

COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT  
SURPLUS LINES INDIVIDUAL LICENSE RENEWAL FORM

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**MANDATORY BACKGROUND INFORMATION**

- YES  NO 1. Since the last renewal or initial application in this state, have you been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? **(If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**
- YES  NO 2. Since the last renewal or initial application in this state, have you been subject to an administrative action, penalized or fined, had an insurance producer license or other financial services license or its equivalent refused, suspended or revoked by a Governmental entity or is any such action now pending? **(If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**
- YES  NO 3. Since the last renewal or initial application in this state, have you failed to comply with an administrative or court order imposing a child support obligation? **(If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**
- YES  NO 4. Since the last renewal or initial application in this state, have you failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? **(If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))**

**DO NOT SUBMIT DOCUMENTS WITH THIS FORM OTHER THAN YOUR PAYMENT.**

**MANDATORY CERTIFICATION AND ATTESTATION**

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania, regarding the lines of authority for which I am licensed. **(Note: False statements may result in criminal penalties, administrative enforcement action, or all of the aforementioned.)**

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Applicant name (Printed or Typed) Applicant Signature Date

**PLEASE PROCESS ADDRESS CHANGES ONLINE AT [WWW.NIPR.COM](http://WWW.NIPR.COM) OR [WWW.SIRCON.COM/PENNSYLVANIA](http://WWW.SIRCON.COM/PENNSYLVANIA)**

Pennsylvania Insurance Department  
Bureau of Licensing and Enforcement  
1227 Strawberry Square  
Harrisburg, PA 17120

Make checks payable to: Commonwealth of PA