

**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT**

**Insurance Administrator License
Corporation or Partnership Application**

Type or Print - Complete All Necessary Information

PART I – IDENTIFICATION

NOTE: A license is required for each unique Employer Identification Number.

Employer Identification Number: -	Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC	Incorporation/Formation Date: (mm/dd/yy)
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Full Legal Name of Applicant:

Mailing Address:	Street (Required) (If applicable, include P.O. Box)		
	City	State	Zip Code

Business Address: <input type="checkbox"/> Same as mailing address	Street (Required) (If applicable, include P.O. Box)		
	City	State	Zip Code

Business Telephone Number: () -	Business Fax Number: () -
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Business Email Address:

PART II – LICENSURE ACTIVITIES AND LINES OF BUSINESS

COMPLETE EACH SECTION BELOW AS IT RELATES TO THE APPLICANT'S ACTIVITIES FOR RESIDENTS OF PENNSYLVANIA. IDENTIFY BOTH THE LICENSURE ACTIVITIES APPLICANT INTENDS TO PERFORM AND LINES OF BUSINESS PROPOSED TO BE ADMINISTERED.

- CHECK ALL THOSE THAT APPLY:**
- COLLECT CHARGES OR PREMIUMS FOR ANY PLANS
 - ADJUSTS OR SETTLES CLAIMS FOR ANY PLANS

- CHECK ALL THOSE THAT APPLY:**
- LIFE INSURANCE COVERAGE
 - HEALTH INSURANCE COVERAGE
 - ANNUITIES

PART III – TRADING AS NAME

If the applicant transacts business in Pennsylvania under an assumed trade name, provide the full name in the space provided below. If no assumed trade name is used, leave black.

Trading as Name: _____

PART IV – BACKGROUND INFORMATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. HAS THE APPLICANT OR THE OWNERS, OFFICERS, MANAGERS AND/OR PARTNERS OF THE BUSINESS ENTITY EVER BEEN PENALIZED OR FINED, HAD A LICENSE REFUSED, SUSPENDED OR REVOKED BY THE INSURANCE DEPARTMENT OF THIS STATE OR ANY OTHER STATE OR PROVIDENCE OF CANADA? (If yes, provide a full explanation on a separate sheet of paper.)

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	2. HAS THE APPLICANT OR THE OWNERS, OFFICERS, MANAGERS AND/OR PARTNERS OF THE BUSINESS ENTITY 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 THE APPLICANT? (MISDEMEANOR DOES NOT INCLUDE MINOR TRAFFIC VIOLATIONS.) (If yes, give date, name, and address of court, basis, and outcome.)

Officers/Partners	List the following information for <u>all</u> officers of the corporation or partners of the partnership.	
Name	Soc Sec # / EIN	Title
Name	Soc Sec # / EIN	Title
Name	Soc Sec # / EIN	Title
Name	Soc Sec # / EIN	Title
<i>ATTACH A SEPARATE SHEET LISTING OTHER OFFICERS/PARTNERS IF NECESSARY</i>		

PART V – FINANCIAL RESPONSIBILITY AND SECURITY INFORMATION

1. ALL LICENSED ADMINISTRATORS ARE REQUIRED TO MAINTAIN AN ERRORS AND OMISSIONS INSURANCE POLICY. PLEASE LIST THE DETAILS REGARDING YOUR COVERAGE IN THE SPACE BELOW.

			(mm/dd/yy)
POLICY NUMBER	ISSUING COMPANY	AMOUNT OF COVERAGE/LOC	POLICY EXPIRATION

2. ALL LICENSED ADMINISTRATORS ARE REQUIRED TO MAINTAIN FINANCIAL RESPONSIBILITY IN THE FORM OF A FIDELITY BOND. PLEASE LIST THE DETAILS REGARDING YOUR COVERAGE IN THE SPACE BELOW.

			(mm/dd/yy)
POLICY NUMBER	ISSUING COMPANY	AMOUNT OF COVERAGE/LOC	POLICY EXPIRATION

AVERAGE AMOUNT OF FUNDS HELD BY THE APPLICANT: _____ (FOR ALL PLANS)

PART VI – APPLICANT'S CERTIFICATION

I do hereby certify under penalty or perjury that the foregoing statements and information are true and correct and that 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 insurance administrators, including but not limited to, the requirement for a written agreement between the insurance administrator and the Plan Provider and the fiduciary capacity of the insurance administrator.
NOTE: There are criminal penalties for false statement.

Notary Seal Subscribed and sworn before me on this _____ day of _____, 20____. _____ Signature Commission Expires:	_____ Officer/Partner Signature _____ Officer/Partner Name (print or type) _____ Officer/Partner Title (print or type)
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