MISSISSIPPI INSURANCE DEPARTMENT

P.O. BOX 79, JACKSON, MS 39205
MIKE CHANEY, Commissioner of Insurance
DAVID BROWNING, Deputy Commissioner of Insurance

DEPARTMENT USE ONLY

PEER TO PEER CAR SHARING ENTITY PERMIT APPLICATION

Check appropriate box for Permit requested. **Privilege Tax: $0.00**

☐ Resident Permit

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

Demographic Information

Business Entity Name	Incorporation/Formation Date (month) ____(day) ____(year) ____	FEIN -
If assigned, National Producer Number (NPN#)	If applicable, FINRA Firm Central Registration Depository (CRD) Number	
List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.	State of Domicile	Country of Domicile

Is the business entity affiliated with a financial institution/bank? Yes ☐ No ☐

Business Address	City	State	Zip Code	Foreign Country

Phone Number (include extension) ( ) -	Fax Number ( ) -	Business Web Site Address	Business E-Mail Address

Mailing Address	P.O. Box	City	State	Zip Code	Foreign Country

Owners, Partners, Officers and Directors

Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____ Title _____ SSN/FEIN ___ - ___ - ____ Owner: Yes ☐ No ☐

Name _____ Title _____ SSN/FEIN ___ - ___ - ____ Owner: Yes ☐ No ☐

Name _____ Title _____ SSN/FEIN ___ - ___ - ____ Owner: Yes ☐ No ☐

Name _____ Title _____ SSN/FEIN ___ - ___ - ____ Owner: Yes ☐ No ☐

Name _____ Title _____ SSN/FEIN ___ - ___ - ____ Owner: Yes ☐ No ☐

Name _____ Title _____ SSN/FEIN ___ - ___ - ____ Owner: Yes ☐ No ☐

Name _____ Title _____ SSN/FEIN ___ - ___ - ____ Owner: Yes ☐ No ☐

Name _____ Title _____ SSN/FEIN ___ - ___ - ____ Owner: Yes ☐ No ☐

Background Information

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ☐ No ☐

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a licensed or registered, reckless driving, or driving with a suspended or revoked license or registration 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 contendre, 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 identifying all parties involved (including their percentage of ownership, if any) and explain 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. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ☐ No ☐

"Involved" means having a license 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 or surrendering 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. 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 or registration, all parties involved (including their percentage of ownership, if any) 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 the business entity or any 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.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, 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? Yes ☐ No ☐

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit , arbitration 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, arbitration, or mediation proceedings and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any 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 or registration, and
b) copies of all relevant documents.

Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise, by law or regulation of each jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company 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. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. 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.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident Permit Applications, I certify that I am licensed or registered and in good standing in my home state/resident state for the lines of authority requested from 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)

Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:

_____
Month/Day/Year

_____
Signature

_____
Typed or Printed Name

_____
Title

_____
Social Security Number

_____
Address

_____
City State Zip

Attachments

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

- Proof of Insurance

Print Form Clear Form