

APPLICATION FOR INDIVIDUAL RESIDENT TEMPORARY LIFE-ONLY INSURANCE PRODUCER LICENSE

Read the application carefully and PRINT or TYPE your responses. Incomplete applications will cause delays in the licensing process. Applications for temporary licenses must be mailed directly to the Louisiana Department of Insurance, PO Box 94214, Baton Rouge, LA 70814

PART 1 – TO BE COMPLETED BY THE APPLICANT – PLEASE PRINT CLEARLY OR TYPE

① Soc. Security Number - - -			② If assigned, National Producer Number (NPN)				
③ If applicable, NASD Individual Central Registration Depository (CRD) Number			④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>				
⑤ Last Name JR./SR. etc		⑥ First Name		⑦ Full Middle Name	⑧ Date of Birth (month) ____ (day) ____ (year) ____		
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City		⑫ State	⑬ Zip Code	⑭ Foreign Country
⑮ Home Phone Number () -		⑯ Gender (Circle One) Male Female	⑰ 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, you must supply work authorization.)				
⑱ Business Entity Name							
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City		㉒ State	㉓ Zip Code	㉔ Foreign Country
㉕ Business Phone Number () -		㉖ Business Fax Number () -		㉗ Business E-Mail Address		㉘ Business Web Site Address	
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City		㉜ State	㉝ Zip Code	㉞ Foreign Country
㉟ a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business. b. List any trade names under which you are currently doing business or intend to do business.							
Agency or Business Entity Affiliations							
㊱ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)							
FEIN _____		NPN _____	Name of Agency _____				
FEIN _____		NPN _____	Name of Agency _____				
FEIN _____		NPN _____	Name of Agency _____				
Employment History							
㊲ 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					
FISCAL DIVISION ONLY		AGENT LICENSING ONLY			FOR DEPARTMENT OF INSURANCE USE ONLY		
					Classification Number		
					Date Processed		
					Initials		
					License Number		
					Issue Date		

Background Information

38) 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. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and 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, or having been given probation, a suspended sentence or a fine.

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

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

2. Have you ever been named or involved in an administrative 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, prohibition 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. Include any business so named because of your actions, in your capacity as an owner, partner, officer, 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 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 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 or arbitration 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 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, or member or manager of 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.

7. Do you have a child support obligation in arrears? Yes ___ No ___

If you answer yes,

a) by how many months are you in arrearage? _____ Months

b) are you currently subject to a 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

39 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 this 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 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. 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 jurisdictions(s) to which I am applying, certified copies of any documentation attached to this application or requested by the jurisdiction(s).

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)

TO BE COMPLETED BY THE SPONSORING PRODUCER

Name of Sponsoring Producer

Louisiana License Number

I understand that as a sponsoring producer, I am deemed responsible for all insurance producer activities of the temporary license. Failure to properly supervise the temporary licensee resulting in the revocation of the temporary license may result in the suspension or revocation of my license.

Original Signature of Sponsoring Producer

Date

Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. The application fee for a temporary life-only producer is \$75. The term of the temporary license is 120 days from date of issuance.
2. You must complete a Louisiana-approved Prelicense education course within 90 days from the issuance of your temporary license and submit proof of completion to the Department within 10 days of course completion or the license will no longer be valid.
3. The application must be accompanied by an appointment by your sponsoring insurer.

RESIDENT TEMPORARY LIFE-ONLY

By appointing a temporary life-only producer, the insurer attests that the appointee is competent and trustworthy to conduct the business of insurance and is not disqualified from holding a license for any reason outlined in RS.22:1554.

Company Number _____

Company Name and Address:

COMMISSIONER OF INSURANCE
 STATE OF LOUISIANA
 P. O. Box 94214
 BATON ROUGE, LOUISIANA 70804-9214

↓	Disapproved Code (DOI Use)	↓	Limited Code	Producer Name			Resident State	Fee
	License Number		EIN or Social Security #	Last	First	Middle		
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

Original Signature of Authorized Representative

Date

FISCAL DIVISION ONLY	PRODUCER LICENSING ONLY	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification	
		Postmark Date	
		Date Processed	
REMARKS:		Initials	

INSTRUCTIONS FOR APPOINTING ALL TYPES OF PRODUCERS

1. When an appointment form is submitted to our department a copy of the disapproved appointments will be returned to your company. **Please enclose a self-addressed, stamped envelope.** (Please make a copy for your records prior to submitting your appointment to our office.)
2. Louisiana no longer sends confirmation of approved appointments. Please check our website at www.lidi.state.la.us. It is updated daily.
3. All insurer information must be completed including the company number.
4. **Fees are not refundable.** A new form and fee must be submitted if the appointment is disapproved.
5. The name listed on the appointment form must be exactly as it appears on the Louisiana license. List last name first in alphabetical order. Do not use abbreviations or nicknames. **INCOMPLETE NAMES WILL BE DISAPPROVED.**
6. When appointing a partnership or corporation, list the name of the partnership or corporation. It is not necessary to appoint each partner, officer or employee registered with the firm, in their individual name.
7. A \$10 penalty fee will be charged for each name listed on the renewal appointment form if filed after March 1.
8. Checks must be made payable to the Louisiana Department of Insurance.

Notice: When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day your payment is received, and you will not receive your check back from your financial institution.

Life, Health and Accident Appointments (1117B)	Property and Casualty Producer Appointments (1170)
If you wish to limit a producer to the lines of insurance listed below, please indicate the limited code in the corresponding column on Form 1117B.	If you wish to limit a producer to the lines of insurance listed below, please indicate the limited code in the corresponding column on Form 1170.
1. Limited to Credit Life	5. Limited to Industrial Fire
2. Limited to Credit Health and Accident	6. Limited to Fidelity and Surety
3. Limited to Credit Life and Credit Health and Accident	7. Limited to Baggage
4. Limited to Travel Health and Accident	8. Agent will write Bail Bonds
	9. Limited to Vehicle Property Damage
	10. Limited to Credit Property
FEES: \$20.00 per producer	FEES: \$20.00 per producer
Variable Annuity Appointments (VA-3)	
The applicant must hold a current Life Appointment with the appointing Insurance Company	
FEES: \$20.00 per producer	

DISAPPROVED CODES			
A	Producer did not renew his/her license	J	Deceased Individual
B	Producer holds a limited license and is not qualified to transact lines of insurance authorized by your company's certificate of authority	K	Revoked License
C	Invalid license number or name and number do not match	L	Suspended License
D	Insufficient Fees – must resubmit with new fees.	M	License Cancelled
E	Duplicate Appointment	N	Moved out of state
F	Producer is not licensed	O	Need letter of certification indicating lines of insurance for which the producer is licensed
G	Producer has a complaint on file	P	Producer does NOT hold a current life appointment to represent the insurance company
H	Producer has a non-sufficient fund check on file (company appointment form may be resubmitted when check is clear)	Q	Invalid company number or company name and number do not match
I	Invalid address and/or Fine imposed	R	See Remarks at bottom of form OR see letter attached to appointment form