LOUISIANA DEPARTMENT OF INSURANCE

APPLICATION FOR BUSINESS ENTITY INSURANCE PRODUCER, CONSULTANT, PUBLIC OR CLAIMS ADJUSTER LICENSE

Check appropriate box for license requested.

- ☐ Resident License
- ☐ Non-Resident License

Identify Home State: _____

Identify Home State License #: _____

Mail Application to:
P.O. Box 94214
Baton Rouge, LA 70804-9214

Demographic Information

(1) Business Entity Name	(2) Incorporation/Formation Date (month) ___(day) ___(year) _____	(3) FEIN -
(4) If assigned, National Producer Number (NP#)	(5) If applicable, FINRA Firm Central Registration Depository (CRD)	
(6) List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.	(7) State of Domicile	(8) Country of Domicile

(9) Is the business entity affiliated with a financial institution/bank? Yes ☐ No ☐

(10) Business Address	(11) City	(12) State	(13) Zip Code	(14) Foreign Country

(15) Phone Number (include extension) ( ) -	(16) Fax Number ( ) -	(17) Business Web Site Address	(18) Business E-Mail Address

(19) Mailing Address	(20) P.O. Box	(21) City	(22) State	(23) Zip Code	(24) Foreign Country

Designated/Responsible Licensed Producer

(25) Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

Name _____ SSN ____ - ____ - ____ NPN _____

Name _____ SSN ____ - ____ - ____ NPN _____

Name _____ SSN ____ - ____ - ____ NPN _____

Name _____ SSN ____ - ____ - ____ NPN _____

Owners, Partners, Officers and Directors

(26) Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____ Title _____ SSN/FEIN ____ - ____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN ____ - ____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN ____ - ____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN ____ - ____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN ____ - ____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN ____ - ____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN ____ - ____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Name _____ Title _____ SSN/FEIN ____ - ____ D.O.B _____ Owner: Yes / No % of ownership interest _____

Fiscal Division	Agent Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Initials	
		License Number	
		Issue Date	

APPLICANT NAME _____

License Type
(37) **Select only ONE License type per application; however, you may select more than one line of authority per license type.**
*****See page 5 for information regarding application fees.**

☐ **PRODUCER**

Lines of Authority

- ☐ Life
- ☐ Health & Accident
- ☐ Property
- ☐ Casualty
- ☐ Personal Lines
- ☐ Variable Life & Variable Annuities
- ☐ Surplus Lines
- ☐ Bail Bonds
- ☐ Portable Electronics
- ☐ Self-Storage
- ☐ Title
- ☐ Industrial Fire
- ☐ Surety
- ☐ Limited Life, Health & Accident
- ☐ Credit
- ☐ Travel

☐ **CLAIMS ADJUSTER**

Lines of Authority

- ☐ Property and Casualty (includes Auto, Personal Lines and Commercial Lines)
- ☐ Auto Only
- ☐ Personal Lines Only
- ☐ Commercial Lines Only
- ☐ Crop
- ☐ Workers Compensation

☐ **CONSULTANT**

Lines of Authority

- ☐ Life
- ☐ Health & Accident
- ☐ Property
- ☐ Casualty
- ☐ Variable Life and Variable Annuities

☐ **PUBLIC ADJUSTER**

No LOA

Nonresident Reciprocity

☐ **Nonresidents only:** If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB.

License Type/Line _____

APPLICANT NAME _____

Background Information

27 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes ___ No___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes ___ No___

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.) N/A___ Yes___ No____

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A___ Yes ___No____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes ___ No___

NOTE: For Questions 1a, 1b, and 1c "**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 no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
b) a copy of the charging document,
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Yes ___ No___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a probation order, a compliance order, 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, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a 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 the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes ___ No___

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

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever 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): _____

APPLICANT NAME _____

Background Information (continued)

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or 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 copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or 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) copies of all relevant documents.

Applicants Certification and Attestation

29 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction , the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made to give any information they may have 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, 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.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:

_____ _____
Month/Day/Year Signature

_____ _____
Title Typed or Printed Name

APPLICANT NAME _____

Instructions

(39) Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application. All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the application being returned to the applicant.

SELF -STORAGE APPLICANTS

- ❑ Self-Storage Limited Lines Applicants do not require a licensed individual.
- ❑ Certification by the insurer attesting that the self-storage applicant is trustworthy and competent to act as its agent and will appoint such applicant if the license is issued is required to be submitted with the license application. (Certification form is available on LDI website.)
- ❑ Self-Storage licensees are required to provide a training program to all individual employees meeting standards set forth in La. R.S. 22:1550.1 (H) The training program must be submitted for approval prior to use. Include proposed training program with license application

PORTABLE ELECTRONICS APPLICANTS

- ❑ Portable Electronic Insurance Limited Lines Applicants do not require a licensed individual.
- ❑ Portable Electronic Insurance Limited Lines Applicants whose stock is publicly traded and registered under the federal securities laws or that is licensed pursuant to the Federal Communications Act of 1934, or any affiliate or subsidiary may designate a single officer as the designated responsible person for the activities of the vendor pursuant to the limited lines portable electronics insurance license. The name and identifying information only for the designated responsible person is required. The names of all officers, directors and persons owning 10% or more of the applicant is not required.
- ❑ A list of all locations in the state where coverage will be offered must be attached to this application

ELECTRONIC PROCESSING

Effective 1-1-2010, nonresident applicants are required to submit applications electronically. Paper submissions are accepted if an application cannot be submitted by electronic means . Paper submissions that could have been submitted electronically may be returned unprocessed.

LICENSE EXPIRATION

Regardless of the date of issue, all life, health & accident lines for producer and consultant licenses expire on April 30th every even-numbered year, all property & casualty lines for producer and consultant licenses expire on April 30th every odd-numbered year with the exception of Portable Electronics, which renews December 31st every odd year. All Public and Claims Adjuster licenses expire on the last day of your birth month every odd numbered year.

LICENSE FEES

Make checks payable to "Louisiana Department of Insurance". **Please note: License application fees are nonrefundable and nontransferable.**

Producer Fees

Life and/or Health & Accident	$75	Limited Life, Health & Accident	$75
Property and/or Casualty	$75	Industrial Fire	$75
Personal Lines	$75	Credit	$75
Variable Life & Variable Annuity	$75	Title	$75
Surplus Lines	$250	Surety	$75
Bail Bonds	$75	Travel	$75
Portable Electronics	$200	Self-Storage	$75

Consultant Fees

Life and/or Health & Accident	$75
Property and/or Casualty	$75
Variable Life & Variable Annuity	$75

Claims Adjuster License Fees

The Claims Adjuster License Application fee is $55, regardless of the number of lines requested on the application.

Public Adjuster License Fee

The Public Adjuster License Application Fee is $55.

Notice: The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.