

ARIZONA APPLICATION FOR CONSENT TO ENGAGE IN THE BUSINESS OF INSURANCE UNDER 18 USC § 1033

18 USC § 1033 prohibits individuals convicted of certain offenses from engaging in or proposing to become engaged in the business of insurance without the written consent of an insurance regulatory official. 18 USC § 1033(e)(2).

You must complete this Application if:

1. You have been convicted of any FELONY involving dishonesty or breach of trust that you have not disclosed on your application for an Arizona insurance license, or
2. You have been convicted of an 18 USC § 1033 offense, even if you have disclosed it on your application for an Arizona insurance license. An 18 USC § 1033 offense includes:
 - Knowingly making a false material statement or report or overvaluing land, property or security in connection with reports or documents presented to any insurance regulatory official or agency for the purposes of influencing the actions of the official or agency. 18 USC § 1033(a)(1).
 - Knowingly making a false entry in any book, report or statement with the intent to deceive any person about the financial condition of an insurance business. 18 USC § 1033(c)(1).
 - Using, or attempting to use, threats or force or any threatening letter or communication to corruptly influence, obstruct or impede the due and proper administration of the law in a proceeding involving the business of insurance pending before any insurance regulatory official or agency. 18 USC § 1033(d).

You must answer every question on the Application. If a question does not apply, indicate "Not Applicable" or "N/A" in the space provided for the answer. Failure to fully answer questions will delay the application process. Do not limit your answers to the space provided on the Application -- attach additional pages as needed. We will not process an incomplete Application. We may request additional information before approving an Application.

SECTION I - APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:	Jr./Sr./III/etc.:	AZ DOI USE ONLY Received: ____/____/____
Have you ever been known by or used another name including a maiden name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list other name:				
Physical Street Address of Your Home/Residence:	City:	State:	ZIP Code	Home Area Code/Phone
Mailing Address (PO Box or Street Address):	City:	State:	ZIP Code	Work Area Code/Phone
Social Security Number	Have you ever been issued another Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide an explanation and list the previous/other Social Security Number(s) on a separate sheet.			
Date of Birth:	City of Birth	State/Province of Birth:	Country of Birth:	

SECTION II – CRIMINAL HISTORY

A. Submit a signed and dated typed statement containing a following:

1. A list of each felony and each violation of 18 USC § 1033 for which you have been arrested, charged, indicted or convicted, negotiated a plea agreement or submitted a plea of *nolo contendere*, regardless of the outcome of any resulting case. For each case include:
 - a. The events (including dates, locations, and your actions) that led to each arrest, charge, indictment, conviction or plea agreement;
 - b. The nature of the offense(s) for which you were charged (*for example, 'burglary'*) and the classification of each offense (*for example, 'class 2 felony'*);
 - c. The identity and location of the court or similar body that adjudicated the case and the case number;
 - d. For each offense of which you were found or plead guilty or *nolo contendere*,
 - i. the date the judgment or plea was entered,
 - ii. the type of judgment or plea (whether you were found guilty or not guilty, plead guilty or *nolo contendere*, etc.) concerning each charge,
 - iii. the nature and classification of each offense of which you were found or plead guilty or *nolo contendere*; and
 - iv. if applicable, whether the conviction was pardoned, expunged, set aside, or is currently under appeal.
2. The term of incarceration to which you were sentenced, the range of dates during which you were incarcerated; and an explanation of any differences between the length of your sentence and time served.
3. The term of parole/probation to which you were sentenced, the range of dates during which you were on parole/probation and whether you are currently on parole/probation. If you are currently on parole/probation,
 - a. The date your parole/probation is currently scheduled to end;
 - b. Limitations on your activities or requirements you must fulfill as conditions of your parole/probation;
 - c. The name and telephone number of the person supervising your parole/probation.
4. The amounts of restitution imposed in the sentence, the amounts you paid and the amounts you owe;
5. The amounts of fines, penalties and costs imposed in the sentence, the amounts you paid and the amounts you owe; and
6. Whether your civil and political rights have been restored.

B. Submit a certified copy of each indictment, criminal complaint, or docket sheet or other initiating documents showing the charge(s). If a certified copy is not available, include a letter from the clerk of the court of jurisdiction that explains why the document is not available.

C. Submit a certified copy of each court order of judgment and sentence for the conviction, including court certification that you completed and performed all court-imposed conditions/requirements. If a certified copy is not available, include a letter from the clerk of the court of jurisdiction that explains why the document is not available.

NOTE: An application without all required attachments or with incomplete attachments will be returned to the applicant.

SECTION III – PRESENT / PROPOSED INSURANCE EMPLOYMENT

A. Complete SECTION III for each current employer or prospective employer that participates in the business of insurance. *For the purposes of this Application, “employer” includes an individual, business or other entity that intends to employ, contract or otherwise utilize you to carry out activities, duties and responsibilities.*

Name of employer:				AZ License Number or NAIC Number:	
Street Address of the Employer:		City:	State:	ZIP Code:	Area Code/Phone:
Title of the Position You Want to Hold:		Date of Employment or Proposed Date of Employment:		Supervisor’s Name:	
Description of Position Activities, Duties and Responsibilities:					

B. Attach or describe any proposed or current written or oral agreements, contracts or understandings with any individual or entity engaged in the business of insurance as defined by 18 USC § 1033. If consent is given, it will be only applicable to the activities described herein.

C. Attach a signed letter from the individual that seeks to employ you that includes:

1. Details of the duties and responsibilities that you are performing for the employer or are to perform for the employer for which you seek written consent
2. That the individual believes that having you perform these duties and responsibilities does not pose a threat to the public.

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SECTION IV – ATTESTATION AND NOTARIZATION

I, _____ (name of applicant), swear under penalty of law that my statements in the attached Application, and the documents appended thereto, are true and correct and complete. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Insurance Commissioner of the State of ARIZONA in the execution of his or her duties under the Insurance Code, and 18 U.S.C. § 1033, in making a decision on this Application. I understand that if I have made any false statement in this Application, or if there are any false statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statement(s) would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted.

By signing this Application, I acknowledge that the Insurance Department, for the State of Arizona may conduct an independent investigation to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Insurance Department may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records.

Signature of Applicant *(while witnessed by notary public)*

Date

STATE OF ARIZONA)
)
COUNTY OF _____)

Subscribed, sworn to, and acknowledged before me by _____ to be his/her free act and deed this ____ day of _____, 20_____.

(Notary Seal)

Notary Public, State at Large

My Commission Expires