



**LICENSING**



## NAIC Uniform Application for Individual Renewal

FOR USE IN APPLYING FOR AN INITIAL INSURANCE LICENSE OR ADDING A LINE OF AUTHORITY FOR AN INDIVIDUAL.

**USE THE NATIONAL INSURANCE PRODUCER REGISTRY ([www.nipr.com](http://www.nipr.com)) instead of a paper application form** to renew a license online. NIPR applications are processed more quickly.

### TIME SENSITIVE MATERIALS!!!

**IMPORTANT!** If the Insurance Licensing Section does not receive your complete application and fees **by or before your license expiration date**, you shall lose the authority to transact insurance and you will need to pay an additional \$100 late fee to renew the license. See A.R.S. § 20-289(E). *If we receive your renewal application more than one year after the license expires, we will return it to you, you will need to submit an application for a new license and you will need to fulfill all of requirements for obtaining a new license.*

- KEEP THESE INSTRUCTIONS – DO NOT return them with your license application.**
- DO NOT use Form NAIC Uniform Application for Individual Renewal ...**
  - **To apply for a license or to add license authority to an existing license.** See the PRODUCERS page of the Department of Insurance web site for instructions on how to apply for new license authority.
  - **To apply to renew the license of a business entity.** Use [www.nipr.com](http://www.nipr.com) instead.
- 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:

- Clearly print in ink or type all information.**
- Ensure the application is complete.**
- Mail or deliver the completed application with all required documents and fees to:**  
INSURANCE LICENSING SECTION, ARIZONA DEPARTMENT OF INSURANCE,  
100 NORTH 15 AVENUE, SUITE 102, PHOENIX, AZ 85007-2624

**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.

**LICENSE CERTIFICATES.** The Department does not print license certificates. View your license using the **License Search** option on the Department's web site (<https://insurance.az.gov/>).

### DEMOGRAPHIC INFORMATION

- Your business address **MUST** be the physical street address accessible to the public where you transact insurance (not a post office box or postal mail box). If you conduct business from your home, enter the address of your home in this section.
- You may use a street address, post office box (or PMB) as your mailing address.
- Please fully complete this section of the form.

### AGENCY OR BUSINESS ENTITY AFFILIATIONS

This field is not required to be completed. Any information entered will not be tracked by the Department.

### BACKGROUND INFORMATION

IF YOU ANSWER "YES" TO ONE OR MORE OF THESE QUESTIONS, 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.*

**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.

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.

## CONTINUING EDUCATION

Continuing education (“CE”) requirements applicable to Arizona-resident insurance **producers** have changed. Please visit the PRODUCERS CE page of our web site (<https://insurance.az.gov/ice>).

- Non-residents are not required to complete CE if the non-resident fulfills resident state CE requirements.
- An Arizona resident who holds a major-line insurance producer license may be required to complete insurance continuing education.
- A person that does not hold a major-line insurance producer license (such as a credit insurance producer, an insurance adjuster, a bail bond agent, etc.) does not have an insurance continuing education requirement.
- If you are required to complete insurance CE, **do not wait until the end of your license term to try to fulfill CE requirements.** Not only must you register for and complete the CE, but the CE provider must issue to you a Certificate of Completion and must report your course completion to Prometric. This can take time, which could result in your not meeting license renewal requirements and expose you to the risks of losing your authority to transact insurance and to having to pay a late renewal fee.

### 1. FEES :

Fees are <b>NON-REFUNDABLE</b> and are not prorated [A.R.S. § 20-167(B)]. Make your check or money order payable to <b>INSURANCE LICENSING SECTION.</b>	
<b>Insurance License Fee .....</b> → <b>\$120.00</b> One fee per License Class/Type requested.. →	Adjuster Bail Bond Agent Insurance Producer Portable Electronics Vendor Rental Car Agent Risk Management Consultant Self Service Storage Agent
<b>Surplus Lines Broker License Fee .....</b> → <b>\$1000.00</b> Surplus Lines Broker Mexican Insurance Surplus Lines Broker	
<b>Life Settlement Broker License Fee .....</b> → <b>\$500.00</b>	
<b>Navigator and/or Certified Application Counselor .....</b> → <b>\$0.00</b>	
<b>Late Fee .....</b> → <b>\$100.00</b> One fee per License Class/Type requested.	

**Uniform Application for  
Individual Producer License Renewal/Continuation**  
(Please Print or Type)

**Check appropriate box for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

**Demographic Information**

① Soc. Security Number - -		② Date of Birth		③ If assigned National Producer Number (NP#)	
④ Last Name JR./SR. etc			⑤ First Name		
⑥ Residence/Home Address (Physical Street) ③ Individual Applicants Email Address:		⑦ City		⑧ State	⑨ Zip or Foreign Country
10 Business Entity's Name					
11 Business Address (Physical Street)		12 P.O. Box	13 City	14 State	15 Zip or Foreign Country
16 Business Phone Number (include extension) ( ) -		17 Business Fax Number ( ) -	18 Business E-Mail Address		19 Business Web Site Address
20 Mailing Address		21 P.O. Box	22 City		23 State
24 Zip or Foreign Country					

**Agency or Business Entity Affiliations**

25 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN \_\_\_\_\_ NPN \_\_\_\_\_ Name of Agency \_\_\_\_\_  
 FEIN \_\_\_\_\_ NPN \_\_\_\_\_ Name of Agency \_\_\_\_\_  
 FEIN \_\_\_\_\_ NPN \_\_\_\_\_ Name of Agency \_\_\_\_\_

**Background Information**

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1. Have you been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime, which has not been previously reported to this insurance department? Yes \_\_\_ No \_\_\_

**Note: "Crime" includes a misdemeanor, a felony or a military offense.**

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

**"Convicted"** includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_



## Uniform Application for Individual Producer License Renewal/Continuation

### Background Information continued

2. Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. “Involved” also means having a license, or registration, application denied or the act of withdrawing an application to avoid a denial. **INCLUDE** any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? Yes \_\_\_ No \_\_\_

If you answer yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes \_\_\_ No \_\_\_
- c) are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_

4. In response to a “yes” answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A \_\_\_  
Yes \_\_\_ No \_\_\_

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes \_\_\_ No \_\_\_

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this renewal application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.



**Uniform Application for  
Individual Producer License Renewal/Continuation**  
**Applicant's Certification and Attestation**

② The producer must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Producer Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)