FIS 0221 (12/08) Office of Financial and Insurance Regulation

Michigan Application for Individual Non-Producer Insurance License

(Please Print or Type) (For use by Counselors, Adjusters and Solicitors)

1 Social 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 ☐ No ☐		

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; no PO Box allowed)	10 Home Address (Line Two)

11 City	12 State or Province	13 Zip	14 Foreign Country

15 Home Phone Number ( ) -	16 Gender (Circle One) Male Female	17 Are you a Citizen of the United States? (Check One) Yes ☐ No ☐ (If No, of which country are you a citizen?) (If No, you must supply work authorization)

18 Employer's Name

19 Business Address (Physical Street)	20 Business Address (Line Two)

21 City	22 State/Province	23 Zip	24 Foreign Country

25 Business Phone Number ( ) -	Extension	26 Business Fax Number ( ) -	27 Business E-Mail Address ***Required***	28 Business Web Site Address

29 Mailing Address (Line One) *** Complete Mailing Address is Required ***	30 Mailing Address (Line Two)

31 City	32 State/Province	33 Zip	34 Foreign Country

35 a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past

b. List any trade names under which you are currently doing business or intend to do business.

Agency or Business Entity Affiliations

36 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

37 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. ***One entry is required. If no history, indicate "none".***

		From Month	From Year	To Month	To Year	Position Held
Name						
City	State					
Name						
City	State					
Name						
City	State					
Name						
City	State					
Name						
City	State					

38 **Type of License Requested**

Check the box in front of the license type(s) and the boxes under the line(s) of authority for which you are applying.

		Lines of Authority Requested											
	License Type	Life	Multiple Lines Property & Casualty	Fire & Other Hazards	Workers Compen-sation	Title	Personal Lines	Property	Casualty	Limited Lines P&C	Crop	Travel	Surety
	Non-Resident Adjuster for Insured												
	Non-Resident Counselor												
	Non-Resident Insurance Adjuster												
	Non-Resident Solicitor												
	Resident Adjuster For Insured												
	Resident Counselor												
	Resident Insurance Adjuster												
	Resident Solicitor												

Background Information

39 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No___

   "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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 contendre, 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,
   c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment, and

   If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A_____ Yes_____ No _____
   If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A_____ Yes_____ No _____

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ___ No___

   "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, 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 or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. 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, or member or manager of limited liability company, 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,
   a) by how many months are you in arrearage? _____ Months
   b) are you currently subject to a repayment agreement? Yes ___ No___
   c) are you the subject of a child support related subpoena/warrant? Yes ___ No___

Background Information continued

8. RESIDENTS ONLY
If you previously held the same type of license for which you are applying and the most recent resident license held was in a state other than Michigan, check Yes. If no resident license was previously held, or the most recent resident license was in Michigan, check No. Yes ___ No___

If Yes, an original Letter of Clearance from your previous resident license jurisdiction dated within 90 days of application must accompany the application otherwise the application may be returned unprocessed or considered deficient.

ADJUSTERS ONLY

If you are applying for Resident or Non-Resident Adjuster for Insured, you must provide a copy of the adjuster contract that will be used.

9. Are you employed by, do you own stock in, are you an officer or director of, or are you in any other manner connected with, a fire repair contractor or general builder? Yes ___ No___

If you answer yes, you must attach to this application a description of this relationship

10. Will you represent an adjusting firm that is already registered or in the process of registering? Yes ___ No___
If yes, provide the following information on the adjusting firm

FEIN	Name		
Business Phone Number ( ) -	Extension	Business Fax Number ( ) -	
Mailing Address (Line One) ** *Complete Mailing Address is Required* **		Mailing Address (Line Two)	
City	State or Province	Zip	Foreign Country

11. If you are applying for Crop, provide the name and FEIN of the approved insurance provider.

FEIN _____ Name _____

SOLICITORS ONLY – Solicitors may only be sponsored by an authorized individual or agency

Type of Sponsor ☐ Individual ☐ Agency

Provide the following information on the sponsor

FEIN or SSN	Name of the Sponsor		
Sponsor's Title		Business Phone Number ( ) -	Extension
Mailing Address (Line One)		Mailing Address (Line Two)	
City	State or Province	Zip	Foreign Country
Signature		Date Signed (month/day/year) _____ / _____ / _____	

Select the authority for which the applicant is being sponsored.

	Auto		Malpractice and Professional Liability
	Aviation		Personal Lines
	Casualty		Plate Glass
	Fidelity and Surety		Property
	Fire		Title
	Industrial Fire		Travel Accident
	Legal Expense		Travel Baggage
	Livestock Mortality		Turkey, Crop and Hail

Applicants Certification and Attestation

40 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 am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I have read the instructions and material stated on this form and hereby attest that I am in compliance with all requirements and regulations referenced therein.

_____
Month Day Year

_____
Original Applicant Signature

_____
Full Legal Name (Printed or Typed)

Attachments

41 As indicated for Background Information questions above.

NON-RESIDENTS ONLY: If home state licensure may not be verified through the NIPR Producer Database, submit an original letter of certification from your resident license jurisdiction dated within 90 days of application. Copies of your resident license are not acceptable.

Authorized by PA 218 of 1956 as amended. Failure to properly complete this application may result in a rejection of your application, or a compliance action including revocation, against any Michigan licenses issued to you by the Office of Financial and Insurance Regulation.