

**APPLICATION FOR NAVIGATOR
BUSINESS ENTITY REGISTRATION**

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

Ref: Section 628.92 (2), Wis. Stat.

Check appropriate box for license requested.

New License Renewal

INSTRUCTIONS: This application together with the \$100.00 nonrefundable fee is required for licensure. Refusal to provide this information will result in denial of license. Personally identifiable information on this form will be matched with information from other states and law enforcement agencies.

Business entity must submit evidence from a licensed insurer of a bond (or other evidence of financial responsibility) held by the entity in an amount no less than \$100,000

Business Entity Name			FEIN	
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
Business Telephone Number () -		Fax Number () -		
Mailing Address		P.O. Box	City	State Zip
Contact Person (for questions relating to the application filing)		E-mail Address		Contact Person Telephone Number () -
Legal Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Liability Partnership			Incorporation/Formation Date (month)____ (day)____ (year)____	
Designated/Responsible Licensed Navigator				
Name _____		National Producer Number (NPN)/WI License Number _____		
Address _____ <small>Number, Street, City, State, Zip</small>				
Home Telephone Number _____		Business Telephone number _____		E-mail Address _____

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	NPN/License #	Owner	% of Ownership Interest	
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____
_____	_____	_____	Yes	No	_____

List of Individual Licensed Navigators

Provide names, Wisconsin license numbers, and addresses of all individual navigators employed, supervised or affiliated with the applicant. If necessary, attach additional pages.

Name of Individual Navigator	WI License Number	Mailing Address

Background Questions

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

1a. 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 a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager 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. 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 a felony, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company 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. 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 a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company 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 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, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Background Questions (continued)

2. 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 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? 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 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, 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 of the business entity, 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 of the business entity, or member or manager of a limited liability company ever 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. 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.
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? 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.

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.

Applicant's Certification and Attestation (continued)

5. The business entity or limited liability company authorizes the jurisdiction to which this application is made to give any information they may have concerning the business entity or limited liability company to any federal, state or municipal agency, or any other organization and the business entity or limited liability company releases the jurisdiction and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. The business entity or limited liability company acknowledges that it understands and will comply with state and federal requirements including, but not limited to, training, licensing, and continuing education.
7. The business entity acknowledges that it assumes full legal responsibility for the acts of the individual navigators that it employs, supervises or is affiliated with that are performed in this state and are within the scope of the navigator's apparent authority.
8. The business entity or limited liability company hereby certifies that it has policies and procedures in place to ensure that all that may be performed only by a navigator or licensed intermediary are performed by appropriately licensed persons.
9. The business entity or limited liability company hereby certifies that upon request it will furnish the jurisdiction to which it is applying certified copies of any documents attached to this application or requested by the jurisdiction.

**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

INSTRUCTIONS: Navigator entities are required to provide a Surety Bond in the format of the sample below. This is a special bond and is required for all licensed navigator entities or individual navigators not affiliated with an entity. The name of the administrator on the Bond must have the exact current name of the applicant. If the applicant changes its name, it needs to get an amended Bond to reflect the name change. You must provide the original of the Bond, not a copy.

(Sample)

Bond No. _____

**STATE OF WISCONSIN
OFFICE OF THE COMMISSIONER OF INSURANCE
NAVIGATOR OR NAVIGATOR ENTITY BOND**

I/we _____ (name of administrator) _____ of the City of _____, County of _____, State of _____, a navigator or navigator entity, as principal, and _____ (name of surety) _____ an insurer authorized to transact surety business in Wisconsin, as surety, are held and firmly bound to the Wisconsin Commissioner of Insurance in the sum of \$100,000 for the payment of which I/we bind myself/ourselves, and my/our heirs, executors, administrators, successors, and assignees, jointly and severally. This bond is payable to any Wisconsin resident who is harmed by the wrongful acts, misrepresentation, errors, omissions, or negligence of a navigator or navigator entity by the principal and to any such plan on behalf of the Wisconsin residents who are plan beneficiaries in the event of injury caused by a failure of the principal to fulfill the conditions of this bond, but in no event shall the surety's aggregate obligation exceed \$100,000.

The principal is now, or is applying to become, licensed under s. 628.92 (1), Wis. Stat., or registered under s. 628.92 (2), Wis. Stat., and is obligated to faithfully perform the responsibilities specified under s. 628.92, Wis. Stat., and ch. Ins 6, subch. II, Wis. Adm. Code.

If the principal, while this bond is in force and effect, makes a full accounting and due payment to the persons entitled to the funds coming into its possession as an incident to navigator or navigator entity activities, and complies with all the provisions of s. 628.92, Wis. Stat., and any applicable administrative rules promulgated by the Wisconsin Commissioner of Insurance, then the obligation of the surety shall be null and void; otherwise the surety's obligation remains in full force and effect.

This bond is effective _____ (insert date) _____ and is continuous. It may be terminated by the surety, upon giving sixty (60) days' advance written notice of its intention to terminate to the Commissioner of Insurance, Madison, Wisconsin.

Dated at _____ (city) _____, _____ (state) _____, this _____ day of _____, 19 _____.

Surety

(Signature of Principal)

Signature of Company Officer

Signature of Attorney-in-Fact
