Maryland Insurance Administration Business Entity Producer License Renewal / Reinstatement Checklist

Important Update:

The attached application may be used to renew or reinstate an existing Maryland Insurance producer license.

Requirements:

Producer License Applicants attach a check or money order for \$69.00 to renew a license or \$169 to reinstate a license. Payments should be made payable to The Maryland Insurance Administration.

Entities that hold a surplus lines license must renew / reinstate the pre-requisite producer license simultaneously or prior to the renewal /reinstatement of the surplus lines license. In addition to the fee for the producer license an additional \$200 must be submitted to renew the surplus lines license. Resident licensees must also submit proof that the \$10,000 Surety Bond on file has been renewed or replaced.

FEES ARE NON-REFUNDABLE AND ARE NOT DEPENDENT ON APPROVAL OR DENIAL OF AN APPLICATION

<u>All</u> licenses with an expire date on or after October 1, 2009, with the Title line of authority, will be required to submit a new Title Surety bond or Letter of Credit and Title Fidelity bond, in the amount of <u>\$150,000</u> prior to the license being renewed. For further information regarding this change you may refer to Senate Bill 86.

If you are interested in adding or deleting Associated Producers or Designated Responsible Producers or updating Owners, Partners, Officers, Directors, or Members please download the appropriate form from our website <u>www.mdinsurance.state.md.us</u>, and return with your renewal / reinstatement application.

Note the forms are available on our website under the Producer -> License Maintenance section.

Sign Application and mail with any additional required items to:

Maryland Insurance Administration Attn: Producer Licensing 200 St. Paul Place , Suite 2700 Baltimore, MD 21202

Questions? Please contact the Maryland Insurance Administration at 1-888-204-6198.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at <u>www.nipr.com</u>.



Uniform Application for Business Entity License Renewal/Continuation

(Please Print or Type)

Check appropriate boxes for license requested.

Resident License	License #:	License Type:
Non-Resident License	License #:	License Type:

Demographic Information								
(1)Bus	iness Entity Name					(2) FEIN	-	
3 Home State & Home State License Number				4 I:	(4) If assigned, National Producer Number (NPN)			
⊙ Is	the business entity affiliated with a fi	nancial institution/bank	5?	Yes		No		
6 Bus	iness Address				7 City		8 State	② Zip Code or Foreign Country
	ne Number (include extension)) -	11) Fax Number () -			12 Busine	ss Web Site Address	13 Busine	ess E-Mail Address
14 Ma	iling Address		D.O. Box		16City		17 State	^(B) Zip Code or Foreign Country
		Design	ated/Respor	ısible	Licensed	Producer		
stat of t	ntify at least one Designated/Respons e. (See Matrix of State Requirements he business entity.)	at www.nipr.com for j	urisdictions that	t requir	e the design	ated/responsible licensed		
Name		<u> </u>	SSN -		-	NPN		
Name			SSN -		-	NPN		
					-			
0			Backgro	und (Juestions	•		
	Ia. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently charged with, committing a misdemeanor or had a judgment withheld or deferred for a misdemeanor which has not been previously reported to this insurance department? Yes No You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license . Yes No							
	You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.							
1b.	Has the business entity or any owner company, ever been convicted of, or which has not been previously repor	is currently charged w	ith committing a					^{1y} Yes No
	You may exclude juvenile adjudicat	ions (offenses where yo	ou were adjudica	ited del	inquent in a	juvenile court.)		
	If you have a felony conviction invo of insurance in your home state as re			e you a	pplied for v	ritten consent to engage	in the business	N/AYesNo
	If so, was consent granted? (Attach o	copy of 1033 consent a	pproved by hom	e state.)			N/A Yes No
1c.	Has the business entity or any owner company, ever been convicted of or insurance department?							Yes No

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Uniform Application for Business Entity License Renewal/Continuation

Background Questions continued	·	
NOTE: For Questions 1a, 1b, and 1c " 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 to any of these questions, you must attach to this application: a) a written statement identifying all parties involved (including their percentage of ownership, if any) and 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. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration, which has not been previously reported to this insurance department?	Yes	No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned or surrendering 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. "Involved" also means having a license 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; identifying 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. In response to a "yes" answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?	Yes	No
If you answer yes;		
Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?	Yes	No
Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this renewal 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 Attachment Warehouse instructions.		

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at <u>www.nipr.com</u>.

NIAIC	Unife	orm Application for		
INAI C		License Renewal/Continuatio	n	
Insurance Commissioners				
Applicant Name:	<u>.</u>			
	Applicant's	Certification and Attestation		
On behalf of the business en nited liability company, hereb	tity or limited liability company, the under y certifies, under penalty of perjury, that:	rsigned owner, partner, officer or director of the	e business entity, or member	r or manager of a
	nnection with this application is grounds for	is true and complete and I am aware that submi or license or registration revocation and may su		
Superintendent of Insurance	ce, or an appropriate representative in each spective jurisdiction and agree that service	he business entity or limited liability company he in jurisdiction for which this application is made be upon the Commissioner or Director of that jur	to be its agent for service o	f process regarding
 The business entity or limit to verify any information s Every owner, partner, official 	ited liability company grants permission to supplied with any federal, state or local gov cer or director of the business entity, or me	the Commissioner or Director of Insurance in vernment agency, current or former employer of ember or manager of a limited liability company	or insurance company.	
5. I authorize the jurisdiction	other organization and I release the jurisdic	mpliance with that obligation. any information they may have concerning me ctions and any person acting on their behalf fro		
. I acknowledge that I under	rstand and comply with the insurance laws	and regulations of the jurisdictions to which I and in good standing in my home state/resident		
by the jurisdiction(s).J. I certify that the Designate	request, I will furnish the jurisdiction(s) to ed Responsible Licensed Producer(s) name	which I am applying, certified copies of any de		
with the insurance laws, it	les and regulation of the State.	rr		• •
with the insurance raws, ru	les and regulation of the State.	Must be signed by	an officer, director, or par or manager of a limited lia	rtner of the busine
with the instrance laws, fu	les and regulation of the State.	Must be signed by		rtner of the busine
with the insurance raws, fu	les and regulation of the State.	Must be signed by entity, or member		rtner of the busine
with the insurance raws, fu	les and regulation of the State.	Must be signed by entity, or member Month/Day/Year	or manager of a limited lia	rtner of the busine
with the insurance raws, fu	les and regulation of the State.	Must be signed by entity, or member Month/Day/Year Signature	or manager of a limited lia	rtner of the busine
while the insurance laws, fu	les and regulation of the State.	Must be signed by entity, or member Month/Day/Year Signature Typed or Printed Na	or manager of a limited lia	rtner of the busine
with the insurance taws, to	les and regulation of the State.	Must be signed by entity, or member Month/Day/Year Signature Typed or Printed Na Title	or manager of a limited lia	rtner of the busine