

Check appropriate box for license requested:

- Resident License
- Non-Resident License

Identify Home State:

Identify Home State License #:



**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE**

P. O. Box 517

Frankfort, Kentucky 40602-0517

email: DOI.LicensingMail@ky.gov

<https://insurance.ky.gov>

502-564-6004

(PLEASE PRINT OR TYPE)

**BUSINESS ENTITY INSURANCE LICENSE APPLICATION  
PORTABLE ELECTRONICS INSURANCE RETAILER**

**For Office Use Only**

Amt. Rec'd \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Tracking No. \_\_\_\_\_

Cashier: \_\_\_\_\_

Amt. Rec'd \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Tracking No. \_\_\_\_\_

Cashier: \_\_\_\_\_

**Demographic Information**

① Business Entity Name		② Incorporation/Formation Date (MM/DD/YY)		③ FEIN	
④ If assigned, National Producer Number (NPN)		⑤ State of Domicile		⑥ Country of Domicile	
⑦ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.					
⑧ Address of Home Office		⑨ City		⑩ State	⑪ ZIP or Foreign Country
⑫ Business Address (Physical Street)		⑬ City		⑭ State	⑮ ZIP or Foreign Country
⑯ Phone Number (include extension) ( ) -		⑰ Fax Number ( ) -		⑱ Business E-Mail Address	
⑲ Business Website Address					
⑲ Mailing Address		⑳ P.O. Box		㉑ City	㉒ State
				㉓ State	㉔ ZIP or Foreign Country

**Responsible Supervising Entity**

㉕ Identify a Responsible Supervising Entity responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

Name \_\_\_\_\_ Tax ID# \_\_\_\_\_ NAIC/NPN \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Owners, Partners, Officers and Directors**

㉖ If the vendor will derive more than 50 percent of its revenue from the sale of Portable Electronics Insurance, identify all owners with 10 percent (%) interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company.

Name _____	Owner: Yes _____ No _____
Title _____ % of Ownership Interest _____	
Name _____	Owner: Yes _____ No _____
Title _____ % of Ownership Interest _____	
Name _____	Owner: Yes _____ No _____
Title _____ % of Ownership Interest _____	

If the vendor will derive fifty percent or less of its revenue from the sale of Portable Electronics Insurance, identify the employee or officer who has been designated as the person responsible for the vendor complying with Kentucky Revised Statute 304.9-780 through 304.9-784.

Name \_\_\_\_\_ SSN \_\_\_\_\_

Resident Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Background Information**

**27) Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include a signature.**

1. 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, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

“Crime” includes a **misdemeanor, felony** or a **military offense**. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “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 having been given probation, a suspended sentence or a fine.

If you answer yes, 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, or manager or member of a limited liability company, ever been named or involved as a party in an administrative 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 prohibition 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, or member or manager if a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. 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 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 if a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company 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.

Applicant’s Initials \_\_\_\_\_

**Form PEI (rev 2/2022)**  
**Business Entity Insurance License Application**  
**Portable Electronics Insurance Retailer**

**Background Information (continued)**

7. Does the business entity understand they must adhere to all requirements set forth in Kentucky Revised Statute 304.9-780 through 304.9-784? Yes \_\_\_ No \_\_\_
8. Does the business entity understand they must provide training to all employees/endorsees who will be selling portable electronics insurance? Yes \_\_\_ No \_\_\_
9. Does the business entity understand that it must maintain a registry of all locations supervised by the business entity who are authorized to sell or solicit portable electronics insurance in Kentucky and that the registry must be provided to the commissioner upon request? Yes \_\_\_ No \_\_\_

**Locations**

28 Provide the total number of locations in Kentucky: \_\_\_\_\_

**Applicant's 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:**
- 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.
  - 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, Director or Superintendent of Insurance, or other appropriate party 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, Director or Superintendent of Insurance, or other appropriate party 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.
  - 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.
  - 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.
  - For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for Portable Electronics Insurance or if my home state does not license Portable Electronics Insurance, I understand that I am applying for this license under the licensure requirements of a resident Portable Electronics applicant.
  - 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).

**Applicant's Initials** \_\_\_\_\_

**Applicant's Certification and Attestation (continued)**

**Portable electronics retailers may only offer and disseminate portable electronic insurance on behalf of, and under the direction of, a portable electronics insurance supervising entity. If the portable electronics insurance supervising entity ceases to be licensed to transact insurance business in the Commonwealth of Kentucky, the license of the portable electronics retailer will expire and the retailer will no longer be authorized to offer and disseminate portable electronic insurance.**

**Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company who has authority to act on behalf of the business entity:**

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Type of Print Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Address line 1

\_\_\_\_\_  
 Address line 2

\_\_\_\_\_  
 City State ZIP

**Fees**

30 <b>One to Twenty locations in Kentucky</b> <b>\$100 per location</b>	<b>Twenty-One or more locations in Kentucky</b> <b>\$2,500 total</b>
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**Application Attachments**

- 31 The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.
1. For Non-Resident License Applications, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
  2. Application fee.
  3. Any supporting documentation.