



## Uniform Application for Individual Insurance License

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

### 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.

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, 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.

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) 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 a juvenile court.)

1 b. 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 \_\_\_

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

1 c. 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 \_\_\_

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 or registration censured, suspended, revoked, canceled, terminated, restricted; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license or entering into a settlement 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 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, member or manager of a Limited Liability Company or any position that exercises management or control over the business. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal or late filing 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, or have you EVER been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others, which would include, but is not limited to, deposits, insured's premium payments, employee tax withholdings, escrow accounts, or any monies held by you in a capacity for third parties. Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements 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 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, or mediation proceedings and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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

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 or securities broker contract or any other business relationship with an insurance company or securities business 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 arrearage? Yes \_\_\_ No \_\_\_

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you 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 to 7b, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.

8. Have you loaded any supporting documents for these background questions to the NAIC Attachment Warehouse? Yes \_\_\_ No \_\_\_

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**PLEASE MARK LICENSE REQUESTED. EXAM FEE IS \$50 PER EXAM \* Denotes Exam Required for Resident Applicants.**  
**Fee Schedule found at this link: [http://insurance.ky.gov/Documents/feeschedule012617.pdf?Div\\_id=2](http://insurance.ky.gov/Documents/feeschedule012617.pdf?Div_id=2).**

**NOTE: If reinstating a license within one year of termination, an exam is not required.**

|    |  |
|----|--|
| 39 | <input type="checkbox"/> RESIDENT<br><input type="checkbox"/> NON-RESIDENT |
|----|--|

### AGENT MAJOR LINES

|                          |                                    |                          |                 |
|--------------------------|------------------------------------|--------------------------|-----------------|
| <input type="checkbox"/> | *Casualty                          | <input type="checkbox"/> | *Health         |
| <input type="checkbox"/> | *Life                              | <input type="checkbox"/> | *Property       |
| <input type="checkbox"/> | Variable Life and Variable Annuity | <input type="checkbox"/> | *Personal Lines |

### ADJUSTERS

|                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | *Independent Adj. for Property & Casualty | <input type="checkbox"/> | *Public Adj. for Property & Casualty    |
| <input type="checkbox"/> | *Independent Adj. for Workers' Comp       | <input type="checkbox"/> | *Staff Adjuster for Property & Casualty |
| <input type="checkbox"/> | *Independent Adj. for Crop                | <input type="checkbox"/> | *Staff Adjuster for Workers' Comp       |
| <input type="checkbox"/> | Apprentice Adjuster                       | <input type="checkbox"/> | *Staff Adjuster for Crop                |

### AGENT LIMITED LINES

|                          |                                  |                          |                            |
|--------------------------|----------------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | *Crop                            | <input type="checkbox"/> | Travel                     |
| <input type="checkbox"/> | Credit                           | <input type="checkbox"/> | Self-Service Storage Space |
| <input type="checkbox"/> | Rental Vehicle Managing Employee | <input type="checkbox"/> | Temporary Agent            |

### OTHER LICENSES AVAILABLE

|                          |   |                          |                                      |
|--------------------------|---|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Surplus Lines Broker                            | <input type="checkbox"/> | Administrator (TPA)                  |
| <input type="checkbox"/> | Life Settlement Broker w/ Life LOA for one year | <input type="checkbox"/> | *Life Settlement Broker w/o Life LOA |
| <input type="checkbox"/> | Life Settlement Provider                        | <input type="checkbox"/> | Managing General Agent (MGA)         |
| <input type="checkbox"/> | Reinsurance Intermediary Broker                 | <input type="checkbox"/> | Reinsurance Intermediary Manager     |

### CONSULTANT LICENSES

|                          |                           |                          |                                 |
|--------------------------|---------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | *Life & Health Consultant | <input type="checkbox"/> | *Property & Casualty Consultant |
|--------------------------|---------------------------|--------------------------|---------------------------------|

### Applicant's 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. The state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer licensing Database in lieu of requiring an original Letter of Certification from the 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 acknowledge that jurisdiction specific attachments may be required with this application. Incomplete applications are considered deficient and may not be processed.

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Producer Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)