

For Department Use Only
License # _____
Passed Exam Date _____
Effective Date _____
WS # _____

State of California Individual Application For Insurance License (Type or print clearly)

For Department Use Only		
Ready to Issue	YES	NO
Work Auth. Exp. Date	N/A	Date / /
Pending DBA Approval	NO	YES
Refer to LBB	NO	YES

① **APPLICATION TYPE:** PERMANENT CERTIFICATE OF CONVENIENCE

② **LICENSE TYPE:** (check only one please)

<input type="checkbox"/> Life Agent (LX)	<input type="checkbox"/> Communications Equipment Agent(CV)
<input type="checkbox"/> Fire & Casualty Broker-Agent (FX)	<input type="checkbox"/> Rental Car Agent (RC)
<input type="checkbox"/> Personal Lines Broker-Agent (PL)	<input type="checkbox"/> Life & Disability Analyst (LA)
<input type="checkbox"/> Credit Insurance (CI)	<input type="checkbox"/> Surplus Line Broker (SL)
<input type="checkbox"/> Part Time Fraternal (PF)	<input type="checkbox"/> Special Lines' Surplus Line Broker (SP)
<input type="checkbox"/> Travel Agent (TA)	<input type="checkbox"/> Motor Club Agent (MC)
	<input type="checkbox"/> Cargo Shipper's Agent (CS)

Work Station Stamp

③ Social Security Number (SSN)*

_____ - _____ - _____

④ Last Name	First Name	Full Middle Name	Suffix	⑤ <input type="checkbox"/> Male <input type="checkbox"/> Female	⑥ Date of Birth (month/day/year)
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⑦ Resident Address (P.O. Box not acceptable)	⑧ City	⑨ State	⑩ Zip Code
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⑪ Home Phone Number () -	⑫ Are you a citizen of the United States? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, you must supply a copy of both sides of your work authorization)	⑬ Are you affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No
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⑭ Business Address (P.O. Box not acceptable.)	⑮ City	⑯ State	⑰ Zip Code
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⑱ Business Phone Number () -	⑲ Business Fax Number () -	⑳ E-mail Address (required to self schedule)	㉑ Business Web Site Address
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㉒ Mailing Address (P. O. Box is acceptable)	㉓ City	㉔ State	㉕ Zip Code
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②⑥

SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION
(In Compliance with The Americans with Disabilities Act)

Do you have a disability/impairment for which you may need assistance during the written examination(s)? Yes No

If Yes, you are required to submit documentation from the medical authority or learning institution that rendered the diagnosis. Verification must be submitted, with the application on the letterhead of the authority or specialist, and include the following:

- Description of the disability and limitations related to the testing
- Recommended accommodation/modification
- Name, title, and telephone number of the medical authority or specialist
- Original Signature of the medical authority or specialist
- Professional license or certification number of the medical authority or specialist

②⑦ **EXAMINATION INFORMATION:**

Do you wish to self schedule your examination on line Yes No (If No, please complete the exam questions below)
(If Yes, you will be notified by the department with instructions once your application has been processed)

Desired Location ___ (LA) Los Angeles, (SD) San Diego, (SF) San Francisco, (SA) Sacramento, (CL) Clovis (usually the second and fourth Saturday).
a.m. ____

Desired Date _____ p.m. ____ If we are unable to provide you with the date selected, you will be scheduled the next available date.

List any dates that you are not available: _____

*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).

28 EMPLOYMENT HISTORY
 Account for all time for the past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.

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

29 DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN INSURANCE LICENSE AS A RESIDENT IN THIS STATE OR ANY OTHER STATE?..... Yes No

Type of License	State or Province	Date License Held	Is License in Force

30 AKA/ALIAS
 Are you now using or have you ever used any name other than shown?..... Yes No
 If yes, list names, dates and reason(s) used:

Last	First	Middle	Suffix	Dates Used	Reason Used

31 FICTITIOUS NAMES:
 Do you intend to use a fictitious (DBA) name? Yes No
 If yes, list the name: (This name must be approved by the Department prior to use.) _____

32 LIFE AGENT/PART TIME FRATERNAL LICENSE APPLICANTS ONLY:
 Are you intending to act as a Variable Contract Agent?..... Yes No
 Are you registered with SECO or NASD? Yes No
 CRD# _____ If CRD# is not provided, acceptable proof of registration must be attached before the authority may be granted. If acceptable proof is not submitted, license may be issued without Variable Contract authority.

33 LIFE AGENT LICENSE APPLICANTS ONLY:
 Do you intend to limit your activity to the sale of funeral and burial expense policies in accordance with Section 1749.01 of the California Insurance Code? Yes No

34 PRELICENSING CERTIFICATES:
 Have you previously submitted any prelicensing certificates for this license type with the California Department of Insurance?..... Yes No
 If your answer is yes, give date submitted

Background Information

35 The Applicant must read the following very carefully and answer every question:

1. Have you ever been convicted (please read definition of crime below before answering) 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 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, having had any charge dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine.

Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to conduct business of insurance without the Commissioner's written consent. If you have been convicted of a felony involving dishonesty or a breach of trust then you must attach a copy of this consent. **If you have not obtained this written consent you must do so prior to filing your application.**

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

- a) a written statement, with original signature, 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 conviction, resolution of the charges or any final judgment.

Yes No

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?

“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 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 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, with original signature, 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 any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes No

If you answer yes, submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you 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): _____

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, with original signature, summarizing the details of each incident,
- b) a copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and
- c) a 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 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, with original signature, 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 any relevant documents.

36 APPLICANT'S CERTIFICATION:

I CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ THE FOREGOING APPLICATION AND KNOW THE CONTENTS THEREOF AND THAT EACH STATEMENT THEREIN MADE IS FULL, TRUE AND CORRECT. I UNDERSTAND THAT PURSUANT TO SECTIONS 1668(h) AND 1738 OF THE INSURANCE CODE, ANY FALSE STATEMENT MAY SUBJECT MY APPLICATION TO DENIAL AND MAY SUBJECT MY LICENSE(S) TO SUSPENSION OR REVOCATION. FURTHER, PURSUANT TO INSURANCE CODE SECTIONS 1703 AND 1733, I AUTHORIZE DISCLOSURE TO THE INSURANCE COMMISSIONER OF ALL FINANCIAL INSTITUTION RECORDS OF ANY FIDUCIARY ACCOUNTS FOR THE DURATION OF THIS LICENSE.

ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.

* APPLICANTS SIGNATURE: _____ * CITY _____ * DATE _____

ACTION NOTICE OF APPOINTMENT**

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code
Filing fees required for each appointment submitted.

Applicants Name _____ SSN* _____

Appointment Types:

FX: Fire and Casualty LX: Life LI: Life Limited to pre-need (must submit Certificate of Exemption form 427-10)
TA: Travel DO: Disability Only PF: Part Time Fraternal MC: Motor Club PL: Personal Lines
CI: Credit Insurance

Insurer Name: _____

FEIN: _____ NAIC# _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name Official Title Date
Phone Number (____) _____

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name Official Title Date
Phone Number (____) _____

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____ Appointment Type _____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name Official Title Date
Phone Number (____) _____

Please note: If additional appointments are needed, you may reprint this page or use Form 447-54A. **Form #447-54A**

*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).

**If this appointment form is completed by the business entity, Form 411-8A is not required unless you have additional affiliations then from 411-8A must be completed.

Applicants Name _____ SSN* _____

AGENCY OR BUSINESS ENTITY AFFILIATION

If this appointment form is completed by the business entity, Form 411-8A is not required unless you have additional affiliations then from 411-8A must be completed.
If completed, filing fee required.

Business Entity Endorsement: Complete only if the applicant is to exercise powers of the business entity pursuant to Sections 1627 & 1647 of the Insurance Code.

FEIN # _____ License # _____ Name of Business Entity _____

Affiliation Type LX _____ FX _____ PI _____ CI _____

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date of filing this notice, the organization hereby appoints and agrees to employ the person named to exercise the agency or brokerage powers of the organization.

Signature of Officer/Partner _____ Title _____ Date _____ **Form #411-8A**

SOLICITOR AFFILIATION

If this appointment form is completed by the sponsoring insurance agent or broker, Form 417-31 is not required.
If completed, filing fee required.

For Fire and Casualty Solicitor Authority: Complete only if applicant will act as a solicitor pursuant to Sections 1704 & 1707 Insurance Code.

Individual Business Entity

Name of appointing broker/agent _____ SSN*/FEIN # _____ License # _____

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date of filing this notice, the designated broker-agent hereby appoints and agrees to employ the person herein to act as my solicitor with the State of California.

Signature of Employer _____ Date _____
Give title, if business entity

Form #417-31

SURPLUS LINE AND/OR SPECIAL LINES' SURPLUS LINE APPLICANTS ONLY

- A. List names of all insurers not admitted to California with whom arrangements have been made to accept or who are considering the acceptance of surplus line business offered by you:

- B. Notification of your filing for a Surplus Line Brokers' license will be forwarded to the Surplus Line Association of California, who will notify you as to their filing rules (California Code of Regulations, Title 10, Section 2172)

SURPLUS LINE OR SPECIAL LINES' BUSINESS ENTITY ENDORSEMENT AUTHORIZATION

To endorse the named applicant to transact under the authority of a business entity's license, the following must be completed by an Officer of a Corporation or Association, or a General Partner of a Partnership. (UNLICENSED BUSINESS ENTITY – Application Form 441-11A must also be attached.)

APPLICANT'S NAME _____ RELATIONSHIP _____

BUSINESS ENTITY NAME _____ LICENSE NUMBER _____

As authorized by the named business entity, I certify or declare that the statements made in this application are true and correct, and request the named applicant be endorsed to transact under the authority of the business entity's license.

Signature of Officer or Partner _____ Official Title _____

Date: _____ City _____ State _____ Phone # (_____) _____