



**INSURANCE PRODUCER APPLICATION  
BUSINESS ENTITY**

**RESIDENT FEE - \$55.00** ☐  
**NON-RESIDENT FEE - \$110.00** ☐  
**AMENDED LICENSE FEE (Resident and Non-Resident) - \$25.00** ☐  
**MAKE CHECKS PAYABLE TO COMMONWEALTH OF PA**

**PLEASE TYPE OR PRINT IN BLACK INK**

Federal Employer Identification Number:	If assigned, National Producer Number (NP#):
Business Entity Name:	
Business Address (Physical):	
City, State, Zip Code:	
Business Entity Phone Number:	Business Fax Number:
List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business:	
Legal Business Type: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/>	
<b>Type of License Authority Requested</b>	
NEW <input type="checkbox"/> AMENDED (Adding a line of authority) <input type="checkbox"/>	
<b><u>Major Lines of Authority:</u></b>	
Variable Life/Variable Annuity <input type="checkbox"/> Life & Fixed Annuity <input type="checkbox"/> Accident & Health <input type="checkbox"/> Property & Allied Lines <input type="checkbox"/> Casualty & Allied Lines <input type="checkbox"/> Personal Lines <input type="checkbox"/>	
<b><u>Limited Lines:</u></b>	
Credit Products <input type="checkbox"/> Crop/Hail <input type="checkbox"/> Motor Vehicle Rental <input type="checkbox"/> Domestic Mutual Fire <input type="checkbox"/> Restricted Fraternal <input type="checkbox"/> Travel <input type="checkbox"/>	

<b>List all Owners, Officers, Managers, Partners (even if not licensed as an insurance producer) &amp; Designated Licensees.</b>		
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:

1. Has the business entity, or the owners, officers, managers, partners or any designated licensee of the business entity, <b>ever</b> been subject to an administrative action, penalized or fined, had an insurance license or other financial services license or its equivalent refused, suspended or revoked by a Government entity or is any such action now pending? (If yes, provide a full explanation on a separate sheet of paper.) YES <input type="checkbox"/> NO <input type="checkbox"/>		
2. Do all <b>unlicensed</b> owners, officers, partners or employees understand they cannot perform any act of an Insurance Producer in Pennsylvania? YES <input type="checkbox"/> NO <input type="checkbox"/>		
3. Are all designated licensees and all other licensed Insurance Producers in the business entity familiar with and agree to abide by all the laws and regulations pertaining to the business of insurance in the Commonwealth of Pennsylvania? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Applicant's Certification and Attestation</b>		
I DO HEREBY CERTIFY UNDER <b>PENALTY OF PERJURY</b> THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT. NOTE: FALSE STATEMENTS MAY RESULT IN CRIMINAL PENALTIES, APPLICATION DENIAL, ADMINISTRATIVE ENFORCEMENT ACTION OR ALL OF THE AFOREMENTIONED.		
_____ Designated Licensee Signature	_____ Date	_____ Designated Licensee Name & Title (Printed Out)
_____ Designated Licensee Signature	_____ Date	_____ Designated Licensee Name & Title (Printed Out)
_____ Designated Licensee Signature	_____ Date	_____ Designated Licensee Name & Title (Printed Out)
_____ Designated Licensee Signature	_____ Date	_____ Designated Licensee Name & Title (Printed Out)
<b>Attachments</b>		
<input type="checkbox"/> Individual Producer application for Designated Licensee(s) not presently licensed in Pennsylvania. <input type="checkbox"/> Other _____		

**RETURN COMPLETED APPLICATION TO:**

**PA INSURANCE DEPARTMENT**  
**BUREAU OF PRODUCER SERVICES**  
**1209 STRAWBERRY SQUARE**  
**HARRISBURG, PA 17120**