

Please check action requested Initial License <input type="checkbox"/> Reinstatement <input type="checkbox"/> Adding Lines <input type="checkbox"/> Name Change <input type="checkbox"/> Adding a DBA <input type="checkbox"/> Adding Branch <input type="checkbox"/>	Washington State Office of the Insurance Commissioner www.insurance.wa.gov Business Entity Insurance License Application Mailing Address: PO Box 40257 Olympia WA 98504-0257 Physical Address: 5000 Capitol Blvd Tumwater, WA 98501 Phone: (360) 725-7144 Fax: (360) 586-2019
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FOR OIC USE ONLY WAOIC #	DATE PROCESSED
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TYPE OF LICENSE			
<input type="checkbox"/> 1. AGENT—Indicate Insurance Lines With the exception of Limited Lines, must be licensed for at least the same lines as Appointing Insurer. <input type="checkbox"/> LIFE Limited Lines <input type="checkbox"/> DISABILITY [] SURETY ONLY <input type="checkbox"/> PROPERTY [] VEHICLE ONLY <input type="checkbox"/> CASUALTY [] TRAVEL [] CREDIT LIFE & DISABILITY [] CREDIT CASUALTY [] TITLE	<input type="checkbox"/> 2. BROKER ----Indicate Insurance Lines-- <input type="checkbox"/> PROPERTY-CASUALTY <input type="checkbox"/> LIFE & DISABILITY <input type="checkbox"/> LIFE-DISABILITY-PROPERTY-CASUALTY	<input type="checkbox"/> 3. SURPLUS LINE BROKER <input type="checkbox"/> 4. ADJUSTER <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> PUBLIC <input type="checkbox"/> 5. GENERAL AGENT (Resident Only)	Legal Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Sole Proprietorship (Firm) <input type="checkbox"/> Partnership

1 Business Entity Name Previous Name if Name Change or Merger (Note: We do not automatically cancel the old license)	2 Incorporation/Formation Date (month) ___ (day) ___ (year) ____	3 FEIN
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4 Assumed Name ("Doing Business As" Name, If Applicable)	5 If Entity is a firm, partnership or using an assumed name, the name must be properly registered with the Washington State Department of Licensing. For further information, please call (360) 664-1400 or visit www.dol.wa.gov .
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6 Business Address (Location must be licensed to transact business in WA)	7 City	8 State	9 Zip or Foreign Country
10 Phone Number () - () - ()	11 Fax Number () - () - ()	12 Business Web Site Address	13 Business E-Mail Address
14 Branch Office Address (Applies <u>only</u> to locations within the same state transacting WA business)	15 City	16 State	17 Zip
18 Branch Office Address (Applies <u>only</u> to locations within the same state transacting WA business)	19 City	20 State	21 Zip

Background Information

22 Please read the following very carefully and answer every question. All documents must be photocopies or original certified copies. All written statements submitted by the Applicant must include an original signature.	
1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with committing a crime, whether or not adjudication was withheld?	Yes ___ No ___
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor 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 <u>all</u> of the following to this application: a) a written statement explaining the circumstances of each incident, b) a photocopy of the certified charging document, and c) a photocopy of the certified 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 ever been involved in an administrative proceeding regarding any professional or occupational license?	Yes ___ No ___
"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, 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 <u>all</u> of the following to this application: a) a written statement identifying the type of license and explaining the circumstances of each incident, b) a photocopy of the certified Notice of Hearing or other document that states the charges and allegations, and c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.	
3. Has any complaint been filed against this entity with any Insurance Department? If you answer yes, you must attach to this application a written statement explaining the circumstances of each incident.	Yes ___ No ___

4. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer? If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	Yes ___ No ___
5. Has the business entity or any owner, partner, officer or director 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? If you answer yes, identify the jurisdiction(s):	Yes ___ No ___
6. 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 <u>all</u> of the following to this application:	
a) a written statement summarizing the details of each incident, b) a photocopy of the certified Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a photocopy of the certified official document which demonstrates the resolution of the charges or any final judgment.	
7. Has the business entity or any owner, partner, officer or director 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 <u>all</u> of the following 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.	

Applicant's Attestation and Signature

23) The undersigned owner, partner, officer or director of the business entity 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 to civil or criminal penalties.
2.	Where required by law, the business entity hereby designates the Washington Insurance Commissioner to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner is of the same legal force and validity as personal service upon the business entity.
3.	The business entity 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.	I authorize the jurisdictions to give any information they may have concerning me 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.
5.	I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

Required Attachments and Additional Information

24) The following documents must accompany the application; otherwise, it will be considered incomplete and will not be processed.	
Notices of Appointment are due at time of application, unless the notice is going to be submitted electronically through NIPR within thirty (30) calendar days of the acceptance of the first piece of business submitted by the agent to the insurer.	
1.	Initial Resident Corporation, LLC or LLP License —Copies of approved Articles of Incorporation, *Appointment(s), Affiliation(s), and appropriate fees. You must be <u>appointed</u> by at least one WA-licensed insurer, <u>and affiliate</u> at least one WA-licensed individual for at least the same lines of insurance.
2.	DBA —If using a DBA, registration with the WA Dept. of Licensing is required. Please call (360) 664-1400 or visit www.dol.wa.gov for more information.
3.	Initial Resident Partnership or Sole Proprietorship —Registration with the WA Dept of Licensing, *Appointment(s), Affiliation(s) and appropriate fees. You must be <u>appointed</u> by at least one WA-licensed insurer, <u>and affiliate</u> at least one WA-licensed individual for at least the same lines of insurance.
4.	Initial Non-Resident Corporate, LLC or LLP License —Copies of approved Articles of Incorporation, *Appointment(s), Affiliation(s) and appropriate fees. You must be <u>appointed</u> by at least one WA-licensed insurer, <u>and affiliate</u> at least one WA-licensed individual for at least the same lines of insurance.
5.	Initial Non-Resident Partnership or Sole Proprietorship —Registration with WA Dept. of Licensing, *Appointment(s), Affiliation(s) and appropriate fees. You must be <u>appointed</u> by at least one WA-licensed insurer, <u>and affiliate</u> at least one WA-licensed individual for at least the same lines of insurance.
6.	Brokers —Bonding is required for Resident, Non-Resident, and Surplus Line brokers. <u>You must affiliate at least one WA-licensed individual broker.</u>
7.	Reinstatement Resident Entity —Refer to #1, #2 and #3. 7b. Reinstatement Non-Resident Entity —Refer to #3, #4 or #5.
8.	Name Change or Merger —Amended Articles of Incorporation and a \$5 fee. We do not automatically cancel the old license—you must request this.
9.	Adding Lines —You must be *appointed by a WA-licensed insurer for the additional lines. There is no additional fee due.
10.	Branch Addition —List additional locations within the same state as the main office and include appropriate fees. <u>There must be a WA-licensed agent working out of the location(s) during business hours.</u>
11.	Locations in Multiple States —Entities with locations in multiple states must license every location transacting business in WA with a <u>separate</u> license.
* Note: Please read important information provided above regarding appointment requirements.	

Must be signed by an officer, director, principal or partner of the business entity:

Month _____ Day _____ Year _____

Signature and Title

Typed/Printed Name

Social Security Number

Address (Street, City, State and Zip)