

<b>For Office Use Only</b>	
Amt. Rec'd	_____
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Amt. Rec'd	_____
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Tracking No.	_____
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**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE**

**P. O. Box 517  
Frankfort, Kentucky 40602-0517**

E-mail: [DOI.LicensingMail@ky.gov](mailto:DOI.LicensingMail@ky.gov)  
<https://insurance.ky.gov>  
502-564-6004

(PLEASE PRINT OR TYPE)

**Check appropriate box for license requested.**

- Resident License
  - Reinstatement Yes \_\_\_ No \_\_\_
- Non-Resident License

Identify Home State: \_\_\_\_\_

- New
- Add
- Reinstatement

**BUSINESS ENTITY INSURANCE LICENSE APPLICATION**

<b>1</b> Business Entity Name		<b>2</b> Incorporation/Formation Date		<b>3</b> FEIN	
<b>4</b> If assigned, National Producer Number (NPN)			<b>5</b> If applicable, FINRA Firm Central Registration Depository (CRD) Number		
<b>6</b> List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			<b>7</b> State of Domicile		<b>8</b> Country of Domicile
<b>9</b> Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>10</b> Business Address		<b>11</b> City	<b>12</b> State	<b>13</b> ZIP Code	<b>14</b> Foreign Country
<b>15</b> Phone Number (include ext.) ( ) -		<b>16</b> Fax Number ( ) -	<b>17</b> Business Web Site Address		<b>18</b> Business E-Mail Address
<b>19</b> Mailing Address		<b>20</b> P.O. Box	<b>21</b> City	<b>22</b> State	<b>23</b> ZIP Code
<b>24</b> Foreign Country					

**Designated/Responsible Licensed Producer**

**25** Identify at least one Designated/Responsible Licensed Producer: (See Matrix of State Requirements at [www.licenseregistry.com](http://www.licenseregistry.com) for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

Name _____	SSN _____ - -	NPN _____
Name _____	SSN _____ - -	NPN _____
Name _____	SSN _____ - -	NPN _____
Name _____	SSN _____ - -	NPN _____

**Owners, Partners, Officers and Directors**

**26** Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes / No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes / No

**Background Information**

**27** Please 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.

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 of each incident, and
- c) a copy of the official documents of each incident, which demonstrates the resolution of the charges or any final judgment.

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

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.

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 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 felony? Yes \_\_\_ No \_\_\_

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? Yes \_\_\_ No \_\_\_

If so, was consent granted (attach a copy of 1033 consent approved by home state.) Yes \_\_\_ No \_\_\_

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 currently charged with committing a military offense? Yes \_\_\_ No \_\_\_

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, 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, sanctioned 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. 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, 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, or member or manager if 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, 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.

4. Has the business entity or any owner, partner, officer or director, 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): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director 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,
- 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.

6. Has the business entity or any owner, partner, officer or director, or member or manager of a 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) certified copies of all relevant documents.

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

**TYPE OF LICENSE REQUESTED:**

<b>28</b>	<input type="checkbox"/> <input type="checkbox"/>	<b>RESIDENT</b> <b>NON-RESIDENT</b>	Refer to fee schedule at this link: <a href="https://insurance.ky.gov/ppc/Documents/FeeSchedule.pdf">https://insurance.ky.gov/ppc/Documents/FeeSchedule.pdf</a>
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**AGENT MAJOR LINES**

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

**ADJUSTERS**

<input type="checkbox"/> Independent Adj. for Property & Casualty	<input type="checkbox"/>	<input type="checkbox"/> Public Adj. for Property & Casualty
<input type="checkbox"/> Independent Adj. for Workers' Comp	<input type="checkbox"/>	
<input type="checkbox"/> Independent Adj. for Crop	<input type="checkbox"/>	

**AGENT LIMITED LINES**

<input type="checkbox"/> Crop	<input type="checkbox"/>	<input type="checkbox"/> Travel
<input type="checkbox"/> Credit	<input type="checkbox"/>	<input type="checkbox"/> Rental Vehicle Agent
<input type="checkbox"/> Self-Service Storage Space	<input type="checkbox"/>	<input type="checkbox"/> <b>Preneed Funeral</b>

**OTHER LICENSES AVAILABLE**

<input type="checkbox"/> Surplus Lines Broker	<input type="checkbox"/>	<input type="checkbox"/> Administrator (TPA)
<input type="checkbox"/> Life Settlement Provider	<input type="checkbox"/>	<input type="checkbox"/> Life Settlement Broker
<input type="checkbox"/> Reinsurance Intermediary Broker	<input type="checkbox"/>	<input type="checkbox"/> Managing General Agent (MGA)
<input type="checkbox"/> Reinsurance Intermediary Manager	<input type="checkbox"/>	

**CONSULTANT LICENSES**

<input type="checkbox"/> Life & Health Consultant	<input type="checkbox"/>	<input type="checkbox"/> Property & Casualty Consultant
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**Applicant Certification and Attestation**

**29** 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.
3. 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 give any information they may have concerning the business entity or any individual named in this application, as permitted by law and in the furtherance of the Commissioner's Director's or Superintendent's official duties, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on behalf in the furtherance of official duties from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand that the business entity will 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 the business entity is 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 on behalf of the business entity, certified copies of any documents attached to this application or requested by the jurisdiction(s).
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulations of the state.
10. I acknowledge that jurisdiction specific attachments may be required with this application. Incomplete applications are considered deficient and may not be processed.

**Must be signed by an officer, director, principal, partner of the business entity, or member or manager of a limited liability company:**

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

Signature \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_