Please note the application may be revised on a biennial basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

NATIC National Association of Insurance Commissioners	Business En	• •	•		ation		
Check appropriate box for lie	cense requested.						
 Resident License Resident – Designated Ho 	me State:	License	#:				
	d Home State:						
ç							
1 Business Entity Name		Demographic	(2) Incorporation		on Date (3) FE	INI	
			(month)(da		0	-	
④If assigned, National Producer N	State o	f Domicile			of Domicile		
D List any other assumed, fictitiou	s, alias or trade names under v	which you are doing	business or inten	d to do bu	siness.		
8 Business Address		O City	0	State	1 Zip Code	D Foreign Countr	ry
Below Phone Number (include extension)	14 Fax Number () -	15 Business	Business Web Site Address		255		
17 Mailing Address	18 P.O. Box	() City	e	State	DZip Code	22 Foreign Country	
	Desig		ble Licensed	Adjust	er		
 Identify at least one Designated/F (See Matrix of State Requirement business entity.) Name Name Name 	s at www.nipr.com for jurisdic	tions that require th SSN SSN	ne designated/resp - -	NPNNPN	icensed adjuster to be	e an officer, director or p	
Name				NPN			
24 Identify all owners with 10% inte	Own	ers, Partners, C	Officers and I			ers of a limited liability	company:
Name						_	
Name	Title					_	
Name						_	
Name						_	
Name						_	
Name						_	
Name							
Name	Title		SSN/FEIN_			_ Owner: Yes / No	
							(State Use)

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Uniform Application for Business Entity Insurance License/Registration

Jurisdiction and Type of License Requested

		L	license Type	ype Lines of Authority						
Jurisdiction	Adjuster	Staff Adjuster	Independent Adjuster	Public Adjuster	Property & Casualty	Property	Casualty	Workers Comp	Crop	Other
AK										
AL AR										
AR										
CA										
CO						_				
CT DC										
DE										
FL						_				
GA GU										
HI										
IA						_				
ID IL										
IN										
KS										
KY LA										
MA										
MD										
ME MI						-				
MN										
МО										
MS										
MT NC										
ND										
NE										
NH										
NJ NM										
NV										
NY										
OH OK										
OR						1				
PA										
PR RI										
SC RI										
SD										
TN										
TX										
UT VI										
VI										
VT										
WA										
WI WV										
WY										
VV 1						1				

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Uniform Application for
Business Entity Insurance License/Registration

National Association of

Background Information	
25) Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an	
original signature.	
1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing 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 identifying all parties involved (including their percentage of ownership, if any) and 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. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party 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, all parties involved (including their percentage of ownership, if any) 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. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by an insurer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	Yes No
4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, 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 written statement summarizing the details of each incident, a copy of the Petition, Complaint or other document that commenced the lawsuit arbitration, or mediation proceedings and a 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, or member or manager if a 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) copies of all relevant documents. 	

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

NAIC
National Association of Insurance Commissioners

Uniform Application for Business Entity Insurance License/Registration

On behalf of the business entity or limited liability company, the undersigned owner, pattner, officer or director of the business entity, or member or manager of a finited liability company, hereby certifies, under penalty of prinv, that: All of the information submitted in this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company nerving certifies under penalty. Unites provided obvervise by the or regulation is grounds for license or registration revocation and may subject me and the business entity or limited in this application is grounds for license or registration revocation and may subject me and the business entity or limited industry company nerving enterpretent the interpretent of the respective jurisdiction and agree that service upon the locamissioner or Director of the summe company. Entorement, application is application is sorte to prove business entity or initied liability company entory grants permits in the respective jurisdiction and agree that service upon the foream drop displation is sorte to prove business entity or dimited liability company, either a) does not have a current child-support obligation and is currently in compliance with that obligation. I authorize the jurisdictions of a price or of director of the business entity or member or manager of a limited liability company enter a does not have a current child-support obligation and sorte upon their bealf from any and all liability of whatever manager of a analytic of the same legal in tracknowledge that lunderstand and complex with the instructive with that obligation. I acknowledge that lunderstand and complex with the instructive with that obligation. I acknowledge that lunderstand and complex with the instructive set of the lines of anthropy requested from the non-resident state. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state fore thines of authority requested	mound	Applicant's Certification and Attestation
 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 of material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to evid or criminal penalities. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company bereby designates the Commissioner. Director or Superintendent of Businese, corrus of processor and validity as personal service opport the business entity or limited liability company. Each year is a poly and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personalism supplied with any federal, state or numerical agency, current or insurance company. The business entity or limited liability company grants permission to the Commissioner or Director of that jurisdiction and the software of local government agency. Current or former employer or ansurance company. The business entity or limited liability company, either a business entity, or member or nanager of a limited liability company, either a) does not have a current child-support obligation. Tauthorize the jurisdictions and any person acting on their behalf from any and all liability of whatere mature by reason of frumissing such information. Lachnowledge that 1 understand and comply with the insurance laws and regulations of the jurisdictions and any person acting to entry behalf from any and all liability of material person of avoid current child-support of the pushess entity, or member or manager of any documents attached to this application or requested by the jurisdiction(s). Mathor Dayl Year Thereby certify that prove request, I will furnish the jurisdiction(s) to which I an applying, certified copies of any documents attached to	69 (
 anterial information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civit or reiminal penaltive in each jurisdiction for which this application is mannee, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process and validity as personal service upon the business entity. The business entity or limited liability company grants permission to the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity, corrent or former employer or insurance company. Every owner, partner, officer or director of the business entity, corrented regress current of former employer or insurance company. I tauborize the jurisdictions and any person activity on they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions on Applications, I certify that I am licensed and in good standing in my home state/resident ticanes explorations. I achnowledge that I understand and compty with the jurisdiction(s) to which I am applying, certified copies of any documents attacked to this application or requested from the neas-resident state. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state. Month/Day/Year Title Title Title Social Security Number Title Title Social Security Number Title Social Security Number Title Social Security Number Social Security Number<th>limi</th><th>ted liability company, hereby certifies, under penalty of perjury, that:</th>	limi	ted liability company, hereby certifies, under penalty of perjury, that:
 Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superindent of Issuance, or an appropriate representative in each jurisdiction for which this application is in due to be its agent for service of process regarding all insume matters in the trespective jurisdiction and agree that service upon the Commissioner or Director of Issuance in each jurisdiction for which this application is made to verify any information supplied with any foderal, state or local governent agency, current or former employer or insurance company. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child support obligation and is current upplicate with hat obligation. I authorize the jurisdictions to give any information they may have concerning ne to any federal, state or manicipal agency, or any other organization and I release the jurisdictions to give any information they may and all liability of whatever nature by reason of furnishing such information. I authorize the jurisdictions, 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. 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 guenting of the single company and all isolity or member or manager of a limited liability company. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying for cliensure/registration. For Non-Resident state. Month/Day/Year Title Social Security Number Address City State 	1.	material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited
 3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplet 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, or member or manager of a limited liability company, 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 to birderstand and comply with the insurance laws and regulations of the jurisdictions of the hins of authority requested from the non-resident state. 6. I acknowledge that 1 understand and comply with the insurance laws and regulations of the jurisdictions to which 1 am applying for licensure/registration. 7. For Non-Resident License Applications, 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. 8. 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). 	2.	Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company 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
support obligation, or b) has a child-support obligation and is currently in compliance with that obligation. 1. Tauthorize 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. 2. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration. 3. For Non-Resident License Applications, 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. 3. 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). 3. Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company: 3. Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company: 3. Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company: 3. Month/Day/Year 3. Typed or Printed Name 3. Title 3. Gitty State Zip 3. City State Zip 3. Other State Zip 3. City State Zip 3. Other State Zip 4. Other State State State 4. Other State State State State 4. Other State State State State State State		The business entity or limited liability company 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.
 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 of 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensureregistration. 7. For Non-Resident License Applications, 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. 8. 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). 8. Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company: Month/Day/Year Applicant Signature Title Social Security Number Address City State 	4.	
 7. For Non-Resident License Applications, 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. 8. 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). Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company: Month/Day/Year Typed or Printed Name Title Social Security Number Address City State Zip 		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.
requested by the jurisdiction(s).		For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from
business entity, or member or manager if a limited liability company: Month/Day/Year Applicant Signature Typed or Printed Name Title Social Security Number Address City State Zip	8.	
Applicant Signature Typed or Printed Name Title Social Security Number Address City State Zip		business entity, or member or manager if a limited liability
Typed or Printed Name Title Social Security Number Address City State Zip		Month/Day/Year
Title Social Security Number Address City State Zip		Applicant Signature
Social Security Number Address City State Zip		Typed or Printed Name
Address City State Zip		Title
City State Zip		Social Security Number
		Address
Attachments		City State Zip
Attachments		
29 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.	60 -	

 For Non-Resident License Applications and 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 State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
 Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).