



**LOUISIANA DEPARTMENT OF INSURANCE**  
APPLICATION FOR BUSINESS ENTITY INSURANCE PRODUCER,  
CONSULTANT, PUBLIC OR CLAIMS ADJUSTER LICENSE

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION FILE.** Incomplete or improperly submitted application files will result in the application file being disapproved as incomplete and fees forfeited. For fastest processing, the Louisiana Department of Insurance (LDI) recommends electronic application submission through NIPR. Please note that electronic submission is mandated for nonresident applicants. If submitting by paper, only complete applications will be accepted. Applications that are received without the minimum requirements will be disapproved as incomplete. New application forms and fees will be required.

**COMPLETING THE APPLICATION.**

Please type or print legibly. Illegible applications will be disapproved as incomplete. All questions must be answered fully and no fields on the application form should be left blank. If a field does not apply, enter “N/A”. Applications with blank fields will be disapproved as incomplete. Applications for claims adjuster must include the signed Acknowledgement of Claim Adjuster Standard of Conduct.

Verify that all of the background questions have been answered. If you answered “Yes” to any one of the background questions, all relevant documentation must be attached. Applications with “Yes” answers that do not have the required documentation attached to the application will be disapproved as incomplete.

**LINE-SPECIFIC REQUIREMENTS**

Some applications require additional documentation to complete the application package. Please review this section carefully to see if your application requires additional items. Applications submitted without the required documents will be disapproved as incomplete.

**Title**

- Applicants for a title agency producer license must review the license qualifications which are posted to the LDI website. The affidavit attesting to these qualifications must be attached to this application

**Claims Adjuster**

- Applications for claims adjuster must include the signed Acknowledgement of Claim Adjuster Standard of Conduct, which is included in this form packet.

**Public Adjuster**

- Applicants for a public adjuster agency license must include a properly executed surety bond in the amount of \$50,000. The bond form is available on the LDI website.

**Self-Storage**

- 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



**LOUISIANA DEPARTMENT OF INSURANCE**  
**APPLICATION FOR BUSINESS ENTITY INSURANCE PRODUCER,**  
**CONSULTANT, PUBLIC OR CLAIMS ADJUSTER LICENSE**

**LINE-SPECIFIC REQUIREMENTS (continued)**

**Portable Electronics**

- 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

**LICENSE FEES**

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

**Producer Fees**

Life and/or Accident and Health or Sickness	\$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 Accident and Health or Sickness	\$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.



**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: \_\_\_\_\_ 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 <input type="checkbox"/> No <input type="checkbox"/>					
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
⑳ Foreign Country					

**Designated/Responsible Licensed Producer**

㉔ 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**

㉕ 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.	
<input type="checkbox"/> <b>PRODUCER</b>	
<b>Lines of Authority</b>	
<input type="checkbox"/> Life <input type="checkbox"/> Accident and Health or Sickness <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Personal Lines <input type="checkbox"/> Variable Life & Variable Annuities <input type="checkbox"/> Surplus Lines <input type="checkbox"/> Bail Bonds	<input type="checkbox"/> Portable Electronics <input type="checkbox"/> Self-Storage <input type="checkbox"/> Title <input type="checkbox"/> Industrial Fire <input type="checkbox"/> Surety <input type="checkbox"/> Limited Life, Health & Accident <input type="checkbox"/> Credit <input type="checkbox"/> Travel
<input type="checkbox"/> <b>CLAIMS ADJUSTER</b>	
*All applicants for a Claims Adjuster license must read and sign the Acknowledgement of Claim Adjuster Standard of Conduct. This document must be included as part of the application. This document is included as the last two pages of this application packet	
<b>Lines of Authority</b>	
<input type="checkbox"/> Property and Casualty (includes Auto, Personal Lines and Commercial Lines) <input type="checkbox"/> Auto Only <input type="checkbox"/> Personal Lines Only <input type="checkbox"/> Commercial Lines Only <input type="checkbox"/> Crop <input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> <b>CONSULTANT</b>	
<b>Lines of Authority</b>	
<input type="checkbox"/> Life <input type="checkbox"/> Accident and Health or Sickness <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Variable Life and Variable Annuities	
<input type="checkbox"/> <b>PUBLIC ADJUSTER</b>	
No LOA	

Nonresident Reciprocity
<input type="checkbox"/> <b>Nonresidents only:</b> If you <b>DO NOT</b> 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.)

Yes \_\_\_ No \_\_\_

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?

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



## Acknowledgement of Claim Adjuster Standard of Conduct

Upon license issuance and renewal, all Claims Adjusters licensed in Louisiana are required to read and acknowledge the claims adjuster standards of conduct provided in La. R.S. 22:1674.1

---

### La R.S. 22:1674.1. Standards of conduct; acknowledgment required

A. The following standards of conduct shall be binding on all claims adjusters:

- (1) An adjuster shall not have a direct or indirect financial interest in any aspect of the claim, other than the salary, fee, or other consideration established with the insurer.
- (2) An adjuster shall not acquire any interest in salvage of property subject to the contract with the insurer.
- (3) An adjuster shall not solicit employment for, recommend, or otherwise solicit engagement, directly or indirectly, for any attorney at law, contractor, or subcontractor, in connection with any loss or damage for which the adjuster is employed or concerned.
- (4) An adjuster shall not solicit or accept any compensation, directly or indirectly, from, by, or on behalf of any contractor or subcontractor engaged by or on behalf of any insured by which such adjuster has been, is, or will be employed or compensated, directly or indirectly.
- (5) An adjuster shall treat all claimants fairly.
- (6) An adjuster shall not provide favored treatment to any claimant.
- (7) An adjuster shall adjust all claims strictly in accordance with the insurance contract.
- (8) An adjuster shall not approach investigations, adjustments, and settlements in a manner prejudicial to the insured.
- (9) An adjuster shall make truthful and unbiased reports of the facts after completing a thorough investigation.
- (10) An adjuster shall handle every adjustment and settlement with honesty and integrity, without any remuneration to himself except that to which he is legally entitled.
- (11) An adjuster, upon undertaking the handling of a claim, shall act with dispatch and due diligence in achieving a proper disposition of the claim.
- (12) An adjuster shall promptly report to the department any conduct by any licensed insurance representative of this state which violates any provision of this Title or department rule.
- (13) An adjuster shall exercise appropriate care when dealing with elderly claimants.

- (14) An adjuster shall not negotiate or effect settlement directly or indirectly with any third-party claimant represented by an attorney, if the adjuster has knowledge of such representation, except with the consent of the attorney. For purposes of this Paragraph, the term "third-party claimant" does not include the insured or the insured's resident relatives.
- (15) An adjuster may interview any witness, or prospective witness, without the consent of opposing counsel or party. In doing so, however, the adjuster shall scrupulously avoid any suggestion calculated to induce a witness to suppress or deviate from the truth, or in any degree affect the witness's appearance or testimony during deposition or at the trial. If any witness making or giving a signed or recorded statement so requests, the witness shall be given a copy of the statement.
- (16) An adjuster shall not advise a claimant to refrain from seeking legal advice, nor advise against the retention of counsel to protect the claimant's interest.
- (17) An adjuster shall not knowingly make any oral or written misrepresentation or statement in regards to applicable policy provisions, contract conditions, or pertinent state laws.
- (18) An adjuster shall not undertake the adjustment of any claim for which the adjuster is not currently competent and knowledgeable as to the terms and conditions of the insurance coverage, or which otherwise exceeds the adjuster's current expertise.
- (19) An adjuster shall not permit an unlicensed employee or representative of the adjuster to conduct business for which a license is required pursuant to the provisions of this Part.
- (20) No adjuster, while so licensed by the department, may represent or act as a public adjuster.
- (21) No adjuster shall materially misrepresent to an insured or other interested party the terms and coverage of an insurance contract with intent and for the purpose of effecting settlement of a claim for loss or damage or benefit under such contract on less favorable terms than those provided in and contemplated by the insurance contract.
- B. Upon license issuance and license renewal, claims adjusters shall read and acknowledge the claims adjuster standards of conduct provided in this Section, in a manner prescribed by the commissioner.
- C. Violation of any provision of Subsection A of this Section shall be grounds for administrative action against the licensee. In addition to administrative action, a claims adjuster who violates the provisions in Subsection A of this Section shall be deemed to have committed an unfair trade practice pursuant to R.S. 22:1964, and the penalties contained in R.S. 22:1969 may be enforced by the commissioner.
- D. This Section does not create any civil action or create any cause of action not otherwise provided by law.
- 

I acknowledge that I have read the Louisiana claims adjuster standards of conduct.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date