



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

DEPARTMENT USE ONLY

TEMPORARY INSURANCE PRODUCER APPLICATION

Check appropriate box for license requested.

Privilege Tax: \$100.00

☐ Resident License ☐ Non-Resident License: Identify Home State: _____ Identify Home State License #: _____

Lines of Insurance Applied For: ☐ Temporary Property ☐ Temporary Casualty ☐ Temporary Life ☐ Temporary Accident and Health ☐ Temporary Personal Lines **Pursuant to Miss. Code § 83-17-69, this license allows an individual to sell, solicit or negotiate insurance on a temporary basis and is only available to individuals who satisfy the requirements set forth therein.**

Demographic Information

① Soc. Security Number - -		② If assigned, National Producer Number (NPN) and/or Mississippi License Number (MS): NPN: MS:				
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number						
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name	⑦ Date of Birth (month) ____ (day) ____ (year) ____		
⑧ Residence/Home Address (Physical Street)		⑨ City		⑩ State	⑪ Zip Code	⑫ Foreign Country
⑬ Home Phone Number () - Individual Applicant Email Address:		⑭ Gender (Circle One) Male Female		⑮ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) _____ (If No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
⑯ Business Entity Name						
⑰ Business Address (Physical Street)		⑱ P.O. Box	⑲ City	⑳ State	㉑ Zip Code	㉒ Foreign Country
㉓ Business Phone Number (include extension) () -	㉔ Business Fax Number () -		㉕ Business E-Mail Address		㉖ Business Web Site Address	
㉗ Applicant's Mailing Address		㉘ P.O. Box	㉙ City	㉚ State	㉛ Zip Code	㉜ Foreign Country
㉝ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)						

Agency or Business Entity Affiliations

㉞ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

㉟ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes,</p> <p>a) by how many months are you in arrearage?</p> <p>b) are you currently subject to and in compliance with any repayment agreement?</p> <p>c) are you the subject of a child support related subpoena/warrant?</p> <p>(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p>	<p>Yes ___ No ___</p> <p>____ Months</p> <p>Yes ___ No ___</p> <p>Yes ___ No ___</p>
<p>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?</p> <p style="text-align: right;">N/A ___</p> <p>If you answer yes, will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?</p> <p>Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachments Warehouse instructions.</p>	<p>Yes ___ No ___</p> <p>Yes ___ No ___</p>

Applicant's Certification and Attestation

37 The Applicant must read the following very carefully:

1. 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.
2. 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.
3. 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.
4. 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.
5. 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.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested for the non-resident state.
8. 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).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

38 The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a 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.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).