

LOUISIANA DEPARTMENT OF INSURANCE APPLICATION FOR INDIVIDUAL NAVIGATOR LICENSE

Read the application carefully and PRINT or TYPE your responses. Incomplete applications will cause delays in the licensing process. No fee is required for this license.

Submit application to Louisiana Department of Insurance PO Box 94214 Baton Rouge, LA 70804. Application can also be scanned and submitted via e-mail to producerlicensing@ldi.la.gov.

Demographic Information					
① Soc. Security Number - - - - -	② Date of Birth (month) ___ (day) ___ (year) ___	③ HHS Certification #			
④ Last Name JR./SR. etc		⑤ First Name		⑥ Full Middle Name	
⑦ Residence/Home Address (Physical Street)		⑧ City	⑨ State	⑩ Zip Code	⑪ Foreign Country
⑫ Home Phone Number () -	⑬ Gender (Circle One) Male Female	⑭ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)			
Individual Applicant Email Address:					
⑮ Business Address (Physical Street)		⑯ P.O. Box	⑰ City	⑱ State	⑲ Zip Code
⑲ Zip Code		⑳ Foreign Country			
⑳ Business Phone Number (include extension) () -	㉑ Business Fax Number () -	㉒ Business E-Mail Address		㉓ Business Web Site Address	
㉔ Applicant's Mailing Address		㉕ P.O. Box	㉖ City	㉗ State	㉘ Zip Code
㉘ Zip Code		㉙ Foreign Country			
Navigator Entity Affiliation					
㉚ Identify the Navigator Entity to which you are affiliated.					
FEIN _____ Name of Entity _____					
Employment History					
㉛ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.					
		From Month	Year	To Month	Year
				Position Held	
Name					
City	State	Foreign Country			
Name					
City	State	Foreign Country			
Name					
City	State	Foreign Country			
Name					
City	State	Foreign Country			
FOR DEPARTMENT OF INSURANCE USE ONLY					
Date Processed					
Initials					
License Number					
Issue Date					

APPLICANT NAME _____

Background Information

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

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you 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), 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 a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you 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. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you 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 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. Have you ever been named or involved as a party in an administrative proceeding, including 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 prohibition order, a compliance order, placed on probation, sanctioned 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, or registration. “Involved” also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 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 you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies, 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 arrangement for repayment, and/or type and location of bankruptcy.

4. Have you 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, arbitrations or mediation 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 or arbitration, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

APPLICANT NAME _____

34 Background Information continued

6. Do you have a child support obligation in arrearage? Yes _____ No _____
- If you answer yes,
- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes _____ No _____
- c) are you the subject of a child support related subpoena/warrant? Yes _____ No _____
- (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Applicants Certification and Attestation

35 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information 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 will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. 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).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Additional Instructions

35

REQUIRED ATTACHMENTS

As a requirement of licensure, an individual applying for a navigator license must have completed all required training and education prescribed by any office or agency of the federal government or by an exchange. Proof of completion of all required training must attached to this application.

FINGERPRINT REQUIREMENTS

*All navigator applicants are required to be fingerprinted and a criminal background check performed as part of the license application requirements. Fingerprints must be done at a Prometric test center in Louisiana using "live scan" technology which digitally captures and transmits the fingerprints. Test center locations in Louisiana may be found by going to www.prometric.com/louisiana/insurance and selecting "Get Started" or you may call 800-871-6457 for location information. Appointments for fingerprinting are required (no walk-in's). The fingerprinting fee will be collected by Prometric at the time the appointment is scheduled.