LIMITED LINES TRAVEL INSURANCE PRODUCER
INDIVIDUAL
APPLICATION FOR NEW LICENSE

APPLICATION FEE (RESIDENT OR NON-RESIDENT) - $400.00 **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**

TYPE OR PRINT IN BLACK INK

TYPE OF LICENSE REQUESTED
☐ Resident Limited Lines Travel Insurance Producer ☐ Non-Resident Limited Lines Travel Insurance Producer
ALL APPLICANTS FOR A NEW RESIDENT OR NON-RESIDENT LICENSE ARE REQUIRED TO BE FINGERPRINTED AT AN IDENTOGO ENROLLMENT CENTER. TO PRE-REGISTER AND SCHEDULE AN APPOINTMENT, GO TO HTTPS://UENROLL.IDENTOGO.COM – ENTER SERVICE CODE 1KG8Q3

Demographic Information

1 Soc. Security Number - -	2 If assigned, National Producer Number (NPN)

3 If applicable, FINRA Individual Central Registration Depository (CRD) Number

4 Last Name JR./SR. etc	5 First Name	6 Middle Name	7 Date of Birth (MM/DD/YYYY)
			_____ / _____ / _____

8 Residence/Home Address (Physical Street)	9 City	10 State	11 Zip Code	12 Foreign Country

13 Home Phone Number	15 Gender (Circle One)	16 Are you a Citizen of the United States? (Check One)
( ) -		Yes ☐ No ☐ (If No, of which country are you a citizen?) _____
14 Individual Applicant Email Address:	Male Female	(If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)

17 Business Entity Name

18 Business Address (Physical Street)	19 P.O. Box	20 City	21 State	22 Zip Code	23 Foreign Country

24 Business Phone Number (include extension)	25 Business Fax Number	26 Business E-Mail Address	27 Business Web Site Address
	( ) -		

28 Applicant's Mailing Address	29 P.O. Box	30 City	31 State	32 Zip Code	33 Foreign Country

34 a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

b. List any trade names under which you are currently doing business or intend to do business.

(May be subject to state approval)

Employment History

35 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	From Month	From Year	To Month	To Year	Position Held
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

Background Questions

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes ___ No___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes __ No ___

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A___ Yes___ No____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A___ Yes___ No____

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes _____ No _____

NOTE: For Questions 1a, 1b and 1c, **"Convicted"** includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document,
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes ___ No___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

a) a written statement identifying the type of license and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes ___ No___

If you answer yes, submit a statement summarizing the details of the indebtedness and arragements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No___

If you answer yes, you must attach to this application:

a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No___

If you answer yes, you must attach to this application:

a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No___
If you answer yes,

a) by how many months are you in arrearage? _____Months
b) are you currently subject to and in compliance with any repayment agreement?
c) are you the subject of a child support related subpoena/warrant? Yes ___ No___
(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? Yes ___ No___

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

N/A ___Yes___ No___

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. .

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Insurance Commissioner, or other appropriate party to verify information with any federal, state or local government agency, current or former employer, or insurance company. I authorize the release of any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the persons providing information from any and all liability of whatever nature by reason of furnishing such information.
3. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
4. I acknowledge that I understand and will comply with the insurance laws and regulations of Pennsylvania.
5. I further certify that pursuant to Act 26 of 2018 (Act of April 9, 2018 P.L. No. 630), I maintain a registry of each travel retailer in this Commonwealth where travel insurance is offered on my behalf.
6. I hereby certify under penalty of perjury that each travel retailer on my registry complies with 18 U.S.C § 1033.

_____ _____

Month Day Year Original Applicant Signature

_____

Full Legal Name (Printed or Typed)

Applicants may view the status of their license application on our website at www.insurance.pa.gov/licensees. Please be advised that the Department no longer mails licenses. Once your license has been issued, you may obtain your license number and print your license from our website.