



**SURPLUS LINES LICENSE
INDIVIDUAL APPLICATION**

**FEE - \$200.00
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

Soc. Security Number		If assigned, National Producer Number (NP#)			
If applicable, NASD Individual Central Registration Depository (CRD) Number			Date of Birth (month) ___ (day) ___ (year) ___		
Last Name		First Name	Middle Name	JR./SR. etc	
Residence/Home Address (Physical Street)		P.O. Box	City	State	Zip or Foreign Country
Home Phone Number () -	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>		Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)		
Business Address (Physical Street)		P.O. Box	City	State	Zip or Foreign Country
Business Phone Number () -	Business Fax Number () -	Business E-Mail Address		Business Web Site Address	

Type of license requested

CHECK ONE:

- RESIDENT
 NON-RESIDENT

Requirements

RESIDENTS – YOU MUST BE CURRENTLY LICENSED AS A RESIDENT PENNSYLVANIA PROPERTY & CASUALTY PRODUCER AND PASS THE PENNSYLVANIA SURPLUS LINES EXAMINATION.

NON-RESIDENTS – YOU MUST BE CURRENTLY LICENSED AS A NON-RESIDENT INSURANCE PRODUCER IN PA WITH THE PROPERTY & CASUALTY LINES OF AUTHORITY AND YOU MUST BE LICENSED IN YOUR HOME STATE FOR SURPLUS LINES AUTHORITY.

Agency Affiliation

PLEASE COMPLETE THIS SECTION IF YOU ARE TO BE AFFILIATED WITH A SURPLUS LINES AGENCY.

NAME OF SURPLUS LINES AGENCY: _____

EIN: _____ PA LICENSE NUMBER OF AGENCY: _____

Employment History

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		To		Position Held
	Month	Year	Month	Year	
Name					
City State					
Name					
City State					
Name					
City State					
Name					
City State					

Background Information

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

1. Have you ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (If yes, provide certified court records as to the type of charge (i.e. felony), basis of charge and outcome or sentence.) ___ Yes ___ No

2. Have you ever 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, provide a full explanation on a separate sheet of paper.) ___ Yes ___ No

3. Have you ever failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? ___ Yes ___ No
 If you answer yes, identify the jurisdiction(s): _____

4. Are you currently a party to, or have you 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 certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
 - c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Have you or any business in which you are or were an owner, partner, officer or director 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) certified copies of all relevant documents.

6. Have you ever failed to comply with an administrative or court order imposing a child support obligation? ___ Yes ___ No

Applicants 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 are 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 understand that all fees are non-refundable.

 Month Day Year

 Original Applicant Signature

 Full Legal Name (Printed or Typed)