

## MISSISSIPPI INSURANCE DEPARTMENT

P.O. BOX 79, JACKSON, MS 39205 Telephone: 601-359-3582 MIKE CHANEY, Commissioner of Insurance DAVID BROWNING, Deputy Commissioner of Insurance

## TEMPORARY INSURANCE PRODUCER APPLICATION

Check an	propriate box fo				IKOD	CCL	/IX / I		Privilege Tax	v· \$100 00
Resident License			-		ate:		Id	entify Ho	ome State Lice	
Lines of Insurance Applied										orary Accident and
Health  Temporary Person										
negotiate insurance on a temporary basis and is only available to individuals who satisfy the requirements set forth therein.										
Demographic Information										
U Soc. Security Number (NPN) and/or Mississippi License Number (MS):										
NIM!										
NPN: MS:										
3 If applicable, FINRA Individual Number	Central Registration	Depository (C	RD)							
4) Last Name JR./SR. etc		§ First Name			6)Middle Name			ame	7)Date of Bir	th
									(month) (day) (year)	
(8) Residence/Home Address (Physic	al Street)	(9)City			(1) State			(1) State	(1) Zip Code	12) Foreign Country
			<i>y</i> .							
(13) Home Phone Number		(14) Gender (0	Circle One	e) (13)/	Are vou a C	Citizen (	of the I	Inited State	es? (Check One)	
( ) -					Are you a Citizen of the United States? (Check One)  Yes No (If No, of which country are you a citizen?)					
Individual Applicant Email Address:		Male Female			f No, and this is an application for a Resident License, you must supply peligibility to work in the U.S.)					
(6) Business Entity Name										
(17) Business Address (Physical Street)	,	P.O. Box		a City			\ State		(21) Zip Code	22)Foreign Country
Dusiness Address (Physical Street)		[8] P.O. Box	09	<b>9</b> City		20	State		21) Zip Code	22) Foreign Country
(3) Business Phone Number (include extension)	Business Fax Nu	umber	23	) Busine	ess E-Mail A	Address	3		26) Business We	b Site Address
② Applicant's Mailing Address	<u> </u>	28 P.O. Box	@	City		30	) State	31) Zip	p Code	32 Foreign Country
33) a. List any other assumed, fictitiou	e alias maiden or tr	ade names wh	ich vou ha	we used i	in the nast					
b. List any trade names under which	ch you are currently d	loing business	or intend	to do bus	siness.					
(May be subject to state approval	1)									
	<u>-                                      </u>	Agency or	r Busine	ess Ent	itv Affili	ation	s			
34 List your Insurance Agency Affilia	ations: (Complete on'							the busine	ss entity)	
EEINI	NIDNI	1	Nama of A	l ganay						
FEIN NPN FEIN NPN			Name of Agency Name of Agency _							
FEIN										
FEIN	NPN		vame of A	gency _						
			Employn							
3 Account for all time for the past five work, self-employment, military serv	ve years. Give all en rice, unemployment ε	nployment exp and full-time e	erience sta ducation.	arting wi	ith your cur Fron		ıployer	working b	ack five years. In	clude full and part-time
					Month	Year	Month		Pc	osition Held
Name										
City State	Foreign	n Country								
Name										
City State	Foreign	n Country								
Name										
City State	Foreigr	n Country								
Name										
City State	Foreigr	n Country								

Background Information		
(36) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.		
1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?	Yes No_	
Note: "Crime" includes a misdemeanor, a felony or a military offense.		
You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges 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 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,  c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.		
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 consent granted? (Attach copy of 1033 consent approved by home state.)  N/A	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 censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendered 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, or registration. "Involved" also means having a license or registration 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 or director, or member or manager of a limited liability company. 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 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 a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? <b>Do not include personal bankruptcies, unless they involve funds held on behalf of others.</b>	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.		
4. 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?	Yes No_	
If you answer yes, identify the jurisdiction(s):		
5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation 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 documents, which demonstrates the resolution of the charges or any final judgment.		
6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of 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.		

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7. Do you have a child support obligation in arrearage?  If you answer yes,  a) by how many months are you in arrearage?  b) are you currently subject to and in compliance with any repayment agreement?  c) are you the subject of a child support related subpoena/warrant?  (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)  8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the						
NAIC/NIPR Attachments Warehouse?  If you answer yes, will you be associating (linking) previous application?  Note: If you have previously submitted documents to the A you must go to the Attachments Warehouse and associate particular background question number you have answered page at the end of the application process, providing a link to	N/A  ally filed documents from the NAIC/NIPR Attachments Warehouse to this  attachments Warehouse that are intended to be filed with this application, that the supporting document (s) to this application based upon the yes to on this application. You will receive information in a follow-up	Yes No Yes No				
(7) The Applicant must read the following very carefully:	Certification and Attestation					
<ol> <li>I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.</li> <li>Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my 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 myself.</li> <li>I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.</li> <li>I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.</li> <li>I authorize the jurisdictions to which this application is made to give any information 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.</li> <li>I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am appl</li></ol>						
Month/Day/Year						
	Original Applicant Signature  Full Legal Name (Printed or Typed)					
Attachments						
For Non-Resident License Applications and unless otherwise note	wise the application may be returned unprocessed or considered deficient.  d in the State Matrix of Business Rules, a state will rely on an electronic verticensing Database in lieu of requiring an original Letter of Certification from					

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