



Licensing Section

Arizona Department of Insurance

2910 North 44th Street, Suite 210, Phoenix, Arizona 85018-7269

Phone: (602) 364-4457 | Toll free w/in AZ: (877) 660-0964

Web: <https://insurance.az.gov> | E-mail: Licensing@azinsurance.gov

FORM L-177: CHANGE TO MEMBERS, OFFICERS OR DIRECTORS (PRINCIPALS) INSTRUCTIONS

1. **If you answered “YES” to one or more of the questions in Section V, you must 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 current status 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, provide a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.*
2. **You must include a Form FD-258 fingerprint card, accompanied by the Fingerprint Processing Fee for each new Principal (member, officer, director, partner, etc.) if:**
 - a. The business entity holds an Arizona-resident insurance license **AND**
 - b. The Officer has not had their fingerprints processed by the Arizona Department of Insurance within the last 12 months.
3. **When required, fingerprint cards must be submitted exactly as described in the instructions on Form L-FPV.** Fingerprints that are not submitted in accordance with those instructions will be rejected. You may download Form L-FPV from the Licensing-Related Forms link on the PRODUCERS page of our website. (<https://insurance.az.gov/producers/licensing-related-forms>)
4. **Each fingerprint card submitted must be accompanied by the \$22.00 FBI fingerprint card processing fee.** This fee pays the FBI to process the card. The fee is not related to the amount that you may need to pay a fingerprinting service to apply fingerprints to the fingerprint card. The Fingerprint Processing Fee is subject to change without notice.
5. **Submit Form L-177 along with any required fingerprint cards in their sealed envelopes and meeting all other requirements as described on Form L-FPV and FBI processing fees to the following address:**

Insurance Licensing Section
Arizona Department of Insurance
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
6. **Do not submit this INSTRUCTION page – keep it for your records.**

QUESTIONS?

- Visit the PRODUCERS page of our Internet Web site at <https://insurance.az.gov>;
- Send an e-mail to Licensing@azinsurance.gov
- Call us at 602.364.4457



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FORM L-177: CHANGE TO MEMBERS, OFFICERS OR DIRECTORS (PRINCIPALS)

The designated responsible producer (“DRP”) or a member, officer, director, partner, etc. (collectively referred to as “Principal”) must complete and submit this form within 30 calendar days of any change in the business-entity licensee’s Principals. ARS § 20-286(C)(2). **You must submit fingerprints for each new Principal in accordance with the INSTRUCTIONS.**

Name of BUSINESS ENTITY LICENSEE			AZ License # - BUSINESS ENTITY
DRP or Principal's Last Name	First Name	Middle Name	AZ License # - DRP
<hr/>			
Principal's Last Name:	First Name:	Middle Name:	
Title (President, Member, CEO, etc.):	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
<hr/>			
Principal's Last Name:	First Name:	Middle Name:	
Title (President, Member, CEO, etc.):	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
<hr/>			
Principal's Last Name:	First Name:	Middle Name:	
Title (President, Member, CEO, etc.):	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
<hr/>			
Principal's Last Name:	First Name:	Middle Name:	
Title (President, Member, CEO, etc.):	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
<hr/>			
Principal's Last Name:	First Name:	Middle Name:	
Title (President, Member, CEO, etc.):	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
<hr/>			
Principal's Last Name:	First Name:	Middle Name:	
Title (President, Member, CEO, etc.):	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
<hr/>			
Principal's Last Name:	First Name:	Middle Name:	
Title (President, Member, CEO, etc.):	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE		
<hr/>			

Name of BUSINESS ENTITY LICENSEE	AZ License # - BUSINESS ENTITY
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BACKGROUND QUESTIONS

You should provide a “YES” answer if a “YES” answer is correct for one or more Principal, and even if you believe an incident has been cleared from a Principal’s 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/revoke the license. **NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond “YES” to any of the following. Please see the instructions on Page 3.** 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., even if the Officer had civil rights restored, had a plea withdrawn, or was given probation, or a suspended sentence, was fined, or successfully completed a diversion program.

A. Has any individual designated in this report EVER 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 any individual designated in this report EVER 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 any individual designated in this report EVER 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 any case currently pending against any individual designated in this report in any jurisdiction alleging any offense listed in Question C?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. <i>If the entity is not a bail bond agent license, answer “Not applicable.”</i>	<input type="checkbox"/> Not applicable
<i>Otherwise</i> has any individual designated in this report EVER been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor) that involved carrying, illegally using or possessing a deadly weapon or dangerous instrument OR theft (that has not been previously disclosed in a written format by you to this agency)?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No

AUTHORIZATION AND RELEASE By signing and submitting this application, you and all Officer’s listed, agree to the following.

- o You authorize the Arizona Department of Insurance (“DEPARTMENT”) to conduct a background investigation and you agree to promptly respond to questions that may arise from the investigation.
- o You authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of documents, records and other information 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.
- o You release, discharge and exonerate the DEPARTMENT, its employees, agents and representatives, the State of Arizona, 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.
- o 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.

Signature of Designated Responsible Producer (DRP) or Principal

Date