**APPLICANT’S NAME:**

**Commonwealth of Pennsylvania**

 **Insurance Department LICENSE NUMBER:**

**BUSINESS EMAIL:**

**INSURANCE ADMINISTRATOR License**

**Renewal addendum**

**INSTRUCTIONS**

**To renew your Insurance Administrator’s license:**

1) Verify the name and license number on the License Renewal Notice.

2) If the Licensee transacts business under an assumed trade name, provide the full name in the space below.

 Individuals cannot assume the name of a partnership or corporation.

 **Trade Name**:

3) Read, then answer the questions listed below.

4) Certify that the information provided is true and correct by signing your name under the applicant’s certification section.

5) All licensed Insurance Administrators are required to maintain an Errors and Omissions insurance policy.

6) All licensed Insurance Administrators are required to maintain financial responsibility in the form of a fidelity bond or a clean,

 irrevocable, unconditional and ever-green letter of credit.

7) Return the following, by the date specified, to the address on the License Renewal Notice: your check made payable to the

 Commonwealth of Pennsylvania, this renewal addendum, and any necessary attachments. Include federal identification number

 (EIN) on your check and any attachments.

**or**

**RENEW ONLINE AT WWW.SIRCON.COM**

8) We no longer mail licenses. Print a copy of your renewal license from our web site at [www.insurance.pa.gov](http://www.insurance.pa.gov) (click the Services for Producers & Other Licensees link on the left hand side of the home page and then click the Print Your License link).

**BACKGROUND INFORMATION**

**YES NO**

|  |  |  |  |
| --- | --- | --- | --- |
| **[ ]**  | **[ ]**  |  | Since the last renewal, has the applicant or the owners, officers, managers and/or partners of the business entity been penalized or fined, had a license refused, suspended or revoked by the insurance Deparment of this state or any other state or province of Canada? **(If yes, provide a full explanation on a separate sheet of paper.)** |
| **[ ]**  | **[ ]**  |  | Since the last renewal, has the applicant or the owners, officers, managers and/or partners of the business entity been convicted of or pled nolo contendere(no contest) to any misdeameanor or felony or currently have pending any such charges? (for these purposes, misdemeanor does not include minor traffice violations.) **(If yes, provide date, name and address of court, description of charges and outcome on a separate sheet of paper.)** |

**MANDATORY APPLICANT’S CERTIFICATION**

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. In addition, I do hereby certify that I have an errors and omissions insurance policy and a type of financial responsibility, in a form required by statute **(Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned.)**

 Applicant Name (Printed or Typed) Applicant Signature Title Date