



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN
COMMISSIONER
COMPTROLLER GENERAL

Seventh Floor, West Tower
2 Martin Luther King Jr. Dr.
Atlanta, Georgia 30334
(404) 656-2056 or (404) 656-4031
www.gainsurance.org

June 3, 2003

Instructions for Nonresident Individual Application

- A current certification letter from resident state is required; letter must be an original and dated within 90 days.
- An insurance company is no longer required to sponsor an agent on the initial nonresident application for licensure HOWEVER before an agent can sell, solicit or negotiate insurance for an insurer, the agent must be appointed (certificate of authority) to represent the insurer.
- Check or money order must be payable to Georgia Insurance Department
- Fees for licensure are based on license type/classes requested:
 - Agent Life, Accident and Sickness: \$65
 - Agent Property Casualty: \$65
 - Agent Variable Product: \$65
 - Agent for Personal Lines: \$65
 - Agent for Credit or Travel Ticket/Travel Accident: \$65
 - *Adjuster: \$65
 - *Public Adjuster:\$65
 - *Workers Compensation Adjuster:\$65
 - *Counselor: \$65
 - Surplus Lines Broker: \$315

FOR AGENTS APPLYING FOR MULTIPLE LINES ON ONE APPLICATION THE FEES ARE AS FOLLOWS:

Agent Life,Accident & Sickness AND Property Casualty: \$115
Agent Life, Accident & Sickness AND Personal Lines: \$115
Agent Life,Accident & Sickness AND Variable Products: \$115
Agent Life,Accident &Sickness,Variable Products AND Property Casualty:

\$165

Agent Property, Casualty AND Surplus Lines Brokers: \$365

- If applying for Variable Products
 - You must also apply or hold a Georgia Life license and
 - attach proof of current NASD registration(s) Series 6, 7,IR or GS.

***For applicants applying for Adjuster, Workers Compensation Adjuster, Public Adjuster or Counselor licenses: You will need to attach a supplement indicating the type of license and line of authority you are requesting. In lieu of a supplement, you can indicate license type and line of authority requested on application under #35 'Jurisdiction and Type of License Requested.'**

Mail completed Application package to:
Agents Licensing
908 W Tower
2 Martin Luther King Jr Dr
Atlanta GA 30334

Uniform Application for Non-Resident Individual Insurance Producer License

(Please Print or Type)

① Soc. Security Number		② If assigned, National Producer Number (NP#)			
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ___ (day) ___ (year) ___	
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City	⑫ State	⑬ Zip or Foreign Country
⑭ Home Phone Number () -	⑮ Gender (Circle One) Male Female	⑯ 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.)			
⑰ Employer's Name					
⑱ Business Address (Physical Street)		⑲ P.O. Box	⑳ City	㉑ State	㉒ Zip or Foreign Country
㉓ Business Phone Number () -	㉔ Business Fax Number () -	㉕ Business E-Mail Address		㉖ Business Web Site Address	
㉗ Applicant's Mailing Address		㉘ P.O. Box	㉙ City	㉚ State	㉛ Zip or Foreign Country

㉜ List any name under which you are doing business.

Agency or Business Entity Affiliations

㉝ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____
FEIN _____	NP # _____	Name of Agency _____

Employment History

㉞ 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.

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

(State Use)

Background Information

66 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 are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “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 having been given probation, a suspended sentence or a fine.

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

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

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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. “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 and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified 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 for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements 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 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.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contractor 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.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

Applicants Certification and Attestation

37) 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. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. 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.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

 Month Day Year

 Original Applicant Signature

 Full Legal Name (Printed or Typed)

Attachments

38) The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

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