

APPLICATION FOR INDIVIDUAL SURPLUS LINE BROKER LICENSE

PART AMark ☒ (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. 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.
5. EMAIL ADDRESS: _____

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: _____

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PART B (TO BE COMPLETED BY ALL APPLICANTS)**PLEASE TYPE**

6. 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):

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

8. 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.

9. 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

10. 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)_____

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

12. 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.

13. 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)_____

14. 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? You
may exclude actions due solely to noncompliance with continuing education or failure
to pay a renewal fee.(Yes/No)_____

15. 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.

16. 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 10 through 16 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

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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

_____ in the year of _____

(State)

(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.**