

BUSINESS ENTITIES ONLY
COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT
INSURANCE PRODUCER AND TITLE AGENCY LAPSED LICENSE RENEWAL FORM

For fastest processing, submit your reinstatement online at www.nipr.com or www.sircon.com/pennsylvania. This must be done within one year from the date of expiration of the license. A total lapsed license fee of \$165 is required. All license fees are non-refundable. **DO NOT MAIL THIS FORM IF YOU RENEW ONLINE.**

WE NO LONGER MAIL LICENSES. Print a copy of your renewed license within 24 hours from our website at www.insurance.pa.gov/licenses.

If you must mail your lapsed renewal form, submit the completed form and fee to the address listed at the bottom of this form. Please allow up to four weeks for processing.

MANDATORY BACKGROUND INFORMATION

- YES NO 1. Since the last renewal or initial application in this state, has the business entity, or the owners, officers, partners or any designated licensee of the business entity 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, please email an explanation to our Compliance Unit at ra-in-compliance@pa.gov)
- YES NO 2. Do any unlicensed owners, officers, partners or employees perform any act which would require a license as an Insurance Producer or Title Agent in Pennsylvania?
- YES NO 3. Since the last renewal or initial application in this state, have any of the corporate officers or any designated licensee been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against them? (If yes, please email an explanation to our Compliance Unit at ra-in-compliance@pa.gov)
- YES NO 4. Since the last renewal or initial application in this state, has the business entity or any corporate officers or any owner, partner, officer, director, manager or designated licensee of the business entity 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)

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 and if the authority granted is title, I certify I have the required bonds as a condition of licensure (Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned.)

Business Entity Name

Designated Licensee (printed or typed)

Designated Licensee Signature

Date

COMPLETE THE SECTION BELOW TO UPDATE YOUR CONTACT INFORMATION

PHYSICAL LOCATION	MAILING ADDRESS (If Different Than Physical Location)
Street Address:	Street Address or PO Box:
City State Zip Code:	City State Zip Code:
Telephone:	Telephone:
Business Email Address:	Alternate Email Address:

If you are unable to renew online, this completed form should be mailed to the following address:

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

Make checks payable to: Commonwealth of PA