



FORM L-176

Application for a Business-entity Insurance License

For applications received by the Department of Insurance
on or before June 30, 2015

- KEEP THESE INSTRUCTIONS – DO NOT return them with your license application.**
- DO NOT use Form L-176...**
 - **To renew a license.** See the PRODUCERS page of the Department of Insurance web site for instructions on how to renew a license.
 - **To obtain a license for a sole proprietorship.** Individuals must use Form L-169 to apply for an insurance license and Form L-193 to apply to use an assumed name.
 - **To apply for a rental car, self-service storage, travel insurance producer or portable electronics vendor license.** Use Form L-LTD to apply for those types of licenses.
 - **To apply for a health insurance navigator license.** Instead, use Form L-NAV.
- USE the National Insurance Producer Registry (www.nipr.com) instead of Form L-176 to apply for a license online. NIPR applications are processed more quickly.**
- Carefully read instructions.** You may need to submit additional forms or documents with your application. If your application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be returned as deficient.

IF SUBMITTING YOUR APPLICATION IN PAPER FORMAT (using Form L-176):

- Clearly print in ink or type all information.**
- Ensure the application is signed and dated** in the Authorization and Release section.
- Mail or deliver the completed application with all required documents and fees to:**
INSURANCE LICENSING SECTION, 2910 NORTH 44TH STREET, SUITE 210, PHOENIX, AZ 85018-7269

QUESTIONS? Before calling the Department of Insurance, look for answers on the PRODUCERS page of the Department of Insurance Internet web site (www.azinsurance.gov). For questions not addressed on our web site, contact the Insurance Licensing Section:

- **E-mail:** Licensing@azinsurance.gov
- **Phone:** 602-364-4457, or 877-660-0964 if calling long-distance within Arizona.

INSTRUCTIONS FOR FORM L-176
Insurance License Application for a Business Entity

1. **OFFICE LOCATIONS.** If the applicant transacts business at any additional **office** location other than the address provided in Section I, submit Form L-LOC with the application.
2. **FEES** (for a new license **OR** to add authority to an existing license):
 - Fees are **NON-REFUNDABLE** and are not prorated [ARS § 20-167(B)].
 - Make your check or money order payable to **INSURANCE LICENSING SECTION.**

Surplus Lines Broker License Fee for	\$500.00 to add authority to an existing license that expires in two years or less;
• Surplus Lines Broker	
• Mexican Insurance Surplus Lines Broker	OR

\$1,000.00 for authority that expires in more than two years.

Other Insurance License Fee	\$120.00 (<i>regardless of the number of non-surplus lines broker lines of authority for which you are applying</i>).
One fee for one or more lines of other (non-surplus-lines) insurance license authority	

Combined Insurance License Fee ("Surplus Lines" and "Other")	\$1,120.00
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Fingerprint Card Processing Fee* [§§ 20-142(E) and 41-1750(G)(2)]	\$22.00 for each fingerprint card submitted*
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The **fingerprint card processing fee is separate from the fee that a fingerprinting service will charge to apply fingerprints to a fingerprint card.*

3. LICENSE TERM

- A new license expires 4 years after the last day of the month in which the license is issued.
- License authority added to an existing license expires on the same date as existing authority.

4. IF YOU ANSWER "YES" TO ONE OR MORE OF THE QUESTIONS IN SECTION V, include:

- a. A **signed** statement describing in detail all incidents including
 - names of all parties involved,
 - dates and locations,
 - the names and localities of any courts and/or administrative agencies involved,
 - the disposition of each matter,
 - whether the conviction, plea or finding was for a felony or open-ended charge;

and

- b. Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. *If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.*

5. **ASSUMED NAME (OR DBA).** While conducting insurance business, you must use your legal name or an acceptable assumed name. To use an assumed name, submit Form L-193. A licensee should also consider protecting the name against use by others by applying with the Arizona Secretary of State for a Trade Name Certificate (www.sosaz.gov | 602-542-6187).

IMPORTANT!

The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. § 1033. *A person who does not obtain the specific written consent may be subject to federal criminal prosecution.* There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions.

A license issued by the Arizona Department of Insurance DOES NOT satisfy other business licensing requirements. An entity formed outside Arizona may need to obtain authority from the Arizona Corporation Commission or the Arizona Secretary of State in addition to obtaining an insurance license in order to lawfully operate its business in Arizona.

- **Arizona Corporation Commission:** www.azcc.gov | (602) 542-3026
- **Arizona Secretary of State:** www.azsos.gov | (602) 542-6187

6. **IF APPLICANT IS APPLYING FOR A NONRESIDENT LICENSE:**

- The applicant must hold an active resident license in the applicant's home state (a US state or territory) UNLESS both of the following are true: (a) the applicant is applying to become a nonresident Portable Electronics Adjuster and; (b) the applicant resides in a state that does not license adjusters.
- The applicant's home state license must be in good standing. The applicant's home-state license status will be electronically verified.

7. **IF APPLICANT IS APPLYING FOR AN ARIZONA-RESIDENT INSURANCE LICENSE:**

- a. **Principal place of business.** To apply as an Arizona resident, documents that the business submitted to a government agency to create/form the business must show an Arizona address as the business entity's principal place of business. A.R.S. § 20-281(4)(b).

If the business was organized in a state that requires the entity to record its principal business address as being outside Arizona, the business entity can apply for a nonresident insurance license but cannot apply for an Arizona resident insurance license.

- b. **Organizational documents.** Include with your license application the following based on the applicant's entity type:
- If the applicant is a corporation or limited liability company, submit a copy of the **articles of incorporation or articles of organization** stamped as "filed" with the Arizona Corporation Commission. The articles must show that the primary business address is within Arizona.

- If the applicant is a partnership, submit with the application a copy of the written **partnership agreement** and **certificate of registration** stamped as “recorded” in the office of the Arizona Secretary of State, or if organized outside Arizona, stamped “recorded” by the government office where the partnership was recorded. The partnership agreement must show the primary business address as being within Arizona.
- If the applicant is a business trust, include a copy of the filed and recorded **trust agreement**.

c. **Fingerprints.** For each principal (identified in Section III of the application),

- Submit a sealed envelope containing a completed fingerprint card (Form FD-258) and Form L-FPV in accordance with the procedures shown on Form L-FPV.
- Ensure the fees you submit with your application include the FBI Fingerprint Processing Fee for each card you submit.
- We strongly recommend that you use a professional fingerprinting service that applies scans your fingerprints with LiveScan technology and prints your fingerprints on a fingerprint card. LiveScan equipment typically provides more legible fingerprints. Fingerprints that are illegible will be rejected and a replacement fingerprint card will need to be submitted.
- The fingerprinting technician must carefully follow instructions on Form L-FPV (Fingerprint Verification Form), which will require you to show a valid, unexpired government-issued photo ID. Information on your ID must be current and must match the information entered on the fingerprint card.
- The fingerprinting technician will place the completed card and Form L-FPV in a sealed envelope and will write his/her name along the envelope seal. DO NOT open or fold the envelope containing the card or the card will be rejected.
- Send or deliver to the Insurance Licensing Section the unopened and not-folded fingerprint card envelope with the fingerprint card processing fee and other license application materials in a larger envelope.

NOTE: If Section III identifies another business entity as a principal of the applicant, Section III must include information about the other business entity’s principals; responses in Section V must reflect those principals; and, you must submit fingerprints for each such principal.

Fingerprints submitted with an insurance license application will be used to check FBI criminal history records.

If you have a criminal history record, the Department of Insurance shall provide you the opportunity to complete or challenge the accuracy of the information in the record, and a reasonable amount of time to correct or complete the record (or decline to do so) before a license is denied based on the criminal history record. The procedures for changing, correcting or updating your FBI criminal history record are set forth in Code of Federal Regulations (CFR) Title 28, Sections 16.30 through 16.34. Information on how to review and challenge an FBI criminal history record is available on the FBI Web site at www.fbi.gov (under Criminal History Summary Checks) or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history record in order to review/update/correct the record, you can contact the Arizona Department of Public Safety (ADPS) Criminal History Records Unit at (602) 223-2222. Information concerning the DPS review and challenge process is available on the ADPS Web site, at www.dps.gov.

- d. **Application for consent to engage in the business of insurance under 18 U.S.C. § 1033.** An applicant or any person employed by the applicant who proposes to conduct insurance business and who has been convicted of an 18 U.S.C. § 1033 offense must complete an *Arizona Application for Consent to Engage in the Business of Insurance Under 18 USC § 1033*, which is accessible on the PRODUCERS page of the Department of Insurance Web site (www.azinsurance.gov).

7. IF APPLICANT IS APPLYING FOR A BAIL BOND AGENT LICENSE

- Submit (with the surety's power of attorney) and maintain throughout the term of the license a \$10,000 surety bond using **Form L-195**.
- A bail bond agency may not employ or assist in the employment of any person who has been convicted in any jurisdiction of
 - **ANY** felony,
 - **ANY** theft conviction (misdemeanor, felony, etc.) or;
 - **ANY** crime (misdemeanor, felony etc.) involving carrying or the possession of a deadly weapon or dangerous instrument. ARS § 20-341.03(A)(9).
- Each owner and stockholder (member, officer, director, etc.) must also be licensed as a bail bond agent. ARS § 20-341.01(B).

8. IF APPLICANT IS APPLYING FOR A SURPLUS LINES BROKER LICENSE

- To transact surplus lines insurance for an insured whose home state is within this state, each individual and each business entity must possess a surplus lines broker license issued by the Arizona Department of Insurance. ARS § 20-411(A).
- If the individual and business entity will only be selling, soliciting or negotiating alien insurance for coverage in Mexico (pursuant to ARS § 20-422), the individual and business entity may apply for a Mexican Insurance Surplus Lines Broker license instead of a Surplus Lines Broker license.

9. IF APPLICANT IS APPLYING FOR A TITLE AGENT LICENSE

- Submit a **letter of authorization** from the Arizona-admitted title insurance company that the applicant will represent subject to being issued a license.
- Title agent names must comply with standards established in A.R.S. § 20-1583(A).
- A title agent may only be a domestic or foreign stock corporation or LLC.

THE ARIZONA DEPARTMENT OF INSURANCE IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT ("ADA") OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS

APPLICATION FOR A BUSINESS-ENTITY INSURANCE LICENSE (FORM L-176)

FOR APPLICATIONS RECEIVED BY THE ARIZONA DEPARTMENT OF INSURANCE ON OR BEFORE 6/30/2015

1. **CAREFULLY READ THE FIVE INSTRUCTION PAGES.** INCOMPLETE APPLICATIONS WILL BE RETURNED.
2. DO NOT USE FORM L-176 to apply ► for a rental car agent license, a self-service storage agent license, a portable electronics vendor license or a travel insurance producer license (see Form L-LTD); ► for a health insurance navigator license (see Form L-NAV); ► as a sole proprietorship (see Form L-169); ► to renew a license (see Form L-192).
3. A business entity must be formally established before applying for an insurance license. See INSTRUCTIONS.
4. **USE www.NIPR.com** instead of this form to apply for your license and to pay associated fees online. **OTHERWISE...**
 - a. Complete all three pages of Form L-176 (printed in ink or typed) and fulfill all other requirements described in the instructions. Other required forms are available from the PRODUCERS page of our Web site (www.azinsurance.gov).
 - b. Send your application materials and fee payment to
INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269

SECTION I: BUSINESS INFORMATION

Full (Genuine Legal) Name of Business Entity		FEIN (a.k.a. Federal Tax ID Number ##-####-####)	
Physical street address* of business (may not be P.O. box)		City	State ZIP Code
Mailing address to appear on license (if blank, the physical address will appear)*		City	State ZIP Code
Area Code/Telephone Number	* The <i>physical street address</i> may not be a post office box. The <i>mailing address</i> may be either a street address or a post office box. You must complete Form L-LOC if you have additional office locations.		

SECTION II: LICENSE SELECTION

Unless applying for a Title Insurance Agent license, you can only apply for authority for which your designated responsible licensed producer (see Section IV) is individually licensed. Select ("X") one or more of the following:

<input type="checkbox"/> Life Insurance Producer	<input type="checkbox"/> Property Insurance Producer	<input type="checkbox"/> Surplus Lines Broker	<input type="checkbox"/> Portable Electronics Adjuster
<input type="checkbox"/> Accident and Health or Sickness Insurance Producer	<input type="checkbox"/> Casualty Insurance Producer	<input type="checkbox"/> Mexican Insurance Surplus Lines Broker	
<input type="checkbox"/> Variable Life and Variable Annuities Insurance Producer	<input type="checkbox"/> Personal Lines Insurance Producer	<input type="checkbox"/> Insurance Adjuster	<input type="checkbox"/> Other
<input type="checkbox"/> Credit Insurance Producer	<input type="checkbox"/> Title Insurance Agent	<input type="checkbox"/> Bail Bond Agent	_____

SECTION III: BUSINESS ENTITY PRINCIPALS

List the names and titles of all directors and officers if a corporation, partners if a partnership, members and managers if a limited liability company, trustees if a trust, etc. Attach a signed and dated list if you need additional space. **See INSTRUCTIONS for fingerprinting requirements.**

Name:	Title:

SECTION IV: DESIGNATED RESPONSIBLE LICENSED PRODUCER

(Skip if a title insurance agent applicant). Enter the **FULL** name and Arizona insurance license number of the Arizona-licensed (resident or nonresident) individual who shall be responsible for the applicant's compliance with Arizona insurance laws. **If the applicant has branch locations in Arizona, you must complete Form L-LOC and identify a designated responsible licensed producer for each location.**

Name:	AZ License #:
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SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY

AZ License #: L-176 <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"> </td> </tr> </table> TF#: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"> </td> </tr> </table>													<input type="checkbox"/> 56 Quad Other (120) <input type="checkbox"/> 58 Quad SLB (1,000) <input type="checkbox"/> 18 Pro SLB (500) <input type="checkbox"/> 66 Fingerprint (22 X _____)	PDB Checked <input type="checkbox"/> License Type(s): _____ License Tech Initials _____

