

APPLICATION FOR BUSINESS ENTITY INSURANCE LICENSE

Ref: Sections 628.04, 601.72, and 601.73, Wis. Stat., and Section Ins 6.58, Wis. Adm. Code Section 466(a) [42 U.S.C.666(a)]

Check appropriate box for license requested. Resident License Nonresident Licens	se Identify Home	e State:	Home	State Licens	se#		_
INSTRUCTIONS: Completion of this form is required with information from other states, agencies, and law						is form w	ill be matched
License Type Insurance Intermediary Firm	Mana	aging General Age	nt Firm		nsurance l	Intermedia	ary Firm
Business Entity Name				FEIN			
List any other assumed, fictitious, alias, or trade nam	nes under which	you are doing bus	ness or intend	to do busines	S.		
Business Address		City	State	Zip	Bu	isiness Te	elephone Number
Mailing Address		P.O. Box	City		State	Zip	-
Contact Person (for questions relating to the applicat	tion filing) E-ma	ail Address			Contact P	erson Tel	ephone Number
Legal Business Type Corporation Particle Limited Liability Comparts Designated/Responsible Licensed Producer	tnership	Sole Proprietors	•	Incorporation (month)			_(year)
Name	1	National Producer	Number (NPN)/	/WI License N	lumber _		
Address	N	Number, Street, City, Sta					
Home Telephone NumberBu	siness Telephon	e number		_E-mail Addr	ess		
Own Identify all owners with 10% interest or voting in		rs, Officers, and o			entity or	members	s or managers
of a limited liability company:					•	%	6 of Ownership
Name		Title	NP	N/License #		wner s / No	Interest
					Ye	s / No	
					Ye	s / No	
					Ye	s / No	
					Ye	s / No	
					Ye	s / No	
					Ye	s / No	
					Ye	s / No	

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature. 1a. Atsa the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability partner, officer or director of the business entity, or member or manager or manager of a limited liability partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor or necoted income. You may also exclude the following misdemeanor convictions or pending misdemeanor charges: traffic clations, driving under the influence (DUI), driving withe intoxicated (DWI), driving without a lecense, recibes oriving, or driving with a suspended or nevokad informa. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court). 1b. Has the business entity or any owner, partner, officer or director of the business entity, or manager of a limited liability company corrently charged with committing a feeting. You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court). If you have exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court). If you may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court). If you may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.) If you may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.) If you may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.) If you may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.) If you may a fellow provided and provided in the provided adjudications and provided and provided and provided and provided and provided and pr		Background Questions				
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If you answer yes, identify the jurisdiction(s):	4.	company ever been notified by any jurisdiction to which you are applying for any delinquent tax obligation that is not the subject of	Yes	No		
		If you answer yes, identify the jurisdiction(s):				

	Background Questions (continued)	
5.	Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in, any lawsuit or arbitration 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.	Yes No
6.	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 had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?	
	 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. 	N/A Yes No
7.	In response to a "yes" answer to one or more of the Background Information questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?	N/A 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 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.	

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 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 the jurisdiction, the business entity or limited liability company hereby designates the Commissioner 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 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 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 which this application is made to give any information they may have 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 7. For Nonresident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the nonresident 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).

Applicant's Certification and Attestation (continued)					
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the state.					
	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				
	Address				
	City State Zip Code				

Pursuant to s. 601.72, Wis. Stats. Personal information you provide may be used for purposes other than that for which it was originally collected (s. 15.04(1)(m), Wis. Stats.)