 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	

(State Use)

Background Information

66 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “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 having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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 and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

Applicants Certification and Attestation

37 The Applicant 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. Where required by law, 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, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions 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 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.

 Month Day Year

 Original Applicant Signature

 Full Legal Name (Printed or Typed)

Attachments

38 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

W:\Sep02\TF\Finserv\Wg\Narabwg\InAp9-Ipost.doc

APPLICATION FOR ADJUSTER'S LICENSE

Total Fees: \$60

PLEASE COMPLETE THIS FORM & THEN SIGN IN THE PRESENCE OF A NOTARY PUBLIC

PLEASE TYPE OR PRINT CLEARLY

MAIL TO: Alabama Department of Insurance
PRODUCER LICENSING DIVISION
P. O. Box 830704
Birmingham, AL 35283-0704

DO NOT WRITE IN THIS SPACE

ALABAMA LICENSE NO.:
(Leave blank if not currently licensed in Alabama, and DOI will assign this number.)

SOCIAL SECURITY NUMBER
(If applicant is an individual):

FEDERAL TAXPAYER ID NUMBER
(if applicant is not individual):

1. FULL NAME OF APPLICANT:

2. HOME ADDRESS:
(Individuals only) Street (P.O. Box cannot be used on this line) City State Zip County Telephone No. E-mail address

3. BUSINESS ADDRESS:
P.O. Box or Street City State Zip County Telephone No. E-mail address

4. MAILING ADDRESS:
P.O. Box or Street City State Zip Fax No. E-mail address

5. Please indicate any other name by which Applicant may have been known (e.g.: alias, maiden name, d/b/a, etc. Indicate "NONE" if none.):

6. Mark [X] legal status of applicant (if not individual, MUST submit a copy of its organizational documents with this application):
[] Individual [] Corporation [] Partnership [] Unincorporated firm or association [] Limited Liability Company

QUESTIONS 7 THROUGH 11 APPLY ONLY TO INDIVIDUALS (All other applicants skip to Question 12)

7. Date of Birth: / / Place of Birth:

8. Are you a citizen of the USA, or of Canada or Mexico, or a permanent resident under U.S. immigration laws? (Yes / No)

9. Are you a resident of the state of Alabama and, if so, for how long? [years] (Yes / No)
If different than in Item 2 above, give home address (city & state only) for the past five years (attach supplemental sheet if necessary):

10. If you are going to be associated with an adjusting firm, give its name and address and mark [X] your status with the firm.

Name of Agency P.O. Box or Street City State Zip License No.
STATUS: [] Owner or Partner [] Corporate Officer [] Employee [] Independent Contractor

11. Are you employed in any other business? (Yes / No)
If yes, please describe [attach additional sheet(s) if necessary]:

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS [Corporations, partnerships, etc., must answer these questions as to each officer, director, stockholder, partner, employee, etc., personally acting as an adjuster.]

12. Please identify the insurers for whom you now adjust claims [attach additional sheet(s) if necessary]:

13. Are you now licensed in any capacity other than as an adjuster by the Alabama Department of Insurance? (Yes / No)
If yes, describe the type license(s) and list the names of any and all insurance companies you may represent [attach additional sheet(s) if necessary]:

14. Are you now licensed as an adjuster or in any other capacity by any other state's Insurance Department? (Yes / No)
If yes, indicate the state(s) and type license(s) [attach additional sheet(s) if necessary]:

APPLICATION FOR ADJUSTER'S LICENSE

Total Fees: \$60

PLEASE COMPLETE THIS FORM & THEN SIGN IN THE PRESENCE OF A NOTARY PUBLIC

PLEASE TYPE OR PRINT CLEARLY

- 15. Are you a graduate of a recognized law school?
16. Have you had experience in the handling of loss claims under insurance contracts?
17. Have you had special education or training as to handling loss claims under insurance contracts?
18. If you are a licensed Property & Casualty Producer, do you understand that you cannot act as an adjuster for an insurer with whom you have an agent's contract that provides for compensation retrospectively contingent upon losses incurred under insurance sold or serviced by you?
19. Have you EVER been charged with or convicted of a felony?
20. Do you understand that an adjuster's license authorizes you to act only on behalf of an insurer and not on behalf of the consumer?

NON-RESIDENT APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS

- 21. For purposes of complying with the laws of the State of Alabama, do you agree to irrevocably appoint the Alabama Commissioner of Insurance, and his or her successors in office, to be your lawful attorney upon whom all legal process in any action or proceeding against you may be served; do you further agree that any lawful process against you which is served upon the Commissioner shall have the legal validity as if served personally upon you; do you further agree that this authority may be withdrawn only upon a written notice from you and in any event shall continue in effect so long as any liability arising out of this license remains outstanding in this state?
22. Do you understand that Section 27-9-8, Code of Alabama 1975, requires every licensed adjuster to maintain an office in this state which is accessible to the public wherein you must keep the usual and customary records pertaining to transactions under your Alabama adjusters license?
Alabama Office Address: Street (P.O. Box cannot be used on this line) City State Zip County Telephone No

I, the applicant named above, under penalty of perjury as set out in the Criminal Chapter of the Code of Alabama, 1975, hereby swear or affirm that I have read and understand every question in this application, Pages 1 and 2, and that my answers and responses to questions and inquiries contained in this application are true and correct and complete answers, and that all answers and responses herein are to be considered by the Commissioner of Insurance as material to the execution of his or her duties under the Alabama Insurance Code in his or her decision upon this application, and that I am withholding no information which would affect my qualifications for the license for which I am making application.

I UNDERSTAND THAT IF I ANSWER ANY QUESTION ON THIS APPLICATION FALSELY, IN ADDITION TO BEING CRIMINALLY PROSECUTED FOR PERJURY, I MAY BE SUBJECT TO THE SUSPENSION OR REVOCATION OF MY INSURANCE LICENSE.

CAUTION: DO NOT SIGN UNLESS YOU HAVE CAREFULLY REVIEWED THE INSTRUCTIONS AND ALL OF YOUR ANSWERS ON PAGES ONE AND TWO ARE TRUE AND CORRECT.

If not signed by individual Applicant, complete the following as to the duly authorized representative:

Original signature of Applicant (if an individual) or of Duly Authorized Representative (if not an individual)

Title:
Mailing
Address:
Telephone Number:

Typed or Printed Name of Applicant or of Duly Authorized Representative

STATE OF
COUNTY OF

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this day of , 200.

Before me, the undersigned authority, personally appeared the above-named individual or duly authority representative, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

(NOTARY SEAL)

Notary Public (Original Signature)
My Commission Expires:

APPLICATION FOR ADJUSTER'S LICENSE

INSTRUCTIONS:

1. Pages 1 and 2 of this form must be completed by the applicant Adjuster. If currently licensed in this state, the Alabama license number should be shown on Page 1. If not currently licensed, the Department will assign a number upon filing.
2. All applicants must complete Questions 1-20, except applicants who are not individuals should skip Questions 7-11. Non-resident applicants must also complete Questions 21-22. Failure to fully answer any question will delay processing of this application.
3. An application fee of \$20 plus a license fee of \$40 (total fees in the amount of \$60) must accompany this application. An application will be returned without processing if not accompanied by the fees indicated above. Make check or money order payable to "**Commissioner of Insurance, State of Alabama.**"
4. Application and \$60.00 fee should be mailed to:

**ALABAMA DEPARTMENT OF INSURANCE
PRODUCER LICENSING DIVISION
P. O. BOX 830704
BIRMINGHAM, ALABAMA 35283-0704**

APPLICATION FOR INDIVIDUAL SURPLUS LINE BROKER LICENSE

PART A

Mark (one): Resident

PLEASE TYPE OR PRINT

Non-Resident

Total Fees Due with this Application: \$220

Alabama Residents must execute and attach a bond in the amount of \$50,000. Non-residents from states allowing Alabama residents to be licensed as surplus line brokers without a bond requirement are exempt from a bond requirement in Alabama. All other non-residents must also execute and attach a bond in the amount of \$50,000. The bond form to be used is Form AL-SLB-13.

ALA. LICENSE NO.					

SOCIAL SECURITY NUMBER								

DATE OF BIRTH					

1. FULL NAME OF APPLICANT: _____
Last Name First Name Middle Name Suffix (Jr., Sr., III)

2. HOME ADDRESS: _____
P. O. Box or Street City State Zip County Telephone No.

3. MAILING ADDRESS: _____
P. O. Box or Street City State Zip Fax No.

4. BUSINESS ADDRESS: _____
P. O. Box or Street City State Zip County Telephone No.

I, the above named applicant, under penalty of perjury as set out in the Alabama Criminal Code, hereby swear or affirm that I have READ AND UNDERSTAND EVERY QUESTION in this application, including those in Part B, and that my answers and responses to the questions and inquiries contained in this application are true and correct and complete, and that all answers and responses herein are to be considered by the Commissioner of Insurance as material to the execution of his or her duties under the Alabama Insurance Code in his or her decision upon this application, and that I have read and am familiar with the sections of the Alabama Insurance Code setting forth the qualifications for the license for which I am making this application and that I am withholding no information which would affect my qualifications for this license for which I am making application.

Do Not Write In This Space

I UNDERSTAND THAT IF I ANSWER ANY QUESTION ON THIS APPLICATION FALSELY, IN ADDITION TO BEING CRIMINALLY PROSECUTED FOR PERJURY, THIS APPLICATION MAY BE DENIED AND I MAY BE SUBJECT TO THE SUSPENSION OR REVOCATION OF ANY OTHER INSURANCE LICENSE OR LICENSES I CURRENTLY HOLD.

CAUTION: DO NOT SIGN UNLESS YOU HAVE CAREFULLY REVIEWED THE INSTRUCTIONS AND ALL YOUR ANSWERS ARE TRUE AND CORRECT.

Original signature of Applicant

Before me, the undersigned authority, personally appeared the above named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this ____ day of _____, _____.

(NOTARY SEAL)

Notary Public
My Commission Expires: _____

APPLICATION FOR INDIVIDUAL SURPLUS LINE BROKER LICENSE

PART B (TO BE COMPLETED BY ALL APPLICANTS)

PLEASE TYPE

5. Are you a resident of the State of Alabama and, if so, for how long? _____ years.....(Yes/No)_____
If different than shown in Part A, give home address (city & state)
for the past five years (attach supplemental sheet if necessary):

NOTE: If you are not a resident of Alabama, you must attach a Letter of Certification from your home state indicating you are properly licensed and in good standing as a Surplus Line Broker.

6. Are you a citizen of the USA, or of Canada or Mexico, or a permanent resident under U.S. immigration laws?.....(Yes/No)_____

7. Are you currently licensed as a property/casualty producer in this State?(Yes/No)_____
On an attached sheet, indicate the extent of your formal education and business experience, providing a short business history including the name and nature of any business enterprise with which you may be associated, indicating what insurance experience you have had and what instruction in insurance and in the insurance laws of this state you have had or expect to have.

8. Are associated with an agency? (If so, give name and address of agency below.).....(Yes/No)_____

Name of Agency	P. O. Box or Street	City	State	Zip
----------------	---------------------	------	-------	-----

9. Does any insurer or managing general agent claim any indebtedness in default by you or any member of your family who is now or has been engaged in the business of insurance?(Yes/No)_____

10. Have you **EVER** had an insurance license denied by any insurance department?.....(Yes/No)_____

11. Have you **EVER** been charged with **OR** convicted of a felony **OR** misdemeanor?.....(Yes/No)_____
If yes, attach a copy of the court records and, if convicted, a copy of pardon restoring your rights.

12. If your answer to Question 11 was "yes", are you familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance.(Yes/No/NA)_____

13. Have you **EVER** had an insurance license suspended or revoked by any insurance department **OR** had a complaint issued against you by any insurance department?(Yes/No)_____

14. Are there any outstanding judgments or liens (including state or federal tax liens) against you **OR** have you ever declared bankruptcy?(Yes/No)_____
If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.

15. Has your contract/appointment **EVER** been terminated involuntarily by an insurer for reasons other than lack of production?(Yes/No)_____

NOTE: A "yes" response to Questions 9 through 15 requires an explanation on separate sheet(s) attached to this application.

CAUTION: YOU MUST FIRST CAREFULLY READ THE INSTRUCTIONS AND THEN ANSWER ALL OF THE QUESTIONS ON THIS PAGE (YES or NO) BEFORE SIGNING THE STATEMENT IN PART A.

Application fee: \$20, License Fee: \$200, total due with this application: \$220, payable to "Commissioner of Insurance, State of Alabama."

MAIL TO: ALABAMA DEPARTMENT OF INSURANCE
P. O. BOX 830704
BIRMINGHAM AL 35283-0704

STATE OF _____

COUNTY OF _____

SWORN AFFIDAVIT

I, _____ under the penalty of perjury

(Name)

do hereby swear to or affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of _____
(State) in the year of _____ (Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer related to the business of insurance.

APPLICANT

DATE

Subscribed to and sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

My Commission Expires

***PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.**