



North Carolina Department of Insurance

NC Licensing Office of Pearson Vue Application for Individual Insurance License (Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____

Demographic Information

1 Soc. Security Number - -		2 If assigned, National Producer Number (NPN)			
3 If applicable, FINRA Individual Central Registration Depository (CRD) Number					
4 Last Name JR./SR. etc		5 First Name		6 Middle Name	7 Date of Birth (month) ___ (day) ___ (year) ___
8 Residence/Home Address (Physical Street)			9 City		10 State
			11 Zip Code	12 Foreign Country	
13 Home Phone Number () -		14 Gender (Circle One) Male Female	15 Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
16 Business Entity Name					
17 Business Address (Physical Street)		18 P.O. Box	19 City	20 State	21 Zip Code
					22 Foreign Country
23 Business Phone Number (include extension) () -		24 Business Fax Number () -		25 Business E-Mail Address	
				26 Business Web Site Address	
27 Applicant's Mailing Address			28 P.O. Box	29 City	30 State
					31 Zip Code
					32 Foreign Country
33 a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)					

Agency or Business Entity Affiliations

34 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

35 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.

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



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Jurisdiction and Type of License Requested

(36) Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

License Types: **A** – Agent **B** – Broker **P** - Producer **SLP** – Surplus Lines Producer

Lines of Authority: **V** – Variable **L** – Life **H** – Accident & **P** – Property **C** – Casualty **PL** – Personal Lines
 Life/Variable Annuity Health or Sickness

Limited Lines: **Credit**– Credit **CR** – Car Rental **CROP** - Crop **T** – Travel **S** – Surety **O** – Other: Specify Type

Jurisdiction	License Type				Major Lines of Authority							Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O	
AK																	
AL																	
AR																	
AZ																	
CA																	
CO																	
CT																	
DC																	
DE																	
FL																	
GA																	
GU																	
HI																	
IA																	
ID																	
IL																	
IN																	
KS																	
KY																	
LA																	
MA																	
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ME																	
MI																	
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MS																	
MT																	
NC																	
ND																	
NE																	
NH																	
NJ																	
NM																	
NV																	
NY																	
OH																	
OK																	
OR																	
PA																	
PR																	
RI																	
SC																	
SD																	
TN																	
TX																	
UT																	
VI																	
VA																	
VT																	
WA																	
WI																	
WV																	
WY																	

Background Questions

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

1 a. 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,
- 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.

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 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. 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 ___



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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. 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?
- c) are you the subject of a child support related subpoena/warrant?

_____ Months

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.)

Yes ___ No ___

8. In response to a "yes" answer to one or more of the Background 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.



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Applicant's Certification and Attestation

69 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, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction 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, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
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 jurisdictions 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 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 will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident 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 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).

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

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

1. **Nonresident Agent:** NC will rely on an electronic verification of an applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Registration fee of \$50.00 per license line of authority requested and one \$50.00 application processing fee per application made payable to NCDOI. All fees may be paid by company or agency check, money order, cashier's or personal check. Per G.S. 58-33-125(g), all fees are nonrefundable.
3. **Resident Agent:** Proof of designation for exemption from examination, if applicable. Registration fee \$50.00 per license line of authority requested and a \$50.00 application processing fee made payable to NCDOI. Applicants for initial license must also submit a \$38.00 criminal history background check fee and submit fingerprints following the instructions provided by the NC Licensing Office of Pearson VUE. All fees may be paid by company or agency check, money order, cashier's or personal check. Per G.S. 58-33-125(g), all fees are nonrefundable.
4. **Nonresident Brokers:** Original bond not required to obtain a brokers license. A \$50.00 license fee and a \$50.00 application processing fee made payable to NCDOI. All fees may be paid by company or agency check, money order, cashier's or personal check. Per G.S. 58-33-125(g), all fees are nonrefundable.
5. **Resident Brokers:** Original bond (minimum \$15,000) along with \$50.00 fee and a \$50.00 application processing fee made payable to NCDOI. All fees may be paid by company or agency check, money order, cashier's or personal check. Per G.S. 58-33-125(g), all fees are nonrefundable.
6. **County Farm Mutual Agent:** No registration fee required. A \$50.00 application processing fee made payable to NCDOI must be mailed to NCDOI/Pearson VUE. All fees may be paid by company or agency check, money order, cashiers or personal check. Per G.S. 58-33-125(g), all fees are nonrefundable. . No examination, pre licensing education, or continuing education is required.

Mail application, required fees made payable to NCDOI, and all required supporting documentation to:

Post Office Remittance Address

North Carolina, State of DOI
P.O. Box 742175
Atlanta, GA 30374-2175

Overnight Mail:

Bank of America Lockbox Services
Lockbox 742175
6000 Feldwood Road
College Park, GA 30349

Questions? Please contact the NC Licensing Office of Pearson VUE at Telephone number: **(866) 265-6329**