



**NAVIGATOR OR EXCHANGE ASSISTER
BUSINESS ENTITY REGISTRATION APPLICATION**

APPLICATION FEE - \$1.00

MAKE CHECKS PAYABLE TO COMMONWEALTH OF PA

RETURN COMPLETED APPLICATION TO:

**PA INSURANCE DEPARTMENT
BUREAU OF LICENSING AND ENFORCEMENT
1209 STRAWBERRY SQUARE
HARRISBURG PA 17120**

PLEASE TYPE OR PRINT IN BLACK INK

Federal Employer Identification Number:

Business Entity Name:

Business Address (Physical Location):

City, State, Zip Code:

Mailing Address (If Different From Physical Location):

City, State, Zip Code:

Business Entity Phone Number:

Business Entity Fax Number:

Business Entity Email Address:

List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business:

Legal Business Type: Corporation ☐ Partnership ☐ Limited Liability Corporation ☐ Limited Liability Partnership ☐

CHECK APPROPRIATE BOX FOR REGISTRATION TYPE REQUESTED:

☐ Navigator

☐ Exchange Assister

List all Owners, Officers, Managers, Partners & Designated Registrants

Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:
Name:	SSN:	Title:

Background Information

1. Has the business entity, or the owners, officers, managers, partners or any designated registrant of the business entity, **ever** 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 ☐ NO ☐
2. Do all **unregistered** owners, officers, partners or employees understand they cannot perform any act of navigators or exchange assisters in Pennsylvania?
YES ☐ NO ☐
3. Are all designated registrants and all other registered navigators or exchange assisters 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 ☐ NO ☐

Applicant's Certification and Attestation

I DO HEREBY CERTIFY UNDER **PENALTY OF PERJURY** 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 Registrant Signature

Date

Designated Registrant Name & Title (Printed Out)

Designated Registrant Signature

Date

Designated Registrant Name & Title (Printed Out)

Designated Registrant Signature

Date

Designated Registrant Name & Title (Printed Out)

Designated Registrant Signature

Date

Designated Registrant Name & Title (Printed Out)

Designated Registrant Signature

Date

Designated Registrant Name & Title (Printed Out)

Requirements

1. The designated registrant(s) must be currently registered as a navigator or exchange assister in Pennsylvania.
2. Resident entities must obtain name approval from the Department and then registration approval from the PA Department of State, Corporation Bureau. Information and links are available on our web site at www.insurance.pa.gov.

Applicants may view the status of their registration application on our web site at www.insurance.pa.gov. Once your registration has been issued, you may obtain your registration number and print your registration certificate from our web site.