LOUISIANA DEPARTMENT OF INSURANCE APPLICATION FOR ENTITY 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					
) FEIN				
Business Address (Physical Street) P.O. Box	€ City	6 State	⊘ Zip Code	Foreign Country	
Business Phone Number (include extension) () - Business Fax Number () -	Business E-Mail Addr	ess	12 Business	s Web Site Address	
(3) Applicant's Mailing Address (4) P.O. Box	(5) City	16 State	7 Zip Code	8 Foreign Country	
Na	nvigator Entity Affiliation				
1 Identify at least one Designated/Responsible I		ole for the e	ntity's compli	ance	
Name License #					
	Affiliations				
Please list below all persons employed or associated with the entity that shall act as navigators individually. Changes to list must be reported to the Louisiana Department of Insurance within thirty (30) days. Changes may be submitted using the Change of Record (COR-1) form.					
Name	Individual License#		HHS Ce	rtification #	
		R DEPARTMENT OCCURRENT OCC	NT OF INSURANC	CE USE ONLY	
	Initials				
	License Issue D	Number ate			

LOUISIANA DEPARTMENT OF INSURANCE	ENTITY NAVIGATOR APPLICATION
APPLICANT NAME	

Background Information			
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?	27/4		
You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)	N/A`		
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?		Yesl	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, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	Yes	No	
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):			

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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,
- 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.

Applicants Certification and Attestation

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.
- 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.
- 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 Individual(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
Month/Day/Year
Signature
Printed Name
Title
Title

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