



## INSTRUCTIONS FOR

# FORM L-169

## *Application for an Insurance License for an Individual*

*For applications received by the Department of Insurance on or before June 30, 2016*

- USE THE NATIONAL INSURANCE PRODUCER REGISTRY ([www.nipr.com](http://www.nipr.com)) instead of Form L-169** to apply for a license online. NIPR applications are processed more quickly. *If you do not use the NIPR application, you will need to explain the reason.*

### IF YOU USE FORM L-169 INSTEAD OF NIPR TO APPLY FOR YOUR LICENSE:

- KEEP THESE INSTRUCTIONS – *DO NOT* return them with your license application.**
- DO NOT use Form L-169...**
- **To renew a license.** See the PRODUCERS page of the Department of Insurance web site for instructions on how to renew a license.
  - **To apply for a license as a health insurance exchange navigator or certified application counselor.** Use Form L-NAV to apply for this license authority.
- 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.
- Complete this form on your computer,** save the completed form and print it out to submit with other required documents and fees. To use this form, you must have Adobe Acrobat Reader software. **Form L-169 will not print unless you have completed all parts of the form.**
- Make sure to sign and date the application** 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 (<https://insurance.az.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-169**  
**Insurance License Application for an Individual**

**1. 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**.

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<b>Surplus Lines Broker License Fee</b> for	<b>\$500.00</b> to add authority to an existing license that expires in two years or less;
<ul style="list-style-type: none"><li>• Surplus Lines Broker</li><li>• Mexican Insurance Surplus Lines Broker</li></ul>	<b>OR</b>
	<b>\$1,000.00</b> for authority that expires in more than two years.

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<b>Other Insurance License Fee</b>	<b>\$120.00</b> ( <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	

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<b>Combined Insurance License Fee</b> ("Surplus Lines" and "Other")	<b>\$1,120.00</b>
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<b>Fingerprint Card Processing Fee*</b> [§§ 20-142(E) and 41-1750(G)(2)]	<b>\$22.00</b> 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.*

**2. LICENSE TERM**

- A new license expires on the last day of the licensee's birth month between 3 and 4 years from the date of issuance.
- License authority added to an existing license expires on the same date as existing authority.

**3. 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.*

**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. 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](http://www.sosaz.gov) | 602-542-6187).

**5. IF YOU ARE APPLYING FOR A NONRESIDENT LICENSE:**

- You must hold an active resident license in your home state (a US state or territory) *EXCEPT*:
  - If you are an insurance adjuster or a portable electronics insurance adjuster from a state that does not issue adjuster licenses, you must provide with your application Form L-152 (see INSTRUCTIONS § 6.b) and a fingerprint card (see INSTRUCTIONS § 6.d).
  - If you are an insurance adjuster (not portable electronics insurance adjuster) and your home state does not issue adjuster licenses, you must also pass the Arizona adjuster examination (see INSTRUCTIONS § 6.c).
- Your home state license will be electronically verified and must be in good standing.
- If you are applying for license authority that you hold in your home state that is not shown in SECTION II of Form L-169, write the line of authority on the line entitled, “Other Limited Line.”

**6. IF YOU ARE APPLYING FOR A RESIDENT LICENSE:**

- a. **Principal location.** To apply as an Arizona resident, you must maintain your principal place of business or your principal place of residence within Arizona.
- b. **Licensing eligibility requirement.** If you do not already hold an Arizona-resident license and you are either a resident of Arizona or a non-resident adjuster from a state that does not issue adjuster licenses, you must **submit Form L-152**.
- c. **Examination requirement.** Arizona residents must pass an insurance license examination before applying for the following license authority:
  - **Insurance producer** (*including credit insurance producer applicants*)
  - **Surplus lines broker**
  - **Bail bond agent**
  - **Insurance adjuster** - A *non-resident* from a state that does not license insurance adjusters must also pass Arizona’s insurance adjuster examination.

**For examination information and scheduling,** visit Prometric’s Internet web site at [www.prometric.com/arizona](http://www.prometric.com/arizona) or call Prometric at 800.853.5448.

**Relocating to Arizona.** If you are moving to Arizona from another state, you may submit a ‘Clearance Letter’ from your previous home state in lieu of passing Arizona’s insurance license examination (see EXCEPTION noted below). The Department of Insurance must receive your Clearance Letter and your complete license application (including all required forms and fees) within 90 days after your license in your previous home state is cancelled.

**EXCEPTION to using a Clearance Letter in lieu of passing an Arizona insurance examination:** If you failed Arizona’s insurance license examination for the desired line of authority four times within the 12-month period, you must wait 12 months after the last examination failure to apply for the line of authority, even if you become licensed as a resident of another state, cancel the license in the other state and return to Arizona with a Clearance Letter from the other state.

- d. **Fingerprints.** If you are an Arizona resident who does not already hold an Arizona-resident insurance license, or if you are a non-resident adjuster from a state that does not license adjusters, you must complete the following procedures:
- Submit a sealed envelope containing the 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 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.

**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](http://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](http://www.dps.gov).

- e. **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 ([insurance.az.gov](http://insurance.az.gov)).

## 7. IF YOU ARE 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**.

- Include Form **L-BBAA**
- A bail bond agent may not employ or assist in the employment of any person who has been convicted in any jurisdiction of:
  1. **ANY** felony
  2. **ANY** theft conviction (misdemeanor, felony etc.) or;
  3. **ANY** crime (misdemeanor, felony etc.) involving carrying or the possession of a deadly weapon or dangerous instrument . ARS § 20-341.03(A)(9).

**8. IF YOU ARE APPLYING FOR A SURPLUS LINES BROKER LICENSE**

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

**9. IF YOU ARE APPLYING FOR A RISK MANAGEMENT CONSULTANT LICENSE**, include written authorization from the political subdivision (city/town/county) with which you are employed.

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 AN INSURANCE LICENSE FOR AN INDIVIDUAL (FORM L-169)

FOR APPLICATIONS RECEIVED BY THE ARIZONA DEPARTMENT OF INSURANCE ON OR BEFORE 6/30/2016



**Want your license fast? Want to pay for your license with a credit card?**  
**Don't use this form.** Apply for your license online using NIPR!  
 Go now to [www.nipr.com](http://www.nipr.com), the National Insurance Producer Registry

**IF YOU ARE SUBMITTING THIS FORM INSTEAD OF USING THE NIPR ONLINE APPLICATION:**

1. Explain why you are submitting your application on paper rather than using the NIPR online application.
2. **CAREFULLY READ THE FIVE INSTRUCTION PAGES.** INCOMPLETE APPLICATIONS WILL BE RETURNED. Other required forms are available from the PRODUCERS page of our Web site (<https://insurance.az.gov>).
3. DO NOT USE FORM L-169 to apply ► to renew a license (see Form L-191); for a license for a business entity (see Form L-176); ► for a health insurance navigator license (see Form L-NAV).
4. **Use your computer** to enter information on both pages of Form L-169; print, sign and date the form; fulfill all other requirements described in the application and application instructions; and send with your fee payment to:  
**INSURANCE LICENSING SECTION, 2910 North 44th Street, Suite 210, Phoenix, AZ 85018-7269**

**SECTION I: BUSINESS INFORMATION**

<b>A. (Legal) Last Name</b> (including Jr/Sr/etc if applicable)		<b>B. Full First Name</b>		<b>C. Full Middle Name</b>	
<b>D. Physical Street Address of Place of Business</b> (must NOT be a PO or PMB box, must be where you principally conduct business)				City	State
				State	ZIP Code
<b>E. Name of Business (if applicable, for mailing purposes)*:</b>				<b>*If the business is involved in the sale, solicitation or negotiation of insurance, the business must also be licensed.</b>	
<b>F. Mailing Address</b> (optional; P O box permitted)				City	State
				State	ZIP Code
<b>G. Business Phone w/ Area Code:</b>		<b>H. Fax w/ Area Code (optional):</b>		<b>I. E-mail Address (optional):</b>	

**SECTION II: LICENSE SELECTION**

**IMPORTANT!** You must select ("X") ALL of the line(s) of authority for which you are applying. If you fail to select a line of authority that you want, you will be required to apply for that line of authority with a separate license application and fee.

<input type="checkbox"/> Life Insurance Producer	<input type="checkbox"/> Property Insurance Producer	<input type="checkbox"/> Surplus Lines Broker	<b>WHICH OF THE FOLLOWING IS TRUE:</b>
<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"/> Credit Insurance Producer	<input type="checkbox"/> Bail Bond Agent	<input type="checkbox"/> Portable Electronics Insurance Adjuster	
<input type="checkbox"/> Risk Management Consultant	<input type="checkbox"/> Other (specify):		
			<input type="checkbox"/> The applicant does not hold an Arizona insurance license and wants to be issued an Arizona insurance license.
			<input type="checkbox"/> The applicant already holds Arizona insurance license # _____ and wants additional license authority.
			<input type="checkbox"/> The applicant is moving from another state to Arizona.

**SECTION III: PERSONAL INFORMATION**

<b>A. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>B. Date of Birth:</b>	<b>C. Social Security Number</b> [ARS § 25-320(P)]	<b>D. Home Area Code and Phone Number</b>
<b>E. Physical Street Address of Applicant's Home</b> (must not be a post office box or PMB)			City
			State
			ZIP Code

**SPACE BELOW IS FOR INSURANCE DEPARTMENT USE ONLY**

<b>AZ License #:</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="checkbox"/> 56 Quad Other (120)	Exam passed on ___/___/___	PDB Checked <input type="checkbox"/>
<b>TF#:</b> [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	<input type="checkbox"/> 58 Quad SLB (1000)	Exam passed on ___/___/___	L-152 submitted <input type="checkbox"/>
	<input type="checkbox"/> 18 Half SLB (500)		License Tech Initials _____
	<input type="checkbox"/> 66 Fingerprint (22 X _____)		

**SECTION IV: INSURANCE LICENSE HISTORY** Are you now, or have you ever been, licensed to transact any kind of insurance in this state or elsewhere? Yes  No  If "Yes," attach a list of the insurance licenses you held and, for each, the license number, the line(s) of insurance on the license, the state or locality that issued the license, the date the license was issued and the license expiration date.

**SECTION V: ADDITIONAL INFORMATION** Carefully read and respond to each of the following questions. **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: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see INSTRUCTIONS.**

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 you had civil rights restored, had a plea withdrawn, or were given probation, a suspended sentence, a fine, or successfully completed a diversion program. You must answer "Yes" even if your conviction was initially labeled an undesignated offense.

A. Have you EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, <b>OR</b> been issued a consent order, an administrative action <b>OR</b> a fine imposed by any public authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you EVER withdrawn an application for a license or certification to avoid its denial, or have you EVER surrendered a license or certification to avoid disciplinary action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you EVER been found guilty of, have you had a judgment made against you for, or have you 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 any case currently pending against you in any jurisdiction accusing you of any issue listed in Question C?:.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. <b>If you ARE NOT applying for a bail bond agent license</b> , answer "Not applicable."	<input type="checkbox"/> Not applicable
<b>If you ARE applying for a bail bond agent license</b> , have you EVER been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor, etc.) that involved theft OR carrying, illegally using or possessing a deadly weapon or dangerous instrument?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION VI: EMPLOYMENT HISTORY** List your employment, **insurance and non-insurance**, history (and periods of unemployment or education) for the past 5 years. If you need more space, attach and sign a separate sheet with the information.

Employer Name	Position Held	City/State	EMPLOYMENT DATES	
			FROM (mm/yy)	TO (mm/yy)

**SECTION VII: AUTHORIZATION AND RELEASE** By signing and submitting this application, you agree to all the following.

- You authorize the Arizona Department of Insurance ("DEPARTMENT") to conduct a background investigation to determine your fitness for an insurance license. You agree to promptly respond to questions that may arise from the investigation.
- You authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information about you to furnish the DEPARTMENT with any such information and you permit the DEPARTMENT, its employees, agents or representatives, and your authorized insurers, to inspect and make copies of such documents, records and other information.
- You release, discharge and exonerate the DEPARTMENT, its employees, agents and representatives, the State of Arizona, your authorized insurers, and any person furnishing information pursuant to this Authorization and Release from any and all liability that may arise from the investigation made by the DEPARTMENT.
- You attest that you read, understood and followed the five-page INTRUCTIONS FOR FORM L-169 document.**
- You attest that you have read and understand the foregoing.** You certify, under penalty of denial, suspension or revocation of the license and under any other penalties that may apply that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of your knowledge and belief.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Full **Signature** of Applicant