

**COMMISSIONER OF INSURANCE, JOHN W. OXENDINE
STATE OF GEORGIA
AGENCY LICENSE APPLICATION**

GID-130

1. GENERAL INSTRUCTIONS

- A. This request for Agency License should be submitted by agencies located in the State of Georgia as required by Georgia law 33-23-1. An agency is defined as "a person who represents one or more insurers and is engaged in the business of soliciting or procuring insurance or applications for insurance or countersigning, issuing, or delivering contracts of insurance for one or more insurers." This form is not intended for use as an agency license renewal form. Licensed agencies will receive a license renewal notice each November which must be submitted by December 31.
- B. In the appropriate box, indicate whether the agency is a principal or branch office. Note: If the true principal agency location is not in Georgia, you must designate the first branch within Georgia to be licensed as the "principal" location.
- C. If you are applying as a branch office, the application must contain the appropriate information regarding the principal agency office. Failure to include this information will result in your application not being processed.
- D. Each application must include appropriate information regarding the licensed/unlicensed officers, licensed/unlicensed employees, and company affiliations associated with the agency location. Identify the agency on each page used for the completion of this application by entering in the agency's name, license number, and FEIN or SSN.
- E. For each of the agency's owners, officers, and/or directors who are not licensed in the state of Georgia, a completed form GID-130S must be submitted with this application.
- F. Return **two copies** of this request, along with appropriate payment to: GEORGIA INSURANCE DEPARTMENT/PROMISSOR, PO BOX 2357, SMYRNA 30081-2357
- G. Checks and money orders must be made payable to **Promissor**.

2. AGENCY INFORMATION

Print the agency's name and FEIN (tax ID number) in the boxes provided. Print the agency's full address in the boxes provided as well as phone and fax numbers. A street address must be provided even if a P.O. Box is preferred for mailing.

Agency Name			
DBA Name or Trade Name			
Business Street Address 1 (Suite number, floor number, etc.)			
Business Street Address 2 (Street number and street name)			FEIN (tax ID) or SSN *
City	State	ZIP+ 4	
Business Phone Number	Business Fax Number	Year first operated in Georgia as an agency (yyyy)	

3. PAYMENT INFORMATION

Fill in the license type for which the agency is applying.

AGENCY TYPE:	<input type="checkbox"/> Principal Agency (\$50)	(If the true principal agency location is not in Georgia, you must designate the first branch located within Georgia to be licensed as the "principal" location.)
	<input type="checkbox"/> Branch Agency (\$10)	(If this is a branch location, you must provide the name and license number of the principal agency location with which you are affiliated.)
Principal Agency Name		
Are you a Financial Institution Agency selling insurance in or through your location? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Principal Agency License Number	(If yes, you must also enclose Forms 323 and 423.)	
OFFICE ONLY	ENCLOSED IS \$	OFFICE ONLY
<input type="checkbox"/>	LICENSE FEE	\$ <input style="width: 40px;" type="text"/>

4. AFFIRMATION

I hereby certify that all the information in this entire application, form GID 130, including any documents attached hereto, is true and correct to the best of my knowledge and belief. I further certify that I have attached all applicable supplementary documents, and I understand that failure to do so will result in regulatory action.

- | | | |
|--|---|--------------------------|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have enclosed a list of licensed owners/officers/directors. | OFFICE ONLY |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have enclosed _____ (quantity) GID130S forms; one for each unlicensed owners/officers/director. | <input type="checkbox"/> |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have enclosed a list of licensed employees. | <input type="checkbox"/> |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have enclosed a list of unlicensed employees containing _____ (quantity) names. | <input type="checkbox"/> |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | I have enclosed a list of company affiliations. | <input type="checkbox"/> |

SIGNATURE OF HIGHEST RANKING AGENCY OFFICIAL	HIGHEST RANKING AGENCY OFFICIAL NAME (Please Print)	DATE	OFFICE ONLY
Subscribed and sworn to before me this _____ day of _____, 20____ by the affiant, who personally appeared before me.			<input type="checkbox"/>

NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	(SEAL)	OFFICE ONLY
			<input type="checkbox"/>

Return this form, along with payment to: Georgia Insurance Department/Promissor, PO Box 2357, Smyrna, GA 30081-2357
Checks must be made payable to: Promissor

* SSN or FEIN are not required; however, failure to provide these identification numbers may result in a delay in processing your application.

**COMMISSIONER OF INSURANCE, JOHN W. OXENDINE
STATE OF GEORGIA
AGENCY LIST OF LICENSED OWNERS/OFFICERS/DIRECTORS**

GID-130
031

1. GENERAL INSTRUCTIONS

List the names of all current owners. If the agency is a corporation, all current officers and directors must be listed. If the individuals are licensees in the State of Georgia, please provide their license numbers (including prefix). Please enter only one character in each box. **If there are any owners, officers, directors who are not licensed in the State of Georgia, a GID-130S form for each unlicensed individual must accompany this form.** Each agency must have **one** owner, officer, or director (the highest ranking official) who must be designated as the Responsible Individual. This is the person who must sign this application and who will be the principal contact person for all future correspondence concerning the agency and its relationship with the Georgia Insurance Department. Please indicate the Responsible Individual by marking an X in the appropriate box. **NOTE:** Even if you are filing as a branch office, you must still list the owners, officers, directors and the Responsible Individual at this agency location. Mark an X in the appropriate box to indicate whether the listed owners, officers, directors are additions to the list or are to be deleted from future lists. If there are more owners, officers, and directors than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page.

2. AGENCY INFORMATION

Print the agency's name (exactly as it appears on the license application or renewal form -- not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number and prefix blank until it can be assigned.

<div style="border-bottom: 1px solid black; width: 100%;"></div>																
Agency Name <div style="border-bottom: 1px solid black; width: 100%;"></div>																
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border-bottom: 1px solid black; height: 20px;"></td> <td style="width:10%; border-bottom: 1px solid black; height: 20px;"></td> </tr> <tr> <td>License Prefix and Number</td> <td></td> <td>FEIN or Social Security Number *</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>									License Prefix and Number		FEIN or Social Security Number *					
License Prefix and Number		FEIN or Social Security Number *														

3. LICENSED OWNERS, OFFICERS, AND DIRECTORS

Last Name	First Name	MI	Suffix (Jr.,etc.)				
Title	License Prefix and Number		Social Security Number *				
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete							
Last Name	First Name	MI	Suffix (Jr.,etc.)				
Title	License Prefix and Number		Social Security Number *				
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete							
Last Name	First Name	MI	Suffix (Jr.,etc.)				
Title	License Prefix and Number		Social Security Number *				
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete							
Last Name	First Name	MI	Suffix (Jr.,etc.)				
Title	License Prefix and Number		Social Security Number *				
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete							
Last Name	First Name	MI	Suffix (Jr.,etc.)				
Title	License Prefix and Number		Social Security Number *				
<input type="checkbox"/> Add <input type="checkbox"/> Designate as Responsible Individual <input type="checkbox"/> Delete							

* SSN or FEIN are not required; however, failure to provide these identification numbers may result in a delay in processing your application.

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL FORMS AS NEEDED

Total number of licensed owners/officers/directors listed on this plus attached forms: _____
©Copyright 2003 Promissor All Rights Reserved GID 130/Stock #601102

PAGE: _____ of _____ PAGE(S)

Ver 7/03

**COMMISSIONER OF INSURANCE, JOHN W. OXENDINE
STATE OF GEORGIA
AGENCY LIST OF LICENSED EMPLOYEES**

GID-130
033

1. GENERAL INSTRUCTIONS

List the names of all current licensed employees. If an individual has already been included on the licensed owner/officer/director list, there is no need to also include him/her on the licensed employee list. For each licensed employee, please provide his/her Georgia insurance license number. Please enter only one character in each box. All employees (including support staff) must be listed regardless of whether they are directly involved in transacting insurance business. Employees who do not hold a Georgia insurance license should be listed on the page titled **Agency List of Unlicensed Employees**. Mark an X in the appropriate box to indicate whether the licensed employee is an addition to the list or to be deleted from future lists. If there are more licensed employees than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page.

2. AGENCY INFORMATION

Print the agency's name (exactly as it appears on the license application or renewal form -- not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number and prefix blank until it is assigned.

<div style="border-bottom: 1px solid black; width: 100%;"></div>			
Agency Name			
<div style="border-bottom: 1px solid black; width: 100%;"></div>			
License Prefix and Number	-	FEIN or Social Security Number *	

3. LICENSED EMPLOYEES

<div style="border-bottom: 1px solid black; width: 100%;"></div>					
Last Name	First Name	MI	Suffix (Jr.,etc.)		
Title	License Prefix and Number	-	Social Security Number *		
<input type="checkbox"/> Add <input type="checkbox"/> Delete					
<div style="border-bottom: 1px solid black; width: 100%;"></div>					
Last Name	First Name	MI	Suffix (Jr.,etc.)		
Title	License Prefix and Number	-	Social Security Number *		
<input type="checkbox"/> Add <input type="checkbox"/> Delete					

* SSN or FEIN are not required; however, failure to provide these identification numbers may result in a delay in processing your application.

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL FORMS AS NEEDED

Total number of licensed employees listed on this plus attached forms: _____

PAGE: _____ of _____ PAGE(S)

**COMMISSIONER OF INSURANCE, JOHN W. OXENDINE
STATE OF GEORGIA
AGENCY LIST OF COMPANY AFFILIATIONS**

GID-130
032

1. GENERAL INSTRUCTIONS

List the names of all insurance companies represented by the agency. This should be a comprehensive list of companies with whom the licensed employees have a current Georgia Certificate of Authority (appointment). Each agency must have at least one company affiliation in order to maintain the agency license. Mark an X in the appropriate box to indicate whether the companies are additions to the list or are to be deleted from future lists. If there are more companies than fit on this page, feel free to photocopy and attach additional pages. To expedite the processing of your application, be sure to fill in the page counter and total count for this particular list, at the bottom of this page.
Note: If you do not know the insurer's Georgia Company Number, please call the Licensing Department of the insurer.

2. AGENCY INFORMATION

Print the agency's name (exactly as it appears on the license application or renewal form -- not the DBA or trade name), license number, and FEIN (tax ID number) or SSN in the boxes provided. If submitting a first time agency application, leave the license number and prefix blank until it is assigned.

Agency Name

____ - ____ - ____

License Prefix and Number

____ - ____ - ____

FEIN or Social Security Number *

3. COMPANY AFFILIATIONS

Company Name

Add

____ - ____ - ____

Delete

Georgia Company Number

Company Name

Add

____ - ____ - ____

Delete

Georgia Company Number

Company Name

Add

____ - ____ - ____

Delete

Georgia Company Number

Company Name

Add

____ - ____ - ____

Delete

Georgia Company Number

Company Name

Add

____ - ____ - ____

Delete

Georgia Company Number

Company Name

Add

____ - ____ - ____

Delete

Georgia Company Number

Company Name

Add

____ - ____ - ____

Delete

Georgia Company Number

PLEASE PHOTOCOPY AND ATTACH ADDITIONAL FORMS AS NEEDED

Total number of insurance company affiliations listed on this plus attached forms: _____

PAGE: _____ of _____ PAGE(S)

AGENCY LICENSING SUPPLEMENT

STATE OF GEORGIA INSURANCE DEPARTMENT
AGENTS LICENSING SECTION
6TH FLOOR, WEST TOWER
FLOYD MEMORIAL BUILDING
#2 MARTIN LUTHER KING JR. DRIVE
ATLANTA GA, 30334

This form should be completed by all Agency owners, officers, and directors not licensed by the Georgia Insurance Department.

Full Name: _____
Last First Middle

Title: _____

Resident Address: _____
Street & Number

_____ City State Zip Code

Social Security Number: _____

Date of Birth: _____

Agency Name: _____

Agency Location: _____
Street & Number

_____ City State Zip Code

I hereby certify that the information contained in this entire application form GID130S is true and correct to the best of my knowledge and belief. I hereby give permission for a criminal background investigation.

Signature Date

Notary Seal Required

This _____ day of _____ 20_____

Notary Public

My Commission Expires: _____

THIS FORM MUST BE FILED WITH FORM GID130 (AGENCY LICENSING)