



FORM L-192

Application to Renew a Business-entity Insurance License

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

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 (Form L-176) and you will need to fulfill all of requirements for obtaining a new license.*

- KEEP THESE INSTRUCTIONS – DO NOT return them with your application.**
- USE the National Insurance Producer Registry (www.nipr.com) INSTEAD of Form L-192 to renew a license online. NIPR applications are processed more quickly.**
- 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 (using Form L-192):

- Clearly print in ink or type all information.**
- Ensure the application is complete.**
 - If you do not have all three parts of the application, download a blank one from the PRODUCERS page of our Internet web site (www.azinsurance.gov).
 - Include your *non-refundable* fee payment (adding in the \$100 late fee if the Department will be receiving your application after your license expiration date).
- Ensure the Applicant Certification is signed and dated.**
- 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). For questions not addressed on our web site, contact the Insurance Licensing Section:

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

PART I

Arizona-resident Applicants: The business entity must be in good standing with the Arizona Corporation Commission or other state agency responsible for granting the applicant authority to operate a business in Arizona.

SECTION A: Licensee Information

- While conducting insurance business, the licensee must use its legal name or an acceptable assumed name. To use an assumed name, submit Form L-193.
- If the applicant transacts business at any additional **office** location other than the address provided in Section A, submit Form L-LOC with the application.

SECTION B: Mailing Address. You may use a street address, post office box (or PMB) as your mailing address.

SECTION C: Renewal. Choose whether to renew all existing authority or to remove one or more lines of authority from your insurance license.

- You cannot add lines of authority to your license using this application (see Form L-176).
- If you do not qualify to renew a line of authority, you must remove it from your license and reapply for the authority when you qualify (using Form L-176).
- If you no longer wish to hold a line of license authority, you can surrender it; however, you will not be able to reapply for the surrendered authority for one year. ARS § 20-289(F).

Section D: Fees. Make sure your application is accompanied by the correct amount of fees.

- Fees are **NON-REFUNDABLE** and are not prorated [ARS § 20-167(B)].
- Make your check or money order payable to **INSURANCE LICENSING SECTION**.

Surplus Lines Broker License Fee for	\$1,000.00
<ul style="list-style-type: none">• Surplus Lines Broker• Mexican Insurance Surplus Lines Broker	
Life Settlement Broker Fee	\$500.00
Other Insurance License Fee for one or more lines of insurance license authority <i>other than</i> for surplus lines broker or life settlement broker	\$120.00 (<i>regardless of the number of lines of authority you are renewing</i>).
Late Renewal Fee (if the Department does not receive a complete renewal application on or before the date your license expires)	\$100.00
Fingerprint Card Processing Fee* [§§ 20-142(E) and 41-1750(G)(2)]	\$22.00 for each fingerprint card submitted*

The **fingerprint card processing fee is separate from the fee that a fingerprinting service will charge to apply fingerprints to a fingerprint card.*

PART II

IF YOU ANSWER “YES” TO ONE OR MORE OF THE “ADDITIONAL INFORMATION” 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.

PART III

All applicants must follow the detailed instructions provided in Part III.

Fingerprints. An Arizona-resident business entity must, for each new principal:

- Submit a sealed envelope containing a 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 applies 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.

NOTE: If Section III identifies another business entity as a principal of the applicant, Section III must include information about the other business entity's principals; responses in Section V must reflect those principals; and, you must submit fingerprints for each such principal.

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 (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.

ADDITIONAL REQUIREMENTS

- **Assumed Name.** 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 | 602-542-6187).
- **Non-resident Applicant.** The Arizona Department of Insurance will check the National Insurance Producer Registry ("NIPR") or other state insurance department web sites to determine whether the applicant is licensed in good standing in its home state. If we are unable to verify license status, we will ask you to submit a letter of certification from your home state.
- **Surplus Lines Broker.** To act as a surplus lines broker in Arizona, each individual and each business entity must possess a Surplus Lines Broker license issued by the Arizona Department of Insurance. ARS § 20-411(A). The business entity must have, in each office where the entity transacts surplus lines insurance in Arizona, at least one Arizona-licensed individual authorized for property or casualty insurance and for surplus lines insurance. ARS § 20-411(E).

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.

- CAREFULLY READ THE ENCLOSED INSTRUCTION BOOKLET.** Application must be printed in ink or typed. **Incomplete or illegible applications will be returned which may cause you to have to pay a late renewal fee.**
- Complete PARTS I, II and III of this application and include all other requirements specified in the enclosed instruction booklet.
- Staple your application form and required attachments. Remove stubs from your payment and staple your payment to the front of this page in the location indicated (immediately below Section C).
- Address the envelope containing your application materials **EXACTLY AS FOLLOWS:**
ARIZONA DEPARTMENT OF INSURANCE ATTN: LICENSING SECTION, 2910 N. 44th St. # 210, Phoenix, AZ 85018-7269

SECTION A Licensee Information	AZ Insurance License Number	FEIN (Federal Tax ID Number ###-####-####)																
	Full (Genuine Legal) Name of Business Entity (as shown on the insurance license)																	
	Physical Street Address* (CANNOT be a P.O. Box or PMB)	City	State	Zip Code														
	Area Code & Phone #:	Fax Number (optional):	E-mail Address (optional):															
	NOTE: If licensee will conduct business at locations other than the address identified in Section A, complete and attach Form L-LOC available from our PRODUCERS web page (www.azinsurance.gov)																	
SECTION B Mailing Address	Mailing Address (P.O. Box or PMB is acceptable)	City	State	Zip Code														
SECTION C Renewal	Check here <input type="checkbox"/> to renew all lines of authority on the license (and proceed to SECTION D) OR Check here <input type="checkbox"/> to remove one or more lines of authority from the license. In the appropriate box below, identify the line(s) of authority for which you do not qualify or that you want to surrender.																	
	In this box, list the line(s) of authority for which you do not qualify:																	
	In this box, list the line(s) of authority you want to surrender (for which you cannot reapply for one year):																	
SECTION D Renewal fees for licenses expiring on or before 6/30/2015	Fees are NON-REFUNDABLE and are not prorated [ARS § 20-167(B)]. Make your check or money order payable to INSURANCE LICENSING SECTION.																	
	Surplus Lines Broker License Fee for ► Surplus Lines Broker or ► Mexican Insurance Surplus Lines Broker		\$1,000.00															
	Life Settlement Broker Fee		\$500.00															
	Other Insurance License Fee for one or more lines of insurance license authority <i>other than</i> for surplus lines broker or life settlement broker		\$120.00 (regardless of the number of lines of authority being renewed).															
	Late Renewal Fee (if the Department does not receive a complete renewal application on or before the date your license expires)		\$100.00															
	Fingerprint Card Processing Fee* [§§ 20-142(E) and 41-1750(G)(2)]		\$22.00 for each fingerprint card submitted*															
SECTION E (Designated Responsible Licensed Producer). 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. This person must work in the business address listed above. A license number not required for Title Agent licenses.																		
Name:		AZ License #:																
*** THE SPACE BELOW IS FOR DEPARTMENT OF INSURANCE USE ***																		
AZ License #: L-192 <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"> </td> </tr> </table> TF#: <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"> </td> </tr> </table>														<input type="checkbox"/> 57 Quad Other (120.00) <input type="checkbox"/> 59 Quad SLB (1000.00) <input type="checkbox"/> 149 Late Renewal (100) <input type="checkbox"/> 66 Fingerprint(s) (X \$22 = \$)		PDB Checked <input type="checkbox"/> L-152 submitted <input type="checkbox"/>		Renewed/Approved by: Late Renewal Date:

ADDITIONAL INFORMATION: Carefully read and respond to each of the following questions. **You should answer "YES" even if you believe an incident was 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 question in this section. See INSTRUCTIONS

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, vacated, expunged, pardoned, appealed, set aside or reversed, etc., or had its civil rights restored, had a plea withdrawn or has been 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 had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, OR been issued a consent order or administrative action OR a fine/assessment/forfeiture etc imposed by any public authority that has not been previously disclosed in a written format by you to this agency?	<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 withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license that has not been previously disclosed in a written format by you to this agency?	<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 been convicted or found guilty of, had a judgment made against for, or admitted to, any of the following that has not been previously disclosed in a written format by you to this agency:	
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 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
E. <i>If you are not applying for a bail bond agent license, answer "Not applicable."</i>	<input type="checkbox"/> Not applicable
<i>Otherwise, if you are renewing a bail bond agent license, 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 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 that has not previously been disclosed to this agency in writing?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Indicate with an "X" which of the following two statements is true:

- The firm transacts business at locations other than that identified in Section A of PART I. Attach **Form L-LOC** listing the other locations and, for each location, listing the FULL name and Arizona insurance license number of the individual who shall be responsible for the applicant's compliance with Arizona insurance laws.
- The firm does not transact business at locations other than that identified in Section A of PART I.

APPLICANT CERTIFICATION

(to be signed and dated by a principal listed in PART III or by the DRLP listed in PART I Section E)

By my signature below, I hereby certify that the information recorded on all parts of this application and on all attachments and enclosures herewith, is true and correct to the best of my knowledge.

_____	_____	____/____/____
Signature	Printed Name	Date

