



LOUISIANA DEPARTMENT OF INSURANCE

APPLICATION FOR INDIVIDUAL 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.

Pursuant to Regulation 109, a complete application package must include the following:

1. A completed application form and fees.
2. All documentation deemed necessary to explain any responses in the application form
3. A passing exam score, if required
4. Evidence that fingerprints have been submitted, if 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.

Fingerprint results are valid for 90 days. Applicants submitting a paper application should not submit an application until after they have been fingerprinted. Please visit the LDI website for the most up-to-date instructions on fingerprinting.

Exam scores are valid for one year.

LICENSE FEES

Make checks payable to "Louisiana Department of Insurance".

Producer Fees

All lines EXCEPT Surplus Lines:

- The Producer Initial License Application fee is \$75, regardless of the number of lines requested on the application.
- The fee to amend an existing current license to include new authorities is \$50.
- Surplus lines authority application fee is \$250.

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.



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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 Soc. Security Number - -				② If assigned, National Producer Number (NPN)						
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number										
④ Last Name JR./SR. etc			⑤ First Name			⑥ Full Middle Name		⑦ Date of Birth (month) ___ (day) ___ (year) ___		
⑧ Residence/Home Address (Physical Street)					⑨ City		⑩ State	⑪ Zip Code	⑫ Foreign Country	
⑬ Home Phone Number () -			⑭ Gender (Circle One) Male Female		⑮ 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: _____										
⑯ Business Entity Name										
⑰ Business Address (Physical Street)				⑱ P.O. Box		⑲ City		⑳ State	㉑ Zip Code	㉒ Foreign Country
㉓ Business Phone Number (include extension) () -			㉔ Business Fax Number () -		㉕ Business E-Mail Address			㉖ Business Web Site Address		
㉗ Applicant's Mailing Address				㉘ P.O. Box		㉙ City		㉚ State	㉛ Zip Code	㉜ Foreign Country
㉝ 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. (May be subject to state approval)										
Agency or Business Entity Affiliations										
㉞ 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										
㉞ 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		To			
					Month	Year	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			

APPLICANT NAME _____

Fingerprint Requirement

66 All new resident producers, adjusters, and consultants who become licensed on or after January 1, 2010 are required to be fingerprinted and a criminal background check performed as part of the license application requirements. If you are required to do so, have you been fingerprinted? Yes ____ No ____ N/A ____

Date of printing _____

License Type

67 Select only ONE License type per application; however, you may select more than one line of authority per license type.

***See instruction page for application fees.

PRODUCER

- Lines of Authority (exam required)**
- | | |
|--|--|
| <input type="checkbox"/> Life | <input type="checkbox"/> Surplus Lines |
| <input type="checkbox"/> Accident & Health or Sickness | <input type="checkbox"/> Bail Bonds |
| <input type="checkbox"/> Property | <input type="checkbox"/> Title |
| <input type="checkbox"/> Casualty | <input type="checkbox"/> Industrial Fire |
| <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Surety |
- Lines of Authority (no exam required)**
- | | |
|---|---------------------------------|
| <input type="checkbox"/> Variable Life & Variable Annuities | <input type="checkbox"/> Credit |
| <input type="checkbox"/> Limited Life, Health & Accident | <input type="checkbox"/> Travel |

CLAIMS ADJUSTER

***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.**

- Lines of Authority (exam required)**
- Property and Casualty (includes Auto, Personal Lines and Commercial Lines)
 - Auto Only
 - Personal Lines Only
 - Commercial Lines Only
 - Crop
 - Workers Compensation

CONSULTANT

- Lines of Authority (exam required)**
- Life
 - Accident and Health or Sickness
 - Property
 - Casualty
 - Variable Life and Variable Annuities

PUBLIC ADJUSTER (exam required)

No LOA

Nonresident Reciprocity

Nonresidents only: If you **DO NOT** 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

88 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)

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 ____

N/A ____ Yes ____ No ____

N/A ____ Yes ____ No ____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

Yes ____ No ____

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 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, 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 _____

Background Information continued

6. Have 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, 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 t you from receiving an insurance license, and
- b) copies of all relevant documents.

7. 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.)

Claim Adjuster Applicants Only

39 Applicants for a Claims Adjuster license must answer the following questions. Applicants for other licenses may disregard this section.

- 1. List the number of years that you have adjusted property claims. _____
- 2. List the number of property claims you have adjusted over the past 5 years. _____

Applicants Certification and Attestation

40 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. 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).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)



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

Applicant Name

Date