

APPLICATION FOR AN INDIVIDUAL INSURANCE LICENSE (FORM L-169)

FOR APPLICATIONS RECEIVED BY THE ARIZONA DEPARTMENT OF INSURANCE BETWEEN 07/1/2008 AND 6/30/2009

1. **CAREFULLY READ THE ENCLOSED INSTRUCTION PAGES. INCOMPLETE APPLICATIONS WILL BE RETURNED.**
2. Complete ALL PAGES (printed in ink or typed) of this form and fulfill all other requirements shown in the enclosed instructions. Any additionally required forms are available on our Internet web site, at www.id.state.az.us
3. Staple your application form and any required attachments in the upper left corner on the last (back) page.
4. Remove any stubs from your check or money order and staple your payment to the front of this page in the location indicated (immediately below SECTION II).
5. **Send your application materials and payment to:**
INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269

SECTION I: BUSINESS INFORMATION

A. (Legal) Last Name (including Jr/Sr/etc if applicable)		B. Full First Name		C. Full Middle Name	
D. Physical Street Address of Place of Business (*may not be a P O box)			City	State	Zip Code
E. Name of Business (if applicable, for mailing purposes)*:			<i>*If your business is involved in the sale, solicitation or negotiation of insurance, that business shall be separately licensed.</i>		
F. Mailing Address (P.O. box permitted. If blank, Box E address will print on license) <input type="checkbox"/>			City	State	Zip Code
G. Business Area Code & Phone:		H. Fax Area Code & Number (optional):		I. E-mail Address (optional):	

SECTION II: LINES OF LICENSE AUTHORITY Write an "X" in the box to the left of the line(s) of authority for which you are applying:

- | | | | |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Life Insurance Producer | <input type="checkbox"/> Property Producer | <input type="checkbox"/> Adjuster | <input type="checkbox"/> Property & Casualty Managing General Agent |
| <input type="checkbox"/> Accident and Health or Sickness Producer | <input type="checkbox"/> Casualty Producer | <input type="checkbox"/> Bail Bond Agent | <input type="checkbox"/> Life Managing General Agent |
| <input type="checkbox"/> Variable Life and Variable Annuity Products Producer | <input type="checkbox"/> Personal Lines Producer | <input type="checkbox"/> Surplus Lines Broker | <input type="checkbox"/> Accident and Health or Sickness Managing General Agent |
| CRD # _____ | | | |
| <input type="checkbox"/> Credit Insurance Producer | <input type="checkbox"/> Travel Accident Ticket and Baggage Insurance Producer | <input type="checkbox"/> Mexican Insurance Surplus Lines Broker | <input type="checkbox"/> Risk Management Consultant |
| <input type="checkbox"/> Other limited line (see instructions): _____ | | | |

{ ← HERE, ALIGN TOP OF CHECK OR MONEY ORDER AND STAPLE ON LEFT SIDE (REMEMBER TO REMOVE ANY STUBS FROM PAYMENT)}

SECTION III: PERSONAL INFORMATION

A. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		B. Date of Birth: MM DD YYYY / / /	
C. Social Security Number [required by ARS § 25-320(N)]:			E. Home Area Code and Phone Number:
D. Physical Street Address of Applicant's Home (required)		City	State Zip Code

SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

_____ exam passed on ____/____/____ _____ exam passed on ____/____/____	License #: _____ Expires: ____/____/____ Issued: ____/____/____	TF#: _____ <input type="checkbox"/> 56 Quad Other (120) <input type="checkbox"/> 58 Quad SLB (1000) <input type="checkbox"/> 18 Half SLB (500) <input type="checkbox"/> 66 Fingerprint (24.00 X _____)	
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SECTION IV: INSURANCE LICENSE HISTORY Are you presently, or have you ever been, licensed to transact any kind of insurance in this state or elsewhere? **Yes**, **No** If "Yes," attach a list of the insurance licenses you held and, for each, the license number, the line(s) of insurance on the license, the state or locality that issued the license, the date the license was issued and the date the license expired/expires.

SECTION V: ADDITIONAL INFORMATION Carefully read and respond to each of the following questions. **You should provide a "YES" answer even if you believe an incident has been cleared from your record.** Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application. **NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see paragraph 13 in the instructions.**

A. Have you EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you EVER withdrawn an application for a license or certification to avoid its denial, or have you EVER surrendered a license or certification to avoid disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you EVER been found guilty of, have you had a judgment made against you for, or have you admitted to, any of the following:	
1. A felony (of any kind)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Forging another's name to any document related to an insurance transaction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Withholding, misappropriating, converting or stealing money or property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Committing an insurance unfair trade practice or fraud?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Transacting, or helping someone else transact, insurance without the required license authority?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is any case currently pending against you in any jurisdiction accusing you of any issue listed in Question C?:	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. <i>If you are not applying for a bail bond agent license, answer "Not applicable."</i>	
<i>Otherwise, if you are applying for a bail bond agent license, have you EVER been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor) that involved carrying, illegally using or possessing a deadly weapon or dangerous instrument?</i>	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION VI: EMPLOYMENT HISTORY List your employment history (and periods of unemployment or education) and insurance-related experience for the past ten years. If more space is required, attach and sign a separate sheet containing the information.

Employer Name	Position Held	City/State	EMPLOYMENT DATES FROM (mm/yy) TO (mm/yy)

SECTION VII: AUTHORIZATION AND RELEASE By signing and submitting this application, you agree to the following.

- o You authorize the Arizona Department of Insurance ("DEPARTMENT") to conduct a background investigation to determine your fitness for an insurance license. You agree to promptly respond to questions that may arise from the investigation.
- o You authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information about you to furnish the DEPARTMENT with any such information and you permit the DEPARTMENT, its employees, agents or representatives, and your authorized insurers, to inspect and make copies of such documents, records and other information.
- o You release, discharge and exonerate the DEPARTMENT, its employees, agents and representatives, the State of Arizona, your authorized insurers, and any person furnishing information pursuant to this Authorization and Release from any and all liability that may arise from the investigation made by the DEPARTMENT.
- o You attest that you have read and understand the foregoing. You certify, under penalty of denial, suspension or revocation of the license and under any other penalties that may apply that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of your knowledge and belief.

Full Signature of Applicant

INSTRUCTIONS FOR FORM L-169

This set of application and instructions may be used for applications received by the Department between July 1, 2008, and June 30, 2009. If submitting an application after June 30, 2009, please obtain the current application from the Insurance Licensing Section web site (www.id.state.az.us), or by calling the Insurance Licensing Section (Phoenix area: 602.364.4457; Statewide outside the Phoenix area: 877.660.0964).

KEEP THESE INSTRUCTIONS -- Do not return them with your license application

1. **Carefully read all instructions** before completing your application. **Incomplete applications will be returned and will delay processing.** To obtain additional assistance,
 - **visit our web site** at www.id.state.az.us (*which is generally the fastest way to obtain information or forms*), or
 - **send e-mail** to licensing@azinsurance.gov
 - **call the Insurance Licensing Section** at 602-364-4457 (or 877-660-0964 toll-free within Arizona but outside the Phoenix Area).
2. **Clearly print or type in ink all information** to avoid the return of the application.
3. **Fees.** You are required to pay a NON-REFUNDABLE fee [ARS § 20-167(B)] made payable to **INSURANCE LICENSING SECTION**. Fees for applications received before June 30, 2009, are as follows:
 - **LICENSE FEE** (For all lines other than Surplus Lines): \$120.00 for one or more lines of authority (*meaning \$120 in total, regardless of the number of non-surplus lines broker lines of authority for which you are applying*). The same fee is required to add non-surplus-lines authority to an existing license. The added authority expires on the same date as the existing authority. Fees are not prorated per ARS § 20-167(B).
 - **SURPLUS LINES LICENSE AUTHORITY:** The fee for authority as a Surplus Lines Broker or Mexican Insurance Surplus Lines Broker is:
 - \$500.00 to add the authority to an existing Arizona insurance license that has a remaining term of two years or less; or
 - \$1,000.00 to add the authority to an Arizona insurance license that has more than two years remaining in its term, or as part of a newly issued Arizona insurance license.
 - Surplus Lines Broker authority and Mexican Insurance Surplus Lines Broker authority expire on the same date as other authority on an Arizona insurance producer license.
 - **IF APPLYING FOR BOTH, SURPLUS LINES AUTHORITY AND OTHER AUTHORITY**, you must pay both, the fee for the surplus lines authority and the fee for the other authority.
 - **FINGERPRINT PROCESSING FEE:** If you are required to submit a fingerprint card as part of your license application (see Paragraph 5, "Fingerprint Requirements," for details), you must include **\$24.00** (subject to change) per ARS § 41-1750 for the FBI fingerprint card-processing fee. The FBI fee is not related to the amount you may have to pay to have your fingerprints applied to a fingerprint card.
4. **Examination Requirements.** You may be required to pass an examination administered by Prometric before submitting your license application. For examination information, access Prometric's Internet web site at www.prometric.com, or contact Prometric at 800.853.5448, or, for individuals using a Telecommunications Device for the Deaf (TDD), 800.790.3926. You can contact Prometric in writing at the following address:

Prometric, 1360 Energy Park Drive, Second Floor, St. Paul, MN 55108-5252

Attach the examination score report as the first page of your application packet.
5. **Fingerprint Requirements.** If you are an Arizona resident or if you are an adjuster who does not hold a resident license in another state, you must include a fingerprint card with your application if you have not submitted a fingerprint card to the Arizona Department of Insurance within the past year. Licensees adding authority to an existing insurance license are not required to submit fingerprints.

Your fingerprints must be rolled on the card by a professional fingerprinting service. We recommend that you have Prometric roll your fingerprints because of the consistent quality of their service. If your fingerprints are determined not readable by the Department of Public Safety, you will be required to submit a replacement card.
6. **Nonresident Applicants.** The Department of Insurance will determine your license status by checking the Producer Database, maintained by the National Insurance Producer Registry. If we cannot verify your license status, you may need to submit a letter of certification from your home state.

If you are a nonresident applying for limited-line license authority that is not shown in SECTION II of the application, write the line of authority on the line entitled, "Other limited line." You must be licensed in good standing in your home state for the limited line of authority.

INSTRUCTIONS FOR FORM L-169

Continued from the reverse

7. **Relocating to Arizona.** If you are a resident licensee of another state and wish to relocate your resident license to Arizona, you will not be required to pass a pre-license examination if your license application, completed fingerprint card and fee payment, accompanied by a "clearance letter¹," are received by the Department within 90 days after the cancellation of your license in your former state of residence.
8. **Adjusters.** All adjusters (resident and nonresident) must pass the Arizona adjuster examination [ARS § 20-321.01(C)(3)]. Resident adjusters and nonresident adjusters who do not hold a resident adjusters license in their home state will be required to submit a completed fingerprint card. Non-resident adjuster applicants must complete Form ADJ.ADDENDUM.
9. **Bail Bond Agents.** You must include a surety bond executed on Form L-195 in the sum of \$10,000, which must be accompanied by the surety's power of attorney. Pursuant to ARS § 20-340.03(A)(9), bail bond agents may not employ or assist in the employment of any person who has been convicted in any jurisdiction of theft or of any felony or any crime involving carrying or the possession of a deadly weapon or dangerous instrument.
10. **Managing General Agents.** Have Form L-107 completed by an authorized official of the insurance company with which you have a contract and submit the form with your application. You must submit surety bond executed on Form L-106, or cash, a certificate of deposit, or securities eligible for investment pursuant to Title 20, Ch. 3., Art. 1 and 2, for the amount calculated on Form L-107.
11. **Risk Management Consultants.** Include written authorization from the political subdivision (city/town/county) with which you are employed.
12. **Variable Contracts Agents.** Arizona residents (as well as residents from CO, FL, IN, MI, NC, TX, WA and WI) must include evidence that the applicant is licensed as a registered representative or principal in good standing with the Financial Industry Regulatory Authority (FINRA). (formerly NASD) To provide this evidence, submit a printout from www.finra.org showing you are actively registered with a broker/dealer. ARS § 20-2662(A)
13. **If you answered "YES" to one or more of the questions in Section V,** you must include
 - a. a SIGNED statement describing in detail all incidents including
 - names of all parties involved,
 - dates and locations,
 - the names and localities of any courts and/or administrative agencies involved,
 - the disposition of each matter,
 - whether the conviction, plea or finding was for a felony or open-ended charge; **AND**
 - b. Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. If certified copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.
14. **Assumed Name (or DBA).** While conducting insurance business, you are required *by law* to use your legal name (as shown on your license) unless you are granted permission by the Insurance Department to use another name. To use an assumed name, submit Form L-193. Register the name as a "trade name" with the Arizona Secretary of State's Office (www.azsos.gov, or 602-542-6187) to prevent the name from being claimed by others (and relinquished by you). The Department may deny the use of an assumed business name if the name is being used by another licensee, or if the name could mislead or deceive the public as to the nature of the business that is to be transacted.

**PLEASE SEND YOUR COMPLETED APPLICATION MATERIALS AND FEES TO THE FOLLOWING ADDRESS:
Insurance Licensing Section, 2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269**

QUESTIONS? Before calling the Department of Insurance, please see if the answer to your question can be found in the "Resources for PRODUCERS" section of the Department of Insurance Internet web site, at <http://www.id.state.az.us>

Questions that are not addressed on our Internet web site may be directed to the **Insurance Licensing Section:**

- **e-mail:** licensing@azinsurance.gov
- **fax:** 602.364.4460
- **phone:** 602.364.4457 (or 877.660.0964 for in-state toll-free calls)

THE DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990. *Persons with disabilities may request reasonable accommodation by contacting the Department of Insurance ADA Coordinator, at 602.364.3471.*

¹ "Clearance letter" means a document executed by an official from the insurance department in your former state of residence that demonstrates you were licensed in good standing at the time you canceled the license in your former state.