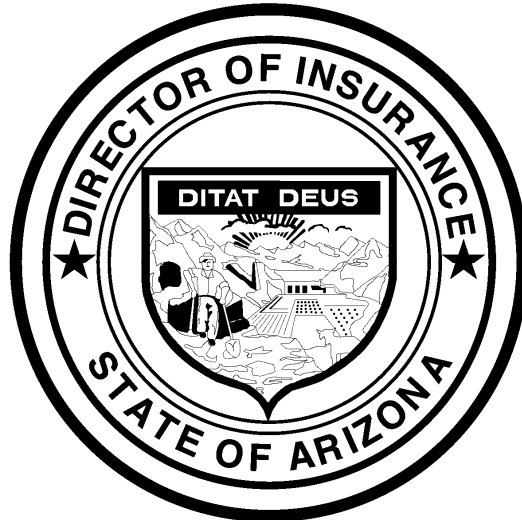


INSTRUCTIONS FOR FORM L-169

Insurance License Application for an Individual



For applications received by the Department of Insurance on or before June 30, 2013

DO NOT use Form L-169 to renew a license. See the PRODUCERS page of the Department of Insurance web site for instructions on how to renew a license.

To apply for a license, or to add a line of authority to your license,

- complete and submit Form L-169 with other required materials. **OR**
- apply online using the National Insurance Producer Registry (www.nipr.com) web site.

You can use this set of application and instructions until June 30, 2013. If submitting an application after June 30, 2013, obtain the current application from the PRODUCERS page of the Department of Insurance web site (www.azinsurance.gov).

Carefully read instructions. If your license application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.

QUESTIONS? Before calling the Department of Insurance, look for the answer to your question on the PRODUCERS page of the Department of Insurance Internet web site (www.azinsurance.gov). For questions not addressed on our web site, contact the Insurance Licensing Section:

- E-mail: Licensing@azinsurance.gov
- Phone: 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

Send your application materials and fees to

INSURANCE LICENSING SECTION, 2910 N 44TH ST # 210, PHOENIX, AZ 85018-7269

INSTRUCTIONS FOR FORM L-169 Insurance License Application for an Individual

Do NOT use Form L-169 to renew a license. Use Form L-191, IPLUS (iplus.azinsurance.gov) or www.nipr.com to renew an existing license.

1. **Licensing eligibility requirement.** All Arizona-resident applicants (producers, adjusters, bail bond agents etc) who do not already hold an Arizona-resident insurance license or a non-resident adjuster who is not licensed in their resident state must also submit Form L-152.
2. **Carefully read all instructions** before completing your application. **Incomplete applications are returned** and delay processing.
3. **Examination requirements.** You may be required to pass a license examination before submitting your license application. For examination information, visit Prometric's Internet web site at www.prometric.com/arizona, contact Prometric by phone at 800.853.5448.
4. **License expiration:** A new license expires on the last day of the licensee's birth month between 3 and 4 years from the date of issuance. Added license authority expires on the same date as existing authority.
5. **Fees.** Fees are **NON-REFUNDABLE** and are not prorated [ARS § 20-167(B)]. Make your check or money order payable to **INSURANCE LICENSING SECTION**. The following are fees to obtain a new Arizona insurance license **OR** to add authority to an existing license:
 - LICENSE FEE: **\$120.00** (*meaning \$120 in total, regardless of the number of non-surplus lines broker lines of authority for which you are applying*).
 - SURPLUS LINES BROKER LICENSE FEE: The license fee for Surplus Lines Broker or Mexican Insurance Surplus Lines Broker is:
 - **\$500.00** to add authority to an existing license that expires in two years or less; OR
 - **\$1,000.00** to add authority to an existing license that expires in more than two years.
 - LICENSE FEE FOR BOTH, SURPLUS LINES AUTHORITY AND OTHER AUTHORITY: **\$1,120.00**.
 - FINGERPRINT PROCESSING FEE **\$22.00**. The fee pays the Department of Public Safety and FBI to process your fingerprints and perform a criminal background check. This fee is separate from the fee you pay to have your prints applied to a fingerprint card.
6. **Fingerprint requirements.** You must include a fingerprint card (Form FD-258) and fingerprint processing fee IF;
 - you are submitting an INITIAL Arizona-resident insurance professional application
 - you are applying to be a non-resident adjuster and your resident state does not license individuals as adjusters..

*******FINGERPRINT CLEARANCE CARDS ARE NOT ACCEPTABLE*******

7. Nonresident applicants.

- Your home state license status will be electronically verified.
- A nonresident applicant **MUST** hold an active resident license in the applicant's **actual** home state (a US state or territory), except for an adjuster (see below).
- Nonresident adjuster applicants who are not licensed in their resident state must pass the AZ adjuster exam and provide a fingerprint card and Form L-152
- If you are a nonresident applying for limited-line license authority that is not shown in SECTION II of the application, write the line of authority on the line entitled, "Other limited line."

8. **Relocating to Arizona.** You may submit a 'Clearance Letter' from your prior home state in lieu of passing Arizona's insurance license exam. The Clearance Letter must be received within 90 days after your license in your prior home state is cancelled..

9. Bail bond agent.

- Submit (with the surety's power of attorney) and maintain throughout the term of the license a \$10,000 surety bond using **Form L-195**.
- Include Form **L-BBAA**
- Pursuant to ARS § 20-340.03(A)(9), bail bond agents may not employ or assist in the employment of any person who has been convicted in any jurisdiction of:
 1. **ANY** felony
 2. **ANY** theft conviction (misdemeanor, felony etc) or;
 3. **ANY** crime involving carrying or the possession of a deadly weapon or dangerous instrument. (misdemeanor, felony, etc)

10. Managing general agent.

- Form L-107, completed by an authorized official of the insurance company with which you have a contract.
- Form L-106 in the sum dictated on Form L-107, which must be accompanied by the surety's power of attorney.

11. **Risk management consultants.** Include written authorization from the political subdivision (city/town/county) with which you are employed.

12. Surplus Lines Broker or Mexican Surplus Lines Broker

- To transact surplus lines insurance for an insured whose home state is within this state, each individual and each business entity must possess a surplus lines broker license issued by the Arizona Department of Insurance. ARS § 20-411(A).
- If the individual will only be selling, soliciting or negotiating alien insurance for coverage in Mexico (pursuant to ARS § 20-422), the individual and business entity may each apply for a Mexican Insurance Surplus Lines Broker license in lieu of applying for a full Surplus Lines Broker license.

13. **Variable contracts agents.** Arizona residents must include proof of being actively registered through FINRA with a broker/dealer. ARS § 20-2662(A). Follow the "FINRA Broker Search" instructions from **www.finra.org**.

14. If you answered “YES” to one or more of the questions in Section V, you must include

- a. a SIGNED statement describing **in detail** all incidents including
 - names of all parties involved,
 - dates and locations,
 - the names and localities of any courts and/or administrative agencies involved,
 - the disposition of each matter,
 - whether the conviction, plea or finding was for a felony or open-ended charge; **AND**
- b. Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. *If copies are not available, provide a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.*

15. Assumed Name (or DBA).

- While conducting insurance business, you must use your legal name. To use another name, submit Form L-193.

SEND ALL LICENSING-RELATED MATERIALS AND FEES TO THE FOLLOWING ADDRESS:

**Insurance Licensing Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269**

NOTE: The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 USC §1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions. *Access the “Section 1033 waiver” link from the “FIND ADDITIONAL RESOURCES” section of the Department of Insurance PRODUCERS page for additional information.*

THE DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT (ADA) OF 1990. **Persons with disabilities may request reasonable accommodation by contacting the Department of Insurance ADA Coordinator, at 602.364.3471.**

APPLICATION FOR AN INDIVIDUAL INSURANCE LICENSE (FORM L-169)

FOR APPLICATIONS RECEIVED BY THE ARIZONA DEPARTMENT OF INSURANCE ON OR BEFORE 6/30/2013

- 1. CAREFULLY READ THE ENCLOSED INSTRUCTION PAGES. INCOMPLETE APPLICATIONS WILL BE RETURNED.**
2. Complete ALL PAGES of this form and fulfill all requirements shown in the enclosed instructions. Forms are available on the PRODUCERS page of our Internet web site (www.azinsurance.gov).
3. **DO NOT** use this form to renew a license. See the PRODUCERS page of our web site for instructions on how to renew a license.
4. **Send your application materials and payment to:**
INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269

SECTION I: BUSINESS INFORMATION

A. (Legal) Last Name (including Jr/Sr/etc if applicable)		B. Full First Name		C. Full Middle Name	
D. Physical Street Address of Place of Business (*may not be a PO or PMB box, must be the address you principally conduct business at) (required)				City	State
					Zip Code
E. Name of Business (if applicable, for mailing purposes)*:				*If the business is involved in the sale, solicitation or negotiation of insurance, that business shall be separately licensed.	
F. Mailing Address (optional; P O box permitted)				City	State
					Zip Code
G. Business Phone w/ Area Code:		H. Fax w/ Area Code (optional):		I. E-mail Address (optional):	

SECTION II: LINES OF LICENSE AUTHORITY

Write an "X" in the box to the left of the line(s) of authority for which you are applying:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Life Insurance Producer | <input type="checkbox"/> Property Producer | <input type="checkbox"/> Adjuster | <input type="checkbox"/> Property & Casualty Managing General Agent |
| <input type="checkbox"/> Accident and Health or Sickness Producer | <input type="checkbox"/> Casualty Producer | <input type="checkbox"/> Bail Bond Agent | <input type="checkbox"/> Life Managing General Agent |
| <input type="checkbox"/> Variable Life and Variable Annuity Products Producer | <input type="checkbox"/> Personal Lines Producer | <input type="checkbox"/> Surplus Lines Broker | <input type="checkbox"/> Accident and Health or Sickness Managing General Agent |
| CRD # _____ | <input type="checkbox"/> Credit Insurance Producer | <input type="checkbox"/> Travel Accident Ticket and Baggage Insurance Producer | <input type="checkbox"/> Mexican Insurance Surplus Lines Broker |
| <input type="checkbox"/> Risk Management Consultant | | | |

Other limited line (see instructions): _____

Please apply for all lines of authority you wish to obtain. Failure to do so WILL require an additional fee and application to add them at a later date.

SECTION III: PERSONAL INFORMATION

A. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		B. Date of Birth: <u>MM</u> / <u>DD</u> / <u>YYYY</u>			
C. Social Security Number [required by ARS § 25-320(P)]: (required)				E. Home Area Code and Phone Number: (required)	
D. Physical Street Address of Applicant's Home (required *may not be a PO or PMB box) (required)			City	State	Zip Code

SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

_____ exam passed on ____/____/____ _____ exam passed on ____/____/____	License #: _____ TF#: _____	<input type="checkbox"/> 56 Quad Other (120) <input type="checkbox"/> 58 Quad SLB (1000) <input type="checkbox"/> 18 Half SLB (500) <input type="checkbox"/> 66 Fingerprint (22 X _____)	PDB Checked <input type="checkbox"/> Active CRD Verified <input type="checkbox"/> L-152 submitted <input type="checkbox"/> License Tech Initials _____
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SECTION IV: INSURANCE LICENSE HISTORY Are you presently, or have you ever been, licensed to transact any kind of insurance in this state or elsewhere? **Yes** **No** If "Yes," attach a list of the insurance licenses you held and, for each, the license number, the line(s) of insurance on the license, the state or locality that issued the license, the date the license was issued and the license expiration date.

SECTION V: ADDITIONAL INFORMATION Carefully read and respond to each of the following questions. **You should provide a "YES" answer even if you believe an incident has been cleared from your record.** Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application. **NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see paragraph 14 in the instructions.**

For the purposes of this application, "judgment" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any charge. You must answer "Yes" even if a conviction was dismissed, expunged, pardoned, appealed, set aside, vacated or reversed, etc, OR even if applicant had civil rights restored, had a plea withdrawn, or was given probation, a suspended sentence, a fine, or successfully completed a diversion program.

A. Have you EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, OR been issued a consent order, an administrative action OR a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you EVER withdrawn an application for a license or certification to avoid its denial, or have you EVER surrendered a license or certification to avoid disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you EVER been found guilty of, have you had a judgment made against you for, or have you admitted to, any of the following: 1. A felony (of any kind)? 2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud? 3. Forging another's name to any document related to an insurance transaction? 4. Withholding, misappropriating, converting or stealing money or property? 5. Committing an insurance unfair trade practice or fraud? 6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud? 7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner? 8. Transacting, or helping someone else transact, insurance without the required license authority? 9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is any case currently pending against you in any jurisdiction accusing you of any issue listed in Question C?:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. <i>If you are not applying for a bail bond agent license, answer "Not applicable."</i> <i>Otherwise, if you are applying for a bail bond agent license, have you EVER been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor, etc.) that involved theft OR carrying, illegally using or possessing a deadly weapon or dangerous instrument?.....</i>	

SECTION VI: EMPLOYMENT HISTORY List your employment, **insurance and non-insurance**, history (and periods of unemployment or education) for the past 5 years. If you need more space, attach and sign a separate sheet with the information.

Employer Name	Position Held	City/State	EMPLOYMENT DATES FROM (mm/yy) TO (mm/yy)	

SECTION VII: AUTHORIZATION AND RELEASE By signing and submitting this application, you agree to the following.

- o You authorize the Arizona Department of Insurance ("DEPARTMENT") to conduct a background investigation to determine your fitness for an insurance license. You agree to promptly respond to questions that may arise from the investigation.
- o You authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information about you to furnish the DEPARTMENT with any such information and you permit the DEPARTMENT, its employees, agents or representatives, and your authorized insurers, to inspect and make copies of such documents, records and other information.
- o You release, discharge and exonerate the DEPARTMENT, its employees, agents and representatives, the State of Arizona, your authorized insurers, and any person furnishing information pursuant to this Authorization and Release from any and all liability that may arise from the investigation made by the DEPARTMENT.
- o You attest that you have read and understand the foregoing. You certify, under penalty of denial, suspension or revocation of the license and under any other penalties that may apply that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of your knowledge and belief.

Printed Name of Applicant

Full **Signature** of Applicant