

## 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

## PEER TO PEER RIDE CAR PERMIT APPLICATION - INDIV

## Check appropriate box for permit requested.

Privilege Tax: \$0.00

Resident Permit

Non-Resident Permit: Identify Home State: \_\_\_\_\_\_ Identify Home State Registration #: \_\_\_\_\_

Demographic Information										
(1) Soc. Security Number -		2) If assigned, National Producer Number (NPN) and/or Mississippi License or registration or Permit Number (MS):								
• If any liashing FINID A is discidential	3		PN:				MS:			
If applicable, FINRA Individual C Number	entral Registration	Depository (CKD)								
(4) Last Name	JR./SR. etc		(5) First Name		6 Middle Name			(7)Date of Birth		
<u> </u>		Ŭ			$\cup$			$\smile$	(day) (year)	
8 Residence/Home Address (Physica	(O) Ci		1) State			1 Zip Code	17 Foreign Country			
13 Home Phone Number		14 Gender (Circle	e One)		Are you a Citizen of the United States? (Check One)					
( ) - Individual Applicant Email Address:	Male Fema	Male Female (If		Yes No (If No, of which country are you a citizen?) f No, and this is an application for a Resident Permit, you must supply proof eligibility to work in the U.S.)						
16 Business Entity Name										
Business Address (Physical Street)		18 P.O. Box	<b>1</b> 9C	(1) City		2 State		(21) Zip Code	Derived Foreign Country	
<ul> <li>Business Phone Number (include extension)</li> <li>( ) -</li> </ul>	24 Business Fax Nu ( ) -	umber	23 B	usiness E-Mail .	s E-Mail Address			26 Business Web Site Address		
27 Applicant's Mailing Address		23 P.O. Box	@ C	ity	30	State	3) Zip	Code	3 Foreign Country	
(33) a. List any other assumed, fictitious	, alias, maiden or tra	ade names which yo	ou have u	sed in the past.						
<ul> <li>a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.</li> <li>b. List any trade names under which you are currently doing business or intend to do business.</li> </ul>										
(May be subject to state approval		toing business of in		o business.						
(	)	Agency or Bu	isiness	Entity Affili	ations	1				
34 List your Insurance Agency Affilia	tions: (Complete on						e member	of the business e	entity)	
FEIN         NPN         Name of Agency										
FEIN NPN										
	NPN         Name of Agency									
				nt History						
Account for all time for the past five work, self-employment, military servi	e years. Give all em	ployment experien	ce startin		rent emp	oloyer w	orking ba	ck five years. In	clude full and part-time	
work, sen-employment, mintary servi	ce, unempioyment a	and full-time education	1011.	From			Го			
Name				Month	Year	Month	Year	P	osition Held	
City State	Foreig	n Country								
Name	i or eig									
City State	Foreig	n Country					1			
Name		J								
City State	Foreig	n Country					<u> </u>			
Name										
City State	Foreig	n Country								

Background Information						
The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.						
1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?						
You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license or registration, reckless driving, or driving with a suspended or revoked license or registration.						
You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)						
1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?						
You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)						
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?						
If so, was consent granted? (Attach copy of 1033 consent approved by home state) N/A	Yes No					
1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?	Yes No					
<b>NOTE:</b> For questions 1a, 1b and 1c, <b>"Convicted"</b> 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 to any of these questions, 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.						
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 or registration 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 or registration 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.						
<ul> <li>If you answer yes, you must attach to this application:</li> <li>a written statement identifying the type of license or registration and explaining the circumstances of each incident,</li> <li>a copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ul>						
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? 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, 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?						
<ul> <li>If you answer yes, you must attach to this application:</li> <li>a written statement summarizing the details of each incident,</li> <li>a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and</li> <li>a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.</li> </ul>						

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						
<ul> <li>If you answer yes, you must attach to this application:</li> <li>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 or registration, and</li> <li>b) copies of all relevant documents.</li> </ul>							
7. Do you have a child support obligation in arrearage?	Yes No						
<ul> <li>If you answer yes,</li> <li>a) by how many months are you in arrearage?</li> <li>b) are you currently subject to and in compliance with any repayment agreement?</li> <li>c) are you the subject of a child support related subpoena/warrant?</li> <li>(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</li> </ul>							
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) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?	Yes No						
<b>Note:</b> 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.							
Applicant's Certification and Attestation							
(37) The Applicant must read the following very carefully:							
<ul> <li>The Applicant must read the following very carefully:</li> <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 or registration revocation or denial of the license or registration and may subject me to civil or criminal penaltics.</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 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.</li> <li>I authorize the jurisdictions to which this application is made to give any information commerting 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 applying for licensure.</li> <li>For Non-Resident License or Registered Applications, I certify that I am licensed or regi</li></ul>							
Full Legal Name (Printed or Typed)							
Attachments							
<ul> <li>The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.</li> <li>Copy of a valid driver's License</li> <li>Proof of insurance</li> </ul>							

Print Form Clear Form