



**LIMITED LINES TRAVEL INSURANCE PRODUCER
BUSINESS ENTITY
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**

LICENSE TYPE REQUESTED

- Resident Limited Lines Travel Insurance Producer Agency License
 Non-Resident Limited Lines Travel Insurance Producer Agency License

Legal Business Type: Corporation Limited Liability Corporation Partnership Limited Liability Partnership

REQUIREMENTS

1. The designated licensee(s) must be currently licensed as a limited lines travel insurance producer individual in Pennsylvania.
2. Per Act 26 of 2018, the entity must maintain a registry of each travel retailer offering travel insurance on the licensee's behalf.
3. Per Act 26 of 2018, the entity must certify compliance with 18 U.S.C § 1033.
4. Resident entities must obtain name approval from the Department and then registration approval from the PA Department of State, Corporation Bureau. Information and links are available on our web site at www.insurance.pa.gov/licensees.

ATTACHMENTS NEEDED

THE ONLY ATTACHMENTS NEEDED FOR THIS APPLICATION ARE FOUND IN THE BACKGROUND INFORMATION SECTION AND MAY ONLY BE APPLICABLE BASED ON YOUR ANSWERS TO THE BACKGROUND QUESTIONS

Demographic Information

① Business Entity Name		② Incorporation/Formation Date (mm/dd/yyyy) ____/____/____		③ FEIN -	
④ If assigned, National Producer Number (NPN)			⑤ If applicable, FINRA Firm Central Registration Depository (CRD)		
⑥ List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.				⑦ State of Domicile	⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City	⑫ State	⑬ Zip Code	⑭ Foreign Country
⑮ Phone Number (include Ext.) () -		⑯ Fax Number () -	⑰ Business Web Site Address		⑱ Business E-Mail Address
⑲ Mailing Address		⑳ P.O. Box	㉑ City	㉒ State	㉓ Zip Code
㉔ Foreign Country					

Designated/Responsible Licensed Producer

㉕ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____ SSN _____ - - _____ NPN _____

Name _____ SSN _____ - - _____ NPN _____

Name _____ SSN _____ - - _____ NPN _____

Name _____ SSN _____ - - _____ NPN _____

Owners, Partners, Officers and Directors

㉖ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____ Title _____ SSN/FEIN _____ - - _____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN _____ - - _____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN _____ - - _____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN _____ - - _____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN _____ - - _____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN _____ - - _____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN _____ - - _____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN _____ - - _____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Background Questions

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

- 1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager 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) or 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 juvenile court.)

- 1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company 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. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, 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 identifying all parties involved (including their percentage of ownership, if any) and 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. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a 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 application denied or the act of withdrawing an application to avoid a denial. 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, all parties involved (including their percentage of ownership, if any) 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 the business entity or any owner, partner, officer or director of the business entity, 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 arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever 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. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration 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 arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, 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. 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? 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. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Applicant’s Certification and Attestation

I DO HEREBY CERTIFY UNDER **PENALTY OF PERJURY** THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT. NOTE: FALSE STATEMENTS MAY RESULT IN CRIMINAL PENALTIES, APPLICATION DENIAL, ADMINISTRATIVE ENFORCEMENT ACTION OR ALL OF THE AFOREMENTIONED.

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. I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT EACH TRAVEL RETAILER ON MY REGISTRY COMPLIES WITH 18 U.S.C. § 1033.

Designated Licensee Signature	Date	Designated Licensee Name & Title (Printed or Typed Out)
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