COMMISSIONER OF INSURANCE, JOHN W. OXENDINE
STATE OF GEORGIA

GID-122SA/122TSA
Version 2.0
020

REQUEST FOR NEW & TERMINATED SUBAGENT CERTIFICATE OF AUTHORITY

1. GENERAL INSTRUCTIONS

All questions should be directed to Promissor at 1-888-204-6204 between the hours of 8AM and 6PM EST Monday through Friday.

A. **This request for New/Terminated Subagent Certificate of Authority should only be submitted by the sponsoring agent.** If you are requesting a **New Certificate of Authority**, enclose a check or money order for $5.00, payable to Promissor. *There are no fees for Certificate of Authority Termination.*

B. A Certificate of Authority will cover all classes of insurance **HELD IN COMMON BETWEEN THE SPONSORING AGENT AND THE APPOINTED LICENSEE**.

C. Certificates of Authority may not be processed for temporary licenses.

D. This form may be photocopied for future use.

E. Forward request, along with payment, if applicable to: **GEORGIA INSURANCE DEPARTMENT/Promissor, P.O. BOX 2357, SMYRNA, GA 30081-2357**

2. NEW & TERMINATED CERTIFICATE OF AUTHORITY INFORMATION

Indicate whether this request is for a new certificate of authority or certificate of authority termination by placing an "X" in the appropriate box and, if applicable, completing the related section.

☐ **ADD A NEW CERTIFICATE OF AUTHORITY**

If adding a New Certificate of Authority, enclose a $5.00 check or money order, payable to Promissor. A Certificate of Authority will cover all classes of insurance *held in common between the sponsoring agent and the appointed licensee*.

AMOUNT ENCLOSED $_____

OFFICE ONLY ☐

☐ **TERMINATE AN EXISTING CERTIFICATE OF AUTHORITY**

Complete the information below. Requests for termination must be submitted within 30 days of the termination date. **There is no fee for a Certificate of Authority Termination. If terminating a Limited Subagent, one must submit the Limited Subagent's license with this form.**

Termination Effective Date: ☐☐-☐☐-☐☐☐☐ (MONTH DAY YEAR) Reason for Termination:_____

Is this a Termination for cause? ☐ **YES** *If yes, please attach all supporting documentation with this form.* ☐ **NO**

OFFICE ONLY ☐

3. SUBAGENT INFORMATION

Print the subagent's name as it appears on the subagent's Georgia license in the boxes provided, one letter in each box. Select the subagent's license prefix by placing an "X" in the appropriate box and print the six-digit license number in the boxes provided, one number in each box. Print the subagent's SSN in the boxes provided, one number in each box. The **subagent** must **sign** and **date** the document.

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ SUFFIX (JR. SR.) ☐☐☐☐☐

SUBAGENT LICENSE PREFIX (select one)

☐ AGR - Agent Resident
☐ AGN - Agent Non-resident
☐ BLB - Agent Borderline
☐ LSR - Limited Subagent Resident
☐ LSB - Limited Subagent Borderline
☐ WCR - Workers Compensation Resident
☐ WCN - Workers Compensation Non-resident
☐ WCB - Workers Compensation Borderline

SUBAGENT LICENSE NUMBER ☐☐☐☐☐☐ **SUBAGENT SSN** ☐☐☐-☐☐-☐☐☐☐

I, the undersigned agent, certify that I am properly licensed in the state of Georgia for the Certificate of Authority for which I am applying.

SUBAGENT SIGNATURE _____ DATE _____

OFFICE ONLY ☐

4. SPONSORING AGENT INFORMATION

Print the sponsoring agent's name as it appears on the sponsoring agent's Georgia license in the boxes provided, one letter in each box. Select the sponsoring agent's license prefix by placing an "X" in the appropriate box and print the six-digit license number in the boxes provided, one number in each box. Print the sponsoring agent's SSN in the boxes provided, one number in each box. Print the name of the **sponsoring agent's agency in the space provided. The sponsoring agent must sign and date the document**.

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MI ☐ SUFFIX (JR. SR.) ☐☐☐☐☐

SPONSORING AGENT LICENSE PREFIX (select one) ☐ AGR - Agent Resident ☐ AGN - Agent Non-resident

SPONSORING AGENT LICENSE NUMBER ☐☐☐☐☐☐ **SPONSORING AGENT SSN** ☐☐☐-☐☐-☐☐☐☐

SPONSORING AGENT'S AGENCY NAME_____

We, the undersigned, have made a diligent inquiry and investigation relative to this applicant's identity, residence and experience or instruction as to the classes of insurance to be transacted and are satisfied that the applicant is trustworthy and qualified to act as our subagent and to hold himself out in good faith to the general public as such subagent. We desire that he/she represent us in your state. I, the undersigned Agent, certify that I have possession of a copy (or the original where required by Georgia Insurance Department Regulation 120-2-3) of this applicant's current and valid license for the above line(s) of insurance and that the applicant has received a copy of this request for certificate of authority. Further, we understand that it is a violation of the Georgia Insurance Statutes for any agent to accept applications for insurance from an applicant if the applicant is not properly licensed.

SPONSORING AGENT SIGNATURE _____ DATE _____

Forward request along with payment, if applicable to:
GEORGIA INSURANCE DEPARTMENT/Promissor, PO BOX 2357, SMYRNA, GA 30081-2357

OFFICE ONLY
Clerk's Initials: _____
Date:_____

OFFICE ONLY ☐

© Copyright 2003 by Promissor All Rights Reserved