



# FORM L-LTD

## *Application for a Business-entity Limited-line Insurance License*

*(Portable Electronics Vendor, Rental Car Agent,  
Self-service Storage Agent, or Travel Insurance Producer)*

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

- Use Form L-176** if applying for a business-entity license that is not listed in parentheses toward the top of this page.
- Use Form L-169** if you are an individual applying for a Self-service Storage Agent license.
- 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.
- Clearly print in ink or type all information** and carefully review the application before submitting it.
- 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](http://www.azinsurance.gov)). For questions not addressed on our web site, contact the Insurance Licensing Section:

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

**INSTRUCTIONS FOR FORM L-LTD**  
**Business-entity Limited-lines License Application**

**KEEP THESE INSTRUCTIONS -- Do not return them with your license application.**

- 1. OFFICE LOCATIONS.** If the applicant transacts business at any **office** location other than the address provided in Section I, submit Form L-LOC with the application.
- 2. FEE: \$120.00** (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**.
  - The fee to obtain a new Arizona insurance license **OR** to add authority to an existing license is **\$120.00**.
- 3. IF YOU ANSWERED “YES” TO ONE OR MORE OF THE QUESTIONS IN SECTION V**, include:
  - 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.*
- 4. 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.

**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 LIMITED-LINES LICENSE (FORM L-LTD)

## Self-service Storage Agent • Rental Car Agent • Portable Electronics Vendor • Travel Insurance Producer

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

1. Use Form L-176 if applying for a business-entity license that is not listed toward the top of this page.
2. Use Form L-169 if you are an individual applying for a Self-service Storage Agent license.
3. **CAREFULLY READ THE INSTRUCTION PAGES.**
4. Complete BOTH PAGES (printed in ink or typed) of this form and fulfill all other requirements described in the instruction pages. Additionally required forms are available on our Internet web site, at [www.azinsurance.gov](http://www.azinsurance.gov)
5. Send or deliver application materials and fee payment to:  
**INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269**

### SECTION I: BUSINESS INFORMATION

Full Name of Applicant (If intending to use an assumed name or d.b.a. name, also see instructions)		FEIN #	
Physical street address of record (may not be P.O. box)		City	State      Zip Code
Mailing address to appear on license (if left blank, box B address will appear on license)*		City	State      Zip Code
Telephone Number	* The physical street address may not be a post office box. The mailing address may be a post office box if desired. <b>NOTE: If the applicant shall transact business at locations other than the physical address identified in Section I, applicant must attach form L-LOC.</b>		
Fax Number (optional)	E-mail Address (optional)		

### SECTION II: LICENSE TYPE

Enter an "X" to the left of the license authority for which you are applying.

- Portable Electronics Vendor   
  Rental Car Agent   
  Self-service Storage Agent   
  Travel Insurance Producer

### SECTION III: PRINCIPALS OF THE APPLICANT

Is the applicant a portable electronics vendor that derives more than 50% of its revenue from selling portable electronics insurance?  Yes     No. If "No," skip the remainder of this section. If "Yes," the applicant must list all its officers and directors, and all shareholders of record having beneficial ownership of 10% or more of any class of securities registered under the federal securities law. Provide additional signed and dated sheets as required.

Name:	Title:

### SECTION IV: DESIGNATED RESPONSIBLE LICENSED PRODUCER (Travel Insurance Producer ONLY – otherwise skip)

Enter the **FULL** name and Arizona insurance license number of the individual who shall be responsible for the applicant's compliance with Arizona insurance laws.

Name:	AZ License #:
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SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY																
AZ License #: <b>L-LTD</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table> TF#: <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15px;"> </td><td style="width: 15px;"> </td> </tr> </table>															<input type="checkbox"/> 56 Quad Other (120)	License Type: _____  License Tech Initials _____

**SECTION V: ADDITIONAL INFORMATION** Carefully respond to each question. **You should provide a “YES” answer even if you believe an incident has been cleared from your record.** Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application. **NOTE: You must provide additional information if you respond “YES” to any of the following.**

For the purposes of this application, "judgment" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any charge. You must answer “Yes” even if a conviction was dismissed, expunged, pardoned, appealed, set aside, vacated or reversed, etc., OR even if applicant had civil rights restored, had a plea withdrawn, or was given probation, a suspended sentence or a fine, or successfully completed a diversion program.

A. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license <b>EVER</b> had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license <b>EVER</b> withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license <b>EVER</b> been convicted or found guilty of, had a judgment made against for, or admitted to, any of the following:	
1. A felony (of any kind)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Forging another's name to any document related to an insurance transaction? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Withholding, misappropriating, converting or stealing money or property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Committing an insurance unfair trade practice or fraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Transacting, or helping someone else transact, insurance without the required license authority? .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is <b>ANY</b> case currently pending against the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license in any jurisdiction accusing you of any issue listed in Question C?: .....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION VI: AUTHORIZATION AND RELEASE** By my signature below, I hereby attest and affirm all the following:

- I am the authorized individual who represents the applicant named hereon which is organized under the laws of the State of Arizona or possesses official authority to do business in Arizona;
- I have read the application and accompanying materials, and each statement, answer, attachment and enclosure provided in the application and accompanying materials are true, complete and correct;
- I acknowledge that if there exists any fraud or misrepresentation in attempting to obtain any insurance license in this State, the Director of Insurance may refuse to accept any application for a license;
- I understand that pursuant to A.R.S. § 20-291, application for and acceptance of a non-resident license constitutes an irrevocable appointment of the Director of insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license;
- Service of process on the director on behalf of a non-resident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.
- Limited Line Travel Producers only. I certify to the Department that the registered travel retailer is not in violation of 18 United States code section 1033.

Signature of a principal of the applicant	Printed or typed name of signer	Date
_____	_____	_____
Title	Email address:	Phone
_____	_____	_____