



**COMMONWEALTH OF KENTUCKY
DEPARTMENT OF INSURANCE**

**P. O. Box 517
Frankfort, Kentucky 40602-0517
email: DOI.AgentLicensingMail@ky.gov
<http://insurance.ky.gov>
502-564-6004**

TEMPORARY AGENT LICENSE APPLICATION

(PLEASE PRINT OR TYPE)

Applicant's Full Name _____

KY DOI# or NPN _____ **Personal Phone Number** _____

Personal Email Address _____

Residence / Street Address _____

City, State, Zip Code _____

Business Office Name _____

Business Office Physical Address _____

Name of Supervising Licensed Agent _____ **DOI#** _____

Name of Sponsoring Insurance Company _____

Lines of Authority for Temporary Agent License (select)

Life _____ **Health** _____ **Personal Lines** _____

Property _____ **Casualty** _____ **Crop Agent** _____

Attestation

- I have applied for a regular agent license, and have been approved by the Department of Insurance to schedule the insurance examination(s).
- I have not failed a Kentucky insurance agent examination in the last 12 months.
- I am a resident of Kentucky, and understand I may only conduct insurance business in this state, and under the supervision of a licensed Kentucky agent.

- I will be appointed to represent my sponsoring insurer(s), and if appointment(s) are terminated, my temporary agent license will be terminated, and I may not reapply for temporary license again.
- I understand this license will expire 60 days after Executive Order 2020-257 is lifted, or upon the issuance of the regular agent license.
- I understand a temporary license shall have the same license powers and duties as under a permanent license but shall not be obtained for the sole production of controlled business as defined in KRS 304.9-100, and no sale of insurance of any kind shall be made upon the licensee's own life or the lives of any relative by blood or marriage.
- I understand temporary agent licenses are subject to cancellation or revocation if the temporary licensee violates the insurance laws of this state or if the interests of insureds or the public are endangered.

I hereby attest that, under penalty of perjury, all of the information submitted above 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.

Original Signature of Temporary Agent Applicant

Full Legal Name (please print)

Date

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