

PA LICENSE NUMBER \_\_\_\_\_ FEDERAL TAX ID (EIN) NUMBER \_\_\_\_\_

COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT  
SURPLUS LINES BUSINESS ENTITY LICENSE RENEWAL FORM

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**MANDATORY BACKGROUND INFORMATION**

- YES  NO 1. Since the last renewal or initial application in this state, has the business entity, or the owners, officers, partners or any designated licensee of the business entity 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, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))
- YES  NO 2. Do any unlicensed owners, officers, partners or employees perform any act which would require a license as a Surplus Lines Producer in Pennsylvania?
- YES  NO 3. Since the last renewal or initial application in this state, have any of the corporate officers or any designated licensee been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against them? (If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))
- YES  NO 4. Since the last renewal or initial application in this state, has the business entity or any corporate officers or any owner, partner, officer, director, manager or designated licensee of the business entity failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? (If yes, please email an explanation to our Compliance Unit at [ra-in-compliance@pa.gov](mailto:ra-in-compliance@pa.gov))

**DO NOT SUBMIT DOCUMENTS WITH THIS FORM OTHER THAN YOUR PAYMENT.**

**MANDATORY CERTIFICATION AND ATTESTATION**

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and 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 the lines of authority for which I am licensed. (Note: False statements may result in criminal penalties, administrative enforcement action, or all of the aforementioned.)

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Designated Licensee (printed or typed)

\_\_\_\_\_  
Designated Licensee Signature

\_\_\_\_\_  
Date

**IF YOU NEED TO CHANGE YOUR ADDRESS, PLEASE EMAIL CHANGES TO [RA-IN-PRODUCER@PA.GOV](mailto:RA-IN-PRODUCER@PA.GOV)**

Pennsylvania Insurance Department  
Bureau of Licensing and Enforcement  
1227 Strawberry Square  
Harrisburg, PA 17120

Make checks payable to: Commonwealth of PA