



APPLICATION TO RENEW A BUSINESS-ENTITY INSURANCE LICENSE

LICENSING

 ☎ 602-364-4457 | ✉ insurancelicensing@difi.az.gov

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 will 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 the department receives 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.

- AS AN ALTERNATIVE, you may renew your license online using the National Insurance Producer Registry (NIPR) found at <https://nipr.com/> **INSTEAD OF** submitting this Form L-192. NIPR applications are processed more quickly. *Do not submit this form AND also renew online.*
 - CAREFULLY READ THESE 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.
- KEEP THESE INSTRUCTIONS – **DO NOT RETURN THEM** with your application.
- IF SUBMITTING YOUR APPLICATION IN PAPER FORMAT (using Form L-192):
 - Clearly print in ink or type all information. Incomplete or illegible applications will be returned which may cause you to have to pay a late renewal fee.
 - Ensure the application is complete: *Complete Parts I, II and III* of this application *and include all other requirements specified* in the instructions. If you do not have all three parts of the application, download a blank one from the department's website at <https://difi.az.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 that the Applicant Certification is signed and dated.*
 - Mail the completed application* with all required documents and fees to:
INSURANCE LICENSING SECTION, 100 NORTH 15 AVENUE SUITE 261, PHOENIX, AZ 85007-2630

QUESTIONS? Before calling, look for answers on the department's Internet website found at <https://difi.az.gov/>. For questions not addressed on our website, contact the Insurance Licensing Section:

- **E-mail:** Insurancelicensing@difi.az.gov
- **Phone:** 602-364-4457

Continued on page 2...

PART 1

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: Mailing Address

You may use a street address, post office box (or PMB) as your mailing address.

SECTION B: 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, if you wish to add the line of authority back at a later date you will need to meet all new applicant requirements. A.R.S. § 20-289(F).

Section C: Fees

Make sure your application is accompanied by the correct amount of fees.

Fees are NON-REFUNDABLE and are not prorated [A.R.S. § 20-167(B)]. <i>Make your check or money order payable to INSURANCE LICENSING SECTION.</i>	
Surplus Lines Broker License Fee	→ \$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	→ \$120.00 regardless of the number of lines of authority you are renewing.
PER LICENSE CLASS HELD (adjuster, producer, bail bond agent etc.)	
Late Renewal Fee	→ \$100.00
(if the department does not receive a complete renewal application on or before the date your license expires)	

PART 2

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 3

All applicants must follow the detailed instructions provided in Part 3.

Additional Requirements

- **Non-resident Applicant** – The Arizona Department of Insurance and Financial Institutions 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 and Financial Institutions (per A.R.S. § 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 (per A.R.S. § 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.



APPLICATION TO RENEW A BUSINESS-ENTITY INSURANCE LICENSE

Carefully read and follow Form L-192 instructions.

Part 1		Licensee Information			
SECTION A	AZ INSURANCE LICENSE NUMBER	FEIN			
	FULL (GENUINE LEGAL) NAME OF BUSINESS ENTITY (as shown on the insurance license)				
	PHYSICAL STREET ADDRESS* (cannot be a PO Box or PMB)		CITY	STATE	ZIP CODE
	PHONE NUMBER (with area code)	FAX NUMBER (optional)	EMAIL ADDRESS (optional)		
SECTION B Mailing Address	MAILING ADDRESS (PO Box or PMB is acceptable)	CITY	STATE	ZIP CODE	
SECTION C Renewal	<input type="checkbox"/> Check here to renew all lines of authority on the license (and proceed to SECTION D) OR <input type="checkbox"/> Check here 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 want to renew.				
	LIST THE LINE(S) OF AUTHORITY FOR WHICH YOU DO NOT QUALIFY				
	LIST THE LINE(S) OF AUTHORITY YOU WANT TO SURRENDER (for which you cannot reapply for one year):				
SECTION D 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 Surplus Lines Broker or Mexican Insurance Surplus Lines Broker		\$1,000.00		
	Life Settlement Broker Fee		\$500.00		
	Other Insurance License Fee FOR EACH LICENSE CLASS HELD (producer, adjuster, bail bond agent etc.)		\$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		
SECTION E Designated Responsible Licensed Producer	Enter the FULL name and Arizona insurance license number of the individual who will be responsible for the applicant's compliance with Arizona insurance laws. This person must work in the business address listed above. A license number is not required for Title Agent licenses.				
	NAME			AZ LICENSE NO.	

Continued on page 2...

USE ONLY BY THE DEPARTMENT OF INSURANCE									
<input type="checkbox"/> 57 Quad Other (120.00)	<input type="checkbox"/> 59 Quad SLB (1000.00)	<input type="checkbox"/> 149 LATE RENEWAL (100)							
AZ License Number: L-192	RENEWED/APPROVED BY	LATE RENEWAL DATE							
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>									

Part 2

ADDITIONAL INFORMATION

Carefully read and respond to each of the following questions. 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.

- **YOU SHOULD ANSWER "Yes" EVEN IF YOU BELIEVE AN INCIDENT WAS CLEARED FROM YOUR RECORD.**
- 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.

1A. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently charged with, committing a misdemeanor or had a judgment withheld or deferred for a misdemeanor which has not been previously reported to this insurance department? Yes No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.

1B. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is currently charged with committing a felony or had a judgment withheld or deferred for a felony which has not been previously reported to this insurance department? Yes No

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.

a. 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? Yes No

b. If "Yes", was consent granted? (*Attach a copy of 1033 consent approved by home state.*) Yes No

1C. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of or is currently charged with a military offense which has not been previously reported to this insurance department? Yes No

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 "Yes", you *must attach to this application*:

a) a written statement identifying all parties involved (including their percentage of ownership, if any) and 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. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, 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. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If "Yes", you *must attach to this application*:

a) a written statement identifying the type of license; identifying all parties involved (including their percentage of ownership, if any) 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.

LICENSEE NAME	AZ INSURANCE LICENSE NO.
---------------	--------------------------

CERTIFICATION BY APPLICANT

*(to be signed and dated by a principal **OR** by the DRLP listed in Part 1, 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