

**APPLICATION FOR TEMPORARY  
INSURANCE AGENT LICENSE**

State of Wisconsin  
Office of the Commissioner of Insurance  
Agent Licensing Section  
P.O. Box 7872  
Madison, WI 53707-7872  
(608) 266-8699  
E-mail: ociagentlicensing@wisconsin.gov  
Web Address: oci.wi.gov/agentlic.htm

Ref: Section 628.09, Wis. Stat.  
Section 466(a) [42 U.S.C.666(a)]

**INSTRUCTIONS:** Print or type all required information. Send this form along with check for fees made payable to the Office of the Commissioner of Insurance to the above address. Once issued, a temporary license is only valid for up to 12 months. To obtain a temporary insurance agent license, completion of this form is required pursuant s. 628.09, Wis. Stat. Personally identifiable information on this form will be matched with information from other states, agencies, and law enforcement agencies. Approval of your application **and** company appointment will enable you to sell insurance.

Last Name and Suffix (Sr., Jr.)		First Name	Middle Name
WI Insurance License Number (if applicable)		Date of Birth (Mo./Day/Yr.)	Social Security Number
Select Lines of Authority for Licensing ( <i>Note: Each box represents a separate line of authority—see fee schedule below</i> )			
<b>Major Lines</b>		<b>Limited Lines</b>	
<input type="checkbox"/> Property	<input type="checkbox"/> Casualty	<input type="checkbox"/> Personal Lines P&C	<input type="checkbox"/> Accident & Health
<input type="checkbox"/> Life	<input type="checkbox"/> Variable Life/Variable Annuity - CRD# _____	<input type="checkbox"/> Credit	<input type="checkbox"/> Legal Expense
		<input type="checkbox"/> Title	<input type="checkbox"/> Crop
		<input type="checkbox"/> Travel	<input type="checkbox"/> Surety
Residence/Home Address			
City		State	Zip Code
Mailing Address			PO Box
City		State	Zip Code
List any other assumed, fictitious, alias, or trade name under which you are doing business or intend to do business			
Business Address			
City		State	Zip Code
Home Telephone Number	Business Telephone Number	Applicant E-mail Address	Business E-mail Address
Check either A or B for kind of license which this application is being made (check only one)			
A. <input type="checkbox"/> To act for deceased or disabled agent		Name of deceased or disabled agent	
Relationship (check appropriate box)		License Number	
Deceased agent:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Administrator	<input type="checkbox"/> Next of kin
Disabled agent:	<input type="checkbox"/> Spouse	<input type="checkbox"/> Administrator	<input type="checkbox"/> Next of kin
B. <input type="checkbox"/> To act for agent entering military service		Date agent entered active duty in the U.S. Armed Forces: _____	
I wish to have the applicant named above continue my business for the line and company named hereon.			
Signature of agent entering service			Date
Are you a citizen of the US? (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, of which country are you a citizen? _____ If no, proof of eligibility to work in the US is required.			

**Fee Schedule:**

One line of authority \$ 75.00  
Two lines of authority 150.00  
Three lines of authority 225.00  
Four lines of authority 300.00  
Five lines of authority 375.00

**FEE IS NONREFUNDABLE**

**Employment History**

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.

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

**Background Questions**

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? Yes  No

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, reckless driving, or driving with a suspended or revoked license.

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? Yes  No

You may 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? N/A  Yes  No

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

**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 explaining the circumstances of each incident,
- b) a copy of the charging document, and
- 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 license 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 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, 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.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license 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.

### Background Questions (continued)

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 for 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? 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 document, which demonstrates the resolution of the charges or any final judgment.
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
- 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.
7. Do you have a child support obligation in arrearage? Yes  No
- If you answer Yes:
- a) by how many months are you in arrearage? \_\_\_\_\_
  - b) are you currently subject to and in compliance with any repayment agreement?  Yes  No
  - c) are you the subject of a child support-related subpoena/warrant?  Yes  No
- (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)
8. 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

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 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 is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

**Applicant's Certification and Attestation (continued)**

- 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 jurisdiction 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 jurisdiction 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 jurisdiction to which I am applying for licensure.
- 7. I hereby certify that upon request I will furnish the jurisdiction to which I am applying certified copies of any documents attached to this application or requested by the jurisdiction.

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)