<b>DOI</b> Form 8301; Rev.9/2021			ALTH OF					For Office	Use Only
,				١				Amt. Rec'd	
Check appropriate box								Date Rec'd	
□ Resident License □ New		No.	WI WI						
□ Reinstatement: Yes_	110	OMMONWEA							o
□ Non-Resident License		DEPARTME	NT OF IN D. Box 51		NCE			Cashier:	<del></del>
□ New					0517			Amt. Rec'd	
□ Add Line of Authority □ N/R Home State:								Date Rec'd	<del></del>
https://insurance.ky.gov (PLEASE PRINT OR TYPE)								Tracking No	)
NAIC INDIVIDUAL INSURANCE LICENSE APPLICATION									
(This Form is not for Business Entities Please Use Form 8301-BE)									
		Demogra							
1) Soc. Security Number		② If assign	ned, Nationa	l Producer	r Numbe	er (NPN)			
	1B :: : : B	· (CDD)	<u> </u>	cc1:	. 1		1	// 10	
3 If applicable, FINRA Individual Central Number	al Registration Dep	ository (CRD)	4) Are	you amin Yes	ated With			tion/bank?	
(5) Last Name J	R./SR. etc	6) First Nar	ne	1 68	7 Mid	No Idle Name		8) Date of Birth	
U Last Ivallic	K./SK. etc	U) That Nai	ne		Own	idic ivallic	}	(month) (da	
(9) Residence/Home Address (Physical St	reet)	P.O. Box	(1) City				State	3) Zip Code	Foreign Country
<b>O</b>		y	(5),			٠		9-4	in the state of th
	Gender (Circle One		a Citizen of						
( ) - N	Male Female	Yes	No					u a citizen?) dent of KY, you	must supply proof of
						y to work ii			11 7 1
19 Employers's Business Entity Name									
20 Business Address (Physical Street)	(E	P.O. Box	22 City		23	) State		24 Zip Code	5 Foreign Country
26 Business Phone Number (include 27	Business Fax Num	nber	28) Busines	ss E-Mail	Address			29 Business Wei	o Site Address
extension)	( ) -							<u> </u>	
( ) - (0) Applicant's Mailing Address		P.O. Box	(32) City		33)	State	<b>34)</b> Zip	Code	(35) Foreign Country
					$\Gamma$	•			
36 a. List any other assumed, fictitious, ali	a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.								
b. List any trade names under which yo	ou are currently doit	ng husiness or inter	nd to do busi	ness					
o. Dist any trade names ander which ye	a are carrently don	ig outsiness of inter	ia to ao oasi	ness.					
			4 111						
		Employ	ument Hi	storv					
(37) Account for all time for the past five y	ears. Include full as	employ nd part-time work,			itary ser	vice, unem	oloymei	nt and educationa	l student status.
3 Account for all time for the past five y	ears. Include full a			ment, mili Froi	m	To			
37 Account for all time for the past five y  Name	ears. Include full a			ment, mili		To	oloymer Year		l student status.
	ears. Include full a	nd part-time work,		ment, mili Froi	m	To			
Name		nd part-time work,		ment, mili Froi	m	To			
Name City State Name City State		nd part-time work,		ment, mili Froi	m	To			
Name City State Name	Foreign Co	nd part-time work, untry untry		ment, mili Froi	m	To			

City

State

Foreign Country

## Uniform Application for Individual Insurance License

Applicant Name:

Background Information		
3 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.		
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.)		
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		
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.		
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?  If you answer yes, identify the jurisdiction(s):	Yes No	
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.		

**DOI** Form 8301; Rev. 9/2021 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, Yes \_\_\_ No\_ 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? If you answer yes, you must attach to this application: 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 copies of all relevant documents. 7. Do you have a child support obligation in arrearage? Yes \_\_\_ No\_\_\_ If you answer yes, by how many months are you in arrearage? Months Yes \_\_\_ b) are you subject to a repayment agreement? No Yes are you the subject of a child support releated subpoena/warrant? 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\_

## Uniform Application for Individual Insurance License

PLEASE MARK LICENSE REQUESTED. EXAM FEE IS \$50 PER EXAM \* Denotes Exam Required for Resident Applicants.

Fee Schedule found at this link: <a href="https://insurance.ky.gov/ppc/Documents/FeeSchedule.pdf">https://insurance.ky.gov/ppc/Documents/FeeSchedule.pdf</a>. NOTE: If reinstating a license within one year of termination, an exam is not required.

<u> </u>	o 120 11 tonistating a need		RESIDENT	, <b>u</b> -	. OA						
	AGENT N		NON-RESIDENT R LINES		ADJUSTERS						
	*Casualty		*Health			*Independent Adj. for Property & Casualty		*Public Adj. for Property & Casualty			
	*Life		*Property			*Independent Adj. for Workers' Comp		*Staff Adjuster for Property & Casualty			
	Variable Life and Variable Annuity					*Independent Adj. for Crop		*Staff Adjuster for Workers' Comp			
	☐ Apprentice Adjuster ☐ *Staff Adjuster f										
	AGENT I	LIMIT	ED LINES		OTHER LICENSES AVAILABLE						
Щ	*Crop		Travel	_	☐ Surplus Lines Broker ☐		Administrator (TPA)				
	Credit		Self-Service Storage Space			Life Settlement Broker w/ Life LOA for one year		*Life Settlement Broker w/o Life LOA			
	Rental Vehicle Managing Employee		Temporary Agent								
	Preneed Funeral					Life Settlement Provider		Managing General Agent (MGA)			
						Reinsurance Intermediary Broker		Reinsurance Intermediary Manager			
	CONSULTA		LICENSES								
	*Life & Health Consultant					perty & Casualty Consultan	nt				
1. 2. 3. 4. 5. 6. 7. 8. 9.	information or omitting pertinencivil or criminal penalties. Unless provided otherwise by la each jurisdiction for which this a upon the Commissioner, Director upon myself.  I further certify that I grant pernis made to verify information will further certify that, under penalor c) I have identified my childs I authorize the jurisdictions to whorganization and I release the jurisdictions the jur	w or regrapplication or Supunission to ith any felly of persupport on hich this risdiction and will cations, I I rely on the triffication to the t	rial information in connection was allation of the jurisdiction, I here in is made to be my agent for se erintendent of Insurance, or other the Commissioner, Director or deral, state or local government jury, a) I have no child-support bligation arrearage on this application is made to give any and any person acting on their comply with the insurance laws certify that I am licensed and in electronic verification of an an electronic verification of an an from the resident state.	with this by desirvice of appropriate agency. Obligation information behalf fand reging goods Applicar th I am a	appli gnate proce- priate tende , curr- con, b) tion of ulation trandi int's re-	the Commissioner, Director or Suess regarding all insurance matters party of that jurisdiction is of the ent of Insurance, or other appropriate or former employer, or insurance). I have a child-support obligation concerning me, as permitted by law any and all liability of whatever name in my home state/resident state esident license through the NAIC's ing, certified copies of any docum	action or or apperintence in the ressame legal at a party in the compa and I am who, to any fature by reum applying for the lines state Property attack.	currently in compliance with that obligation in the compliance with that obligation is deeral, state or municipal agency, or any eason of furnishing such information.			
						onth/Day/Year					
	Original Producer Signature  Full Legal Name (Printed or Typed)										