



**Licensing Section**  
**Arizona Department of Insurance**  
 100 North 15<sup>th</sup> Avenue, Suite 261, Phoenix, Arizona 85007-2630  
 Phone: (602) 364-4457 | Toll-free: (877) 660-0964  
 Web: <https://insurance.az.gov> | E-mail: [Licensing@azinsurance.gov](mailto:Licensing@azinsurance.gov)

**APPLICATION FOR AN ARIZONA PROVISIONAL/TEMPORARY INSURANCE LICENSE (FORM L-PRV)**

1. CAREFULLY READ THE ENCLOSED INSTRUCTIONS.
2. Complete ALL PAGES of this form and fulfill all other requirements shown in the attached instructions.
3. To apply for provisional/temporary insurance producer lines of authority please visit [www.nipr.com](http://www.nipr.com)
4. Send your application and fee payment together with other required materials to the following address:  
**INSURANCE LICENSING SECTION, 100 North 15<sup>th</sup> Avenue, Suite 261, Phoenix, AZ 85007-2630**

**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. Name of Business</b> (if your place of business is your home, enter "N/A"):		<i>*If your business is involved in the sale, solicitation or negotiation of insurance, that business will need to be separately licensed.</i>			
<b>E. Physical Street Address</b> of Place of Business (*may not be a P O box)		City	State	Zip Code	
<b>F. Mailing Address</b> (P.O. box permitted. If blank, Box E address will print on license)		City	State	Zip Code	
<b>G. Business Area Code &amp; Phone:</b>	<b>H. Fax Area Code &amp; Number</b> (optional):	<b>I. E-mail Address:</b>			

**SECTION II: LINES OF AUTHORITY** Write an "X" in the box to the provisional/temporary authority for which you are applying:

- Arizona Resident Surplus Lines Broker – more than 2 years remaining on producer license - \$1,000
- Arizona Resident Surplus Lines Broker – less than 2 years remaining on producer license - \$500
- Adjuster - \$120 + \$22 fingerprint processing fee = \$142

**SECTION III: PERSONAL INFORMATION**

<b>A. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>B. Date of Birth:</b>		
<b>D. Social Security Number</b> [required by ARS § 25-320(N)]:			<b>E. Home Area Code and Phone Number:</b>	
<b>F. Physical Street Address</b> of Applicant's Home		City	State	Zip Code

**SECTION IV: EMPLOYMENT HISTORY** List your employment history for the past five years (if none, please explain) and your insurance-related experience during the past ten years. If more space is required, attach and sign a separate sheet containing the information.

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

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

License #: _____ Expires: ____/____/____ Issued: ____/____/____	<input type="checkbox"/> 56 Quad Other (120) <input type="checkbox"/> 58 Quad SLB (1000) <input type="checkbox"/> 18 Pro SLB (500) <input type="checkbox"/> 66 Fingerprint (22.00 X _____)
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## SECTION V: BACKGROUND QUESTIONS

**Read the following very carefully and answer every question. All written statements that you submitted must include an original signature.**

1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?  Yes  No

- You may exclude misdemeanor convictions or pending misdemeanor charges that are related to operating a vehicle.
- You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

• 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?  Not applicable  Yes  No

• If so, was consent granted? (Attach copy of 1033 consent approved by home state.)  Not applicable  Yes  No

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?  Yes  No

**NOTE:** For Questions 1a, 1b and 1c, **“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 to any of these questions**, 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

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?  Yes  No

**“Involved”** means:

- having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action.
- being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration.
- 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. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.  Yes  No

**If you answer yes**, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? **If you answer yes**, identify the jurisdiction(s) below:  Yes  No

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? **If you answer yes**, you must attach to this application:  Yes  No

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? **If you answer yes**, you must attach to this application:  Yes  No

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrears? **If you answer yes**, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency and respond to the following questions:  Yes  No

a) By how many months are you in arrears?	_____
b) Are you currently subject to and in compliance with any repayment agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Are you the subject of a child support related subpoena/warrant?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION VI: AUTHORIZATION AND RELEASE** Read the following and, if you agree, sign this page. This page must be signed for you to be eligible for an insurance license.

- Because COVID-19 has caused pre-license insurance examinations and fingerprinting services to be unavailable, the Arizona Department of Insurance, pursuant to Executive Order 2020-17, is making provisional (temporary) licenses available to individuals who meet all license requirements other than passing the exam and submitting fingerprints. In accordance with the Executive Order, a provisional license expires six months after the date issued; once pre-license insurance examinations and fingerprinting services are made available, the Department shall notify each provisional license-holder by e-mail, and a provisional license-holder shall have 20 days after the e-mail notification to pass the pre-license examination that corresponds to the authority held on the provisional license; and, a provisional license-holder shall have 30 days after the e-mail notification to submit fingerprints to the Department. A provisional license of a person who fails to pass the pre-license examination within 20 days after the e-mail notification shall be automatically suspended pursuant to Executive Order 2020-17, which will require the person to immediately cease conducting business requiring the license. A provisional license (whether active or suspended) shall be converted to a permanent license once the provisional license-holder passes the pre-license examination and furnishes fingerprints to the Department.
- I attest that I have not failed the Arizona insurance pre-licensing exam for the authority that I am applying 4 times within the last 12 months.
- I agree to give any further information that may be required in reference to my past record.
- I authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me to furnish the Arizona Department of Insurance with any such information including documents, records, insurance department files including charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Arizona Department of Insurance, or any of its agents or representatives or my authorized insurers to inspect and make copies of such documents, records and other information.
- I release, discharge, and exonerate the Arizona Department of Insurance, its agents and representatives, the State of Arizona, and any person furnishing information pursuant to this Authorization and Release from and all liability which may arise from the investigation made by the Arizona Department of Insurance.
- I certify that if issued a license, I shall not use the license principally for procuring insurance that covers
  - myself,
  - members of my family or my relatives to the second degree,
  - my property or insurable interests,
  - the property or insurable interests of my relatives to the second degree, my employer or my employees,
  - a firm or corporation in which I own a substantial interest or the employees of that firm or corporation,
  - property or insurable interests of my relatives to the second degree, my employer or my employees,
  - property or insurable interests of a firm or corporation in which I own a substantial interest or the employees of that firm or corporation, or
  - property or insurable interests for which I, my relatives to the second degree, my employer, or my firm or corporation is the bailee, trustee or receiver.
- I hereby attest that I have read and that I understand the foregoing. I certify, under penalty of denial, suspension or revocation of the license or 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 my knowledge and belief.

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Full **Signature** of Applicant Date  
(include **FULL first, middle and last names**)

## INSTRUCTIONS FOR FORM L-PRV

- Carefully read the instructions and review your application before submitting it.** The instructions describe additional forms or documents that you may need to submit with your application. If your application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be rejected.
- Because COVID-19** has caused prelicense insurance examinations and fingerprinting services to be unavailable, the Arizona Department of Insurance, pursuant to Executive Order 2020-17, is making provisional (temporary) licenses available to individuals who meet all license requirements other than passing the exam and submitting fingerprints. In accordance with the Executive Order, a provisional license expires six months after the date issued; once pre-license insurance examinations and fingerprinting services are made available, the Department shall notify each provisional license-holder by e-mail, and a provisional license-holder shall have 20 days after the e-mail notification to pass the pre-license examination that corresponds to the authority held on the provisional license; and, a provisional license-holder shall have 30 days after the e-mail notification to submit fingerprints to the Department. A provisional license of a person who fails to pass the pre-license examination within 20 days after the e-mail notification shall be automatically suspended pursuant to Executive Order 2020-17, which will require the person to immediately cease conducting business requiring the license. A provisional license (whether active or suspended) shall be converted to a permanent license once the provisional license-holder passes the pre-license examination and furnishes fingerprints to the Department.
- QUESTIONS?** Before calling the Department of Insurance, please see if the answer to your question can be found in the PRODUCERS page of the Department of Insurance Internet web site: <http://insurance.az.gov>
- Questions that are not addressed on our Internet web site may be directed to 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.
- Retain these instructions for your records.** Do not submit these instructions with your license application.
- Send your application materials and fees to:**  
**INSURANCE LICENSING SECTION, 100 N 15<sup>TH</sup> AVE # 261, PHOENIX, ARIZONA 85007-2630**
- A. Fees.** You are required to pay the NON-REFUNDABLE fee [A.R.S. § 20-167(B)] detailed in Section II, made payable to **INSURANCE LICENSING SECTION** with your license application.
- B. Fingerprint Card.** A provisional license-holder shall have 30 days after the e-mail notification to submit fingerprints to the Department.
- C. Assumed Name (or DBA).**
- While conducting insurance business, you must use your legal name (as shown on your license) unless you are granted permission by the Insurance Department to use another name.
  - To use another name, submit Form L-193. Register the name as a "trade name" with the Arizona Secretary of State's Office ([www.azsos.gov](http://www.azsos.gov), or 602-542-6187) to prevent the name from being claimed by someone else (and relinquished by you).
  - We may deny the use of an assumed name if the name is being used by another licensee or if the name could mislead or deceive the public as to the nature of business to be transacted.
- D. If you answered "YES" to one or more of the questions in Section V, 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 disposition of each matter,
    - whether the conviction, plea or finding was for a felony or open-ended charge; **AND**
  2. certified 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 certified 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.

**THE 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 reasonable accommodation by contacting the Department of Insurance ADA Coordinator, at (602) 771-2785.