



**Licensing Section
Arizona Department of Insurance**

100 North 15th Avenue, Suite 102, Phoenix, Arizona 85007-2624

Phone: (602) 364-4457 | Toll-free: (877) 660-0964

Web: www.insurance.az.gov | E-mail: Licensing@azinsurance.gov

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 “Officer’s”) must complete and submit this form within 30 calendar days of any change in the business-entity licensee’s Officer’s. ARS § 20-286(C)(2). *If removing or changing an Officer or Officer’s title, submit only this page.*

BAIL BONDS AGENTS ONLY: You must submit fingerprints and \$22.00 per card for each new Officer.

If you answer “YES” to one or more of the questions on page 2, you must include:

- 1) 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
- 2) 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.

Name of BUSINESS ENTITY LICENSEE		FEIN		AZ License No. (BUSINESS ENTITY)	
DRP or Officer’s Last Name		DRP or Officer’s First Name		DRP or Officer’s Middle Initial:	
				AZ License No. (DRP)	

If the Officer’s is an INDIVIDUAL, enter the following (<i>otherwise leave blank</i>):							
Officer’s Last Name:		First Name:		Middle Initial:		AZ License No. (<i>if applicable</i>):	
If the Officer’s is a BUSINESS ENTITY, enter the following (<i>otherwise leave blank</i>):							
Business Entity Name:						FEIN	
Title (President, Member, CEO, etc.):						Check one box:	
						<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> CHANGE	

If the Officer’s is an INDIVIDUAL, enter the following (<i>otherwise leave blank</i>):							
Officer’s Last Name:		First Name:		Middle Initial:		AZ License No. (<i>if applicable</i>):	
If the Officer’s is a BUSINESS ENTITY, enter the following (<i>otherwise leave blank</i>):							
Business Entity Name:						FEIN	
Title (President, Member, CEO, etc.):						Check one box:	
						<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> CHANGE	

If the Officer’s is an INDIVIDUAL, enter the following (<i>otherwise leave blank</i>):							
Officer’s Last Name:		First Name:		Middle Initial:		AZ License No. (<i>if applicable</i>):	
If the Officer’s is a BUSINESS ENTITY, enter the following (<i>otherwise leave blank</i>):							
Business Entity Name:						FEIN	
Title (President, Member, CEO, etc.):						Check one box:	
						<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> CHANGE	

To list additional Officer’s, complete and include the Continuation Page following page 2.

BACKGROUND QUESTIONS

You should provide a “Yes” answer even if you believe an incident has been cleared from an Officer’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. 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 any crime (felony, open-ended or misdemeanor) involving 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 agree to 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 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 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 OFFICER'S	DATE
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Submit your completed and signed Form L-177 to:
 LICENSING SECTION, ARIZONA DEPARTMENT OF INSURANCE, 100 N 15 AVE STE 102, PHOENIX AZ 85007-2624

ADOI FORM L-177	CHANGE TO MEMBERS, OFFICERS OR DIRECTORS (PRINCIPALS)		
Name of BUSINESS ENTITY LICENSEE		AZ License # - BUSINESS ENTITY	
		Sheet <input type="text"/> of <input type="text"/>	

If the Officer's is an INDIVIDUAL, enter the following (<i>otherwise leave blank</i>):			
Officer's Last Name:	First Name:	Middle Initial:	AZ License No. (<i>if applicable</i>):
If the Officer's is a BUSINESS ENTITY, enter the following (<i>otherwise leave blank</i>):			
Business Entity Name:			FEIN
Title (President, Member, CEO, etc.):	Check one box:		
	<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE <input type="checkbox"/> CHANGE		

If the Officer's is an INDIVIDUAL, enter the following (<i>otherwise leave blank</i>):			
Officer's Last Name:	First Name:	Middle Initial:	AZ License No. (<i>if applicable</i>):
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Title (President, Member, CEO, etc.):	Check one box:		
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