## Commonwealth of Pennsylvania Insurance Department

APPLICANT'S NAME:	
LICENSE NUMBER: BUSINESS EMAIL:	

## INSURANCE ADMINISTRATOR LICENSE RENEWAL ADDENDUM

RENEWAL ADDENDUM			
			INSTRUCTIONS
To re	enew y	our	Insurance Administrator's license:
1) 2)	Verify the name and license number on the License Renewal Notice.  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) 4) 5) 6) 7)	Read, then answer the questions listed below.  Certify that the information provided is true and correct by signing your name under the applicant's certification section.  All licensed Insurance Administrators are required to maintain an Errors and Omissions insurance policy.  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.  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 <a href="www.insurance.pa.gov">www.insurance.pa.gov</a> (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		
		1.	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 Department of this state or any other state or province of Canada? (If yes, provide a full explanation on a separate sheet of paper.)
		2.	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
consec and re	quence h gulation	nereof is of P	ander penalty of perjury that the foregoing statements and information are true and correct and any license issued in shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws rennsylvania, regarding the lines of authority for which I am licensed. In addition, I do hereby certify that I have an errors rance policy and a type of financial responsibility, in a form required by statute ( <b>Note: False statements may result in</b>

criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned.)

Applicant Signature

Title

Date

Applicant Name (Printed or Typed)