

**PENNSYLVANIA INSURANCE DEPARTMENT
APPLICATION FOR WRITTEN CONSENT
TO ENGAGE IN THE BUSINESS OF INSURANCE
PURSUANT TO 18 U.S.C. §§ 1033 AND 1034**

Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by or affecting persons engaged, or proposing to become engaged, in the business of insurance:

- (e)(1)(A) Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (B) Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (e)(2) A person described in paragraph (1)(A) may engage in the business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which consent specifically refers to this section.

This Application will be reviewed by the Pennsylvania Insurance Department to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to 18 U.S.C. § 1033(e)(2).

You must answer every question on the Application. You must also request that a Criminal Record Check and Credit Report be mailed directly to the Pennsylvania Insurance Department. (See items 2 and 6 in Section VIII of this Application.) If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Application and all additional information must be typewritten or legibly printed in ink. The Pennsylvania Insurance Department will not process illegible or incomplete Applications.

PLEASE TYPE OR PRINT IN INK

SECTION I – APPLICANT INFORMATION

Full Name of Applicant:

| Last Name | First Name | Middle | SS# | | |
|------------------|------------|--------|-------|-----|----------------|
| Home Address | City | County | State | Zip | Home Phone |
| Business Address | City | County | State | Zip | Business Phone |

1. If you were born in the United States, provide the following:

| Place of Birth | City | County | State | Zip | Date of Birth |
|----------------|------|--------|-------|-----|---------------|
|----------------|------|--------|-------|-----|---------------|

2. If you were not born in the United States, provide the time of first entry and port of entry:

3. Are you a U.S. Citizen? yes no
 If no, provide the following:

| Citizenship Country | State/Province | Basis of U.S. Residence | Alien Registration Number |
|---------------------|----------------|-------------------------|---------------------------|
|---------------------|----------------|-------------------------|---------------------------|

4. If you are a naturalized citizen of the United States, indicate where and how you became naturalized. The number of the Certificate of Naturalization must be provided, if applicable.

5. Have you ever used or been known by another name (including maiden name) or used or been issued another social security number? yes no
 If yes, provide the following (attach additional pages as needed):

| Name | Social Security Number | Date of Use |
|------|------------------------|-------------|
|------|------------------------|-------------|

6. Provide identification of your current, and all former, spouses (attach additional pages as needed):

| Spouse's Last Name | First Name | Middle | Social Security Number | Marital Status |
|--------------------|------------|--------|------------------------|----------------|
|--------------------|------------|--------|------------------------|----------------|

7. Do any of your relatives, by blood or marriage (either current or prior), serve in any capacity with any entity engaged in the business of insurance? yes no
 If yes, provide the following (attach additional pages as needed):

| Name of Relative | Address | Relationship to Applicant | Insurer/Employer |
|------------------|---------|---------------------------|------------------|
|------------------|---------|---------------------------|------------------|

8. Have you ever been a party, in any capacity, in a civil action, lawsuit, bankruptcy or other proceeding?
 yes no
 If yes, provide details of all civil actions (attach additional pages as needed):

| Title of Case | Case Number |
|---------------|-------------|
|---------------|-------------|

Federal State

| Identification of Court | City/State | Date of Action |
|-------------------------|------------|----------------|
|-------------------------|------------|----------------|

Description of case and your involvement, including outcome:

SECTION II – EDUCATION

1. Provide complete details about your education and training, including identification of all schools that you have attended (attach additional pages as needed).

| Name of High School(s) | Address | Major | Dates Attended | Highest Level Attained |
|------------------------|---------|-------|----------------|------------------------|
|------------------------|---------|-------|----------------|------------------------|

| Name of College(s) | Address | Major | Dates Attended | Highest Level Attained |
|--------------------|---------|-------|----------------|------------------------|
|--------------------|---------|-------|----------------|------------------------|

| Name of Tech School(s) | Address | Major | Dates Attended | Designation |
|------------------------|---------|-------|----------------|-------------|
|------------------------|---------|-------|----------------|-------------|

| Post Graduate Schools | Address | Dates Attended | Designation or Programs |
|-----------------------|---------|----------------|-------------------------|
|-----------------------|---------|----------------|-------------------------|

**SECTION III – CHRONOLOGICAL EMPLOYMENT HISTORY AND PROFESSIONAL LICENSES –
CERTIFICATIONS – DESIGNATIONS**

1. List in chronological order each and every place where you have been employed, including any military service (attach additional pages as needed). Include all instances where you have served as a paid or non-paid officer or director.

| Name of Employer | Address | Title/Job | Employment Dates | Reasons for Leaving |
|------------------|---------|-----------|------------------|---------------------|
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2. Do you now hold, or have you ever held, a professional license relating to the business of insurance, including but not limited to, being a producer, agent, broker, solicitor, adjuster, or third party administrator? yes no
If yes, provide the following information about your active or prior insurance professional license(s) (attach additional pages as needed):

| Type of License | Date of Issue | State | Status of License |
|-----------------|---------------|-------|-------------------|
|-----------------|---------------|-------|-------------------|

3. Have you ever had a consumer complaint, administrative, civil or other legal proceeding (include pending actions) filed against you regarding your insurance activities? yes no
If yes, provide the following (attach additional pages as needed):

| Type of Action | Court/Administrative Agency | State | Date of Action | Outcome |
|----------------|-----------------------------|-------|----------------|---------|
|----------------|-----------------------------|-------|----------------|---------|

4. If your insurance-related license has ever been suspended, revoked, or administratively sanctioned (include pending actions) as a result of the legal or administrative action described in this section, provide the following information (attach additional pages as needed):

| Date of Sanction/Suspension/Revocation | Type of License | Fines Paid | Status of Proceeding |
|--|-----------------|------------|----------------------|
|--|-----------------|------------|----------------------|

5. Do you now hold, or have you ever held, any other professional licenses, certifications or designations not issued by a Department of Insurance? yes no
If yes, provide the following information about your active or prior professional licenses, certifications or designations (attach additional pages as needed):

| Issued by | Address | City/State |
|-----------|---------|------------|
|-----------|---------|------------|

| Type of License, certification or designation | Date of Issue | Status of license, certification or designation |
|---|---------------|---|
|---|---------------|---|

6. Have you ever had a customer, client or consumer complaint, administrative or other legal proceeding (include pending actions) filed against you regarding your other professional activities? yes no
If yes, provide the following (attach additional pages as needed):

| Type of Action | Court/Administrative Agency | State | Date of Action | Outcome |
|----------------|-----------------------------|-------|----------------|---------|
|----------------|-----------------------------|-------|----------------|---------|

7. If any other professional licenses, certifications or designations have ever been suspended, revoked, or administratively sanctioned as a result of the legal or administrative action described in this section (include pending actions), provide the following information (attach additional pages as needed):

| Date of Sanction/Suspension/Revocation | Type of License | Fines Paid | Status of Proceeding |
|--|-----------------|------------|----------------------|
|--|-----------------|------------|----------------------|

SECTION IV – CRIMINAL HISTORY

1. Provide a narrative statement describing the circumstances leading to all criminal charge(s) filed against you that are the subject of this Application; the date of charge(s); place of charge(s); trial court(s); date of disposition; convicted charge(s); sentence(s); date(s) of incarceration; date(s) of probation/parole; date(s) of release from probation/parole; restitution ordered; restitution paid; fines/costs ordered; fines/costs paid. Include details of negotiated plea agreements and pleas of *nolo contendere* to an information or indictment. Describe in detail the criminal conviction or convictions that are the subject of this Application, using the format attached to this Application for each charge.

USE FORMAT ATTACHED TO THIS APPLICATION.

2. Other than described in Section IV, No. 1, during your lifetime have you ever been charged, arrested, indicted, entered into a negotiated plea agreement, entered a plea of guilty or *nolo contendere* to an information or indictment, had a sentence suspended or had pronouncement of a sentence suspended, in connection with any other felony or misdemeanor criminal activities? yes no
If yes, provide a narrative statement describing the circumstances of each instance, using the format attached to this Application for each instance.

USE FORMAT ATTACHED TO THIS APPLICATION.

3. Have you received any type of pardon to the offense or offenses that are the subject of this Application, or any other offense listed in this Application? yes no
If yes, provide the following information (attach additional pages if needed):

| Pardoning Authority | County | State | Convicted Offense | Date of Pardon | Terms of Pardon |
|---------------------|--------|-------|-------------------|----------------|-----------------|
|---------------------|--------|-------|-------------------|----------------|-----------------|

4. Have your civil rights (e.g., right to vote, own a firearm, hold office, etc.) ever been revoked? yes no
If yes, provide the following information:

| Court of Judgment | Date of Revocation of Civil Rights | Date of Restoration of Civil Rights |
|-------------------|------------------------------------|-------------------------------------|
|-------------------|------------------------------------|-------------------------------------|

5. Have you made full payment of any and all outstanding court costs, supervision fees, fines and ordered restitution concerning any and all offenses? yes no
If no, provide explanation (attach additional pages if needed):

6. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed in Section IV? If yes, explain (attach additional pages as needed):

7. List all evidence that exists regarding your rehabilitation (attach additional pages as needed):

SECTION V – PRESENT/PROPOSED INSURANCE EMPLOYMENT

1. Provide complete details about your present employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

| Name of Employer | Address | City | State | Zip | Telephone |
|------------------|---------|------|-------|-----|-----------|
|------------------|---------|------|-------|-----|-----------|

| Name of Insurance Entity | Address | City | State | Zip | Telephone |
|--------------------------|---------|------|-------|-----|-----------|
|--------------------------|---------|------|-------|-----|-----------|

| Applicant's Direct Supervisor | Address | City | State | Zip | Telephone |
|-------------------------------|---------|------|-------|-----|-----------|
|-------------------------------|---------|------|-------|-----|-----------|

| Business Location of Applicant's Employment/Insurance Related Activity | Offices Held or Job Title |
|--|---------------------------|
|--|---------------------------|

2. Describe in detail the nature, duties and activities of your present employment or business association/relationship with an entity engaged in the business of insurance, including office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

3. Provide complete details about your proposed employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

| Name of Employer | Address | City | State | Zip | Telephone |
|------------------|---------|------|-------|-----|-----------|
|------------------|---------|------|-------|-----|-----------|

| Name of Insurance Entity | Address | City | State | Zip | Telephone |
|--------------------------|---------|------|-------|-----|-----------|
|--------------------------|---------|------|-------|-----|-----------|

| Applicant's Direct Supervisor | Address | City | State | Zip | Telephone |
|-------------------------------|---------|------|-------|-----|-----------|
|-------------------------------|---------|------|-------|-----|-----------|

| Business Location of Applicant's Employment/Insurance Related Activity | Offices Held or Job Title |
|--|---------------------------|
|--|---------------------------|

4. Describe in detail the nature, duties and activities of your proposed office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

5. Explain why your conviction(s) will not effect your fitness or ability to perform any of the above duties or activities (attach additional pages as needed):

6. List the names and locations of all insurers and entities providing services to insurers for which you have advised, represented or in any manner worked for or provided services to, together with a description of the activities performed for each entity (attach additional pages as needed):

7. Provide details of any proposed or current written or oral agreements, contracts or understandings between yourself and any entities engaged in the business of insurance (attach additional pages as needed):

SECTION VI – FINANCIAL INFORMATION

1. Attach financial statement(s) indicating your net worth, including all assets held by you, or held in the names of others for you, the amount of each secured and unsecured liability owed by you, or by you together with any other person.

2. Do you have any judicial or administrative penalties or fines outstanding (include pending actions)?
 yes no
If yes, describe in detail (attach additional pages as needed):

3. Do you have any civil judgments, tax or other liens or penalties outstanding, past due or delinquent loans, child support or alimony (include pending actions)?
 yes no
If yes, describe in detail (attach additional pages as needed):

4. Attach a list indicating the amount and sources of all income for five (5) calendar years prior to the Application through the date of the Application.

5. Have you ever been in a position which required a fidelity bond? yes no
If yes, and any claims were made on the bond, provide details (attach additional pages as needed):

6. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? yes no
If yes, provide details (attach additional pages as needed):

7. Have you, or any business entity in which you served as an officer, director, trustee, investment committee member, key employee, stockholder or owner become insolvent, placed in bankruptcy, receivership, rehabilitation or liquidation? yes no
If yes, provide details (attach additional pages as needed):

8. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which you hold directly or beneficially (or hold in joint tenancy, or in the name of others for you) any stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

9. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which your relatives, by blood or marriage, hold directly or beneficially any stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

SECTION VII – GROUNDS RELIED UPON FOR APPLICATION FOR WRITTEN CONSENT

1. Provide a complete explanation of the reasons or grounds the applicant relies upon to establish that the applicant’s insurance activities for which written consent is sought will not be contrary to the intent and purpose of 18 U.S.C. § 1033 and will not pose a risk to the insurance consumers or the insurance companies (attach additional pages if needed):

2. Enclose at least 3 letters of recommendation addressed to the Pennsylvania Insurance Department, attesting to your character and reputation. These letters should indicate the length of time that the writer has known you and should describe your character traits as they relate to the employment, position or activities for which written consent is sought. Each letter should indicate that it is being submitted in compliance with these procedures and that you have informed the writer of the factual basis of the Application being filed with the regulatory official and the purpose thereof.

3. Have you ever applied for written consent under 18 U.S.C. §1033(e)(2) from any other insurance or other regulatory official? yes no
If yes, provide the following information, together with a copy of the Application filed in the other jurisdiction(s):

| Name of Official | State or other Jurisdiction | Date of Application | Outcome of Request |
|------------------|-----------------------------|---------------------|--------------------|
|------------------|-----------------------------|---------------------|--------------------|

4. Have you ever applied for consent to engage in a business or profession other than insurance with any other regulatory official? yes no
If yes, provide the following information, together with a copy of the Application filed in the other jurisdiction(s):

| Name of Official | State or other Jurisdiction | Date of Application | Outcome of Request |
|------------------|-----------------------------|---------------------|--------------------|
|------------------|-----------------------------|---------------------|--------------------|

SECTION VIII – ATTACHMENTS

Attach the following documents to this Application for Written Consent. Applications without attachments, or Applications with illegible or incomplete attachments, will be returned to the applicant.

1. Two identical photographs taken within one year of the date the Application is submitted.
2. A copy of a completed form that you have submitted, with a check or money order in payment of the applicable fee, to the Pennsylvania State Police requesting a certified Criminal Record Check. The request form is available by contacting:

Pennsylvania State Police Central Repository-164
1800 Elmerton Avenue
Harrisburg, PA 17110-9768
Telephone: (717) 783-9973

NOTE: You must submit the original request form and the fee directly to the Pennsylvania State Police. In completing the form, you must request that the results of the Criminal Records Check be mailed directly to:

Deputy Insurance Commissioner for Consumer and Producer Services
Pennsylvania Insurance Department
1321 Strawberry Square
Harrisburg, PA 17120
Telephone (717) 787-6174

3. A certified copy of the indictment, criminal complaint or other initiating document for the charge(s) which is(are) the subject of this Application.
4. A certified copy of the order of judgment and sentence of the Court for the conviction which is the subject of this Application (including certification of performance of all conditions imposed by the Court) and/or a certified copy of the Court docket.
5. A current financial statement and list of sources of income (as described in items 1 and 4 of Section VI).
6. A copy of a request that you have submitted to a Credit Bureau located in Pennsylvania for a Credit Report. You must submit the original request and any required fee directly to the Credit Bureau with instructions that the Credit Report include education, employment, military service, and a search of criminal, UCC, litigation and bankruptcy records for at least 7 years and be mailed directly to the Deputy Insurance Commissioner for Consumer and Producer Services (see item 2 for complete address).
7. Copies of any and all current or proposed agreements between you and any entity engaged in the business of insurance.
8. A sworn affidavit from the president, or other designated officer or director of the insurer, that states: the basis under which the Affiant is authorized to execute and attest to the statements made in the affidavit; the Application is to the best of his/her knowledge and belief, true and correct.
9. A copy of any pardon.

The applicant shall include the following evidence of rehabilitation for the Department's consideration:

1. Post-conviction community service.
2. Post-conviction charitable activity.
3. Any other information the applicant believes will assist the Department in determining whether to grant written consent.
4. At least 3 letters of recommendation, addressed to the Deputy Insurance Commissioner for Consumer and Producer Services, Pennsylvania Insurance Department, attesting to the character and reputation of the applicant. The statement shall indicate the length of time the writer has known the applicant, their business or social relationship, and should include a description of the applicant's character traits and reputation in the community. The recommendation shall also verify that the writer knows of the applicant's criminal history.

SECTION IX – APPLICANT’S SWORN STATEMENT VERIFYING TRUTH OF INFORMATION IN APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (name of applicant), swear under penalty of law that my statements in the attached Application, and the documents appended thereto, are true and correct and complete. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Pennsylvania Insurance Department in the execution of its duties under the insurance laws of the Commonwealth and 18 U.S.C. § 1033 in making a decision on this Application. I understand that if I have made any false statement in this Application, or if there are any false statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation proceedings. I further understand that these false statements would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted. By signing this Application, I acknowledge that the Pennsylvania Insurance Department may conduct an independent investigation to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Pennsylvania Insurance Department may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records.

 Signature of Applicant Date

STATE OF _____)
)
 COUNTY OF _____)

Subscribed, sworn to, and acknowledged before me by _____ to be his/her free act
 and deed this ____ day of _____, 20____.
 (name of applicant)

 Notary Public, State at Large My Commission Expires

Submit completed Applications to:

Deputy Insurance Commissioner for
 Consumer and Producer Services
 Pennsylvania Insurance Department
 1321 Strawberry Square
 Harrisburg, PA 17120

Keep a copy of the completed Application and any supplemental information for your records. Upon receipt of the Application, the Pennsylvania Insurance Department may request additional information. Additional information must be provided within the prescribed time period or the Application will be deemed withdrawn and returned to the applicant.

You must file an amendment to the Application immediately upon the occurrence of any event that changes any information provided on or supplemental to the Application. Failure to file a timely amendment may result in the denial of your request for written consent or the withdrawal of previously granted consent.

FORMAT FOR INFORMATION REQUIRED IN ITEMS 1 AND 2 OF SECTION 1V -- CRIMINAL HISTORY

Provide a lifelong list of all charges and convictions for felony or misdemeanor crimes, including: circumstances leading to criminal charge(s), date(s) of charge(s); court(s); date(s) of disposition; convicted charge(s); sentence(s); date(s) of incarceration; date(s) of probation/parole; date(s) of release from probation/parole; restitution ordered; restitution paid; fines/costs ordered; fines/costs paid. Attach additional pages, if needed. Provide the following information for each charge or conviction. If an item does not apply to a particular charge or conviction, indicate N/A in the space provided for the answer.

1. Circumstances Leading to Charge or Conviction:

2. Type and Date of Charge or Conviction:

3. Court:

4. Date of Disposition:

5. Convicted Charge:

6. Sentence:

7. Date of Incarceration:

8. Date of Probation/Parole:

9. Release Date from Probation/Parole:

10. Restitution Ordered/Paid:

11. Fines/Costs Ordered/Paid:
