

FORM L-TEMP



APPLICATION FOR A TEMPORARY INSURANCE LICENSE

LICENSING

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

- 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.

- Clearly print in ink or type** all information. Incomplete or illegible applications will be returned.
- 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

- FEES:** You are required to pay a NON-REFUNDABLE fee of **\$144.00** with your license application payable to INSURANCE LICENSING SECTION [A.R.S. § 20-167(B)]. Fee amounts are subject to change. Check the department's website for the most current fee.
- FINGERPRINT CARD:** *You must submit* a blue-outlined, matte-finish fingerprint card (Form FD-258) **COMPLETED IN BLACK INK**. If the Arizona Department of Public Safety cannot read your fingerprints, you will be required to submit a replacement card.
- ASSUMED NAME (dba):**
 - While conducting insurance business, you must use your legal name (as shown on your license) *unless* you are granted permission by the Department of Insurance 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 to prevent the name from being claimed by someone else (and relinquished by you): online at <https://azsos.gov/>, or by phone at 602-542-6187.
 - 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.
- If you answer "Yes" to one or more of the questions in Part 3, *include 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 INCLUDE 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.

- EVIDENCE OF QUALIFICATION:** You must include evidence that you qualify for a temporary license, as follows:
 - For an application submitted pursuant to A.R.S. § 20-294(A)(1), *you must provide:*
 - For a **deceased licensee**, the death certificate of the deceased licensee; or, for a **disabled licensee**, the original of a statement from the licensee's physician describing the licensee's disability and certifying the licensee is unable to perform the functions under the license.

- ii) Official evidence that you are the decedent's surviving spouse, next of kin, decedent's estate administrator or an employee of a business entity that is the estate administrator, decedent's estate executor or an employee of a business entity that is the estate executor.
- b) For an application submitted pursuant to A.R.S. § 20-294(A)(2), *you must provide*:
- i) **For a business entity whose designated producer is deceased**, the death certificate of the deceased licensee; or, for a business entity whose designated producer is disabled, the original of a statement from the licensee's physician describing the licensee's disability and certifying the licensee is unable to perform the functions under the license.
- ii) An original, notarized statement from a principal of the business entity describing why the temporary license is necessary and attesting to the fact that the selected member or employee shall be authorized to act on the behalf of the business entity.
- c) For an application submitted pursuant to A.R.S. § 20-294(A)(3), *you must provide* an original, notarized statement from an appropriate military officer certifying the producer's entrance into active duty, or copies of signed enlistment or induction papers.

THE ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS 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 FOR A TEMPORARY INSURANCE LICENSE

LICENSING

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Carefully read and follow Form L-TEMP instructions.

Part 1 Applicant Information

LAST NAME		FIRST NAME		MIDDLE NAME		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		DATE OF BIRTH	
MAILING ADDRESS (PO Box is permitted)					CITY		STATE	ZIP CODE	
RESIDENCE ADDRESS					CITY		STATE	ZIP CODE	
PRINCIPAL BUSINESS STREET ADDRESS					CITY		STATE	ZIP CODE	
BUSINESS PHONE NO.		HOME PHONE NO. (Individual)		FAX NO. (optional)		EMAIL ADDRESS			

Part 2 Lines of Authority

Check a box to indicate which line(s) of authority for which you are applying:

- | | |
|--|--|
| <input type="checkbox"/> Accident and Health or Sickness Producer | <input type="checkbox"/> Casualty Producer |
| <input type="checkbox"/> Credit Insurance Producer | <input type="checkbox"/> Life Insurance Producer |
| <input type="checkbox"/> Personal Lines Producer | <input type="checkbox"/> Property Producer |
| <input type="checkbox"/> Variable Life and Variable Annuity Products Producer | |
| <input type="checkbox"/> Other Limited Line for nonresidents (<i>see instructions</i>) | |

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FOR USE ONLY BY THE DEPARTMENT OF INSURANCE

<input type="checkbox"/> 56 Quad Other (120)	<input type="checkbox"/> 58 Quad SLB (1000/1200)	<input type="checkbox"/> 18 Pro SLB (500)	<input type="checkbox"/> 66 Fingerprint (24.00 X _____)
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Part 3 Additional Information

Carefully read and respond to each of the following questions. *ALL APPLICANTS MUST COMPLETE THIS SECTION IN WHOLE.* 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	Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), 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 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? <input type="checkbox"/> Yes <input type="checkbox"/> No 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If so, was consent granted? (<i>Attach copy of 1033 consent approved by home state.</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
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? <input type="checkbox"/> Yes <input type="checkbox"/> No
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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. “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”, <i>you must attach to this application:</i> (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? Yes No
Do not include personal bankruptcies, unless they involve funds held on behalf of others.
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? Yes No
If you answer "Yes", identify the jurisdiction(s): _____

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? Yes No
If you answer "Yes", you must attach to this application:
• a written statement summarizing the details of each incident
• a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
• 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? Yes No
If you answer "Yes", you must attach to this application:
• 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
• Copies of all relevant documents.

7 Do you have a child support obligation in arrearage? Yes No
If you answer "Yes":
a) By how many months are you in arrearage? _____
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
If you answer "Yes", provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.

8 In response to a "Yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? 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
IMPORTANT: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this 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 to which you have answered "Yes" 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.

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APPLICANT NAME

Part 4 Reason for Temporary License

Which of the following describes the applicant? *Check the box and indicate the reason that applies.* See the instructions for additional information that you need to include with your license application.

- A.R.S. § 20-294(A)(1): The surviving spouse or court-appointed personal representative of a licensed insurance producer who dies or becomes mentally or physically disabled to allow adequate time for the sale of the insurance business owned by the producer, for the recovery of the producer and return of the producer to the business or to provide for the training and licensing of new personnel to operate the producer's business.
- A.R.S. § 20-294(A)(2): The member or employee of a business entity that is licensed as an insurance producer on the death or disability of an individual who is the designated producer on the business entity application or license.
- A.R.S. § 20-294(A)(3): The designee of a licensed insurance producer who enters active service in the armed forces of the United States.

Part 5 Employment History

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

				FROM (mm/yy)	TO (mm/yy)	
1	NAME OF EMPLOYER		TYPE OF BUSINESS			
	CITY	STATE	POSITION HELD			
2	NAME OF EMPLOYER		TYPE OF BUSINESS			
	CITY	STATE	POSITION HELD			
3	NAME OF EMPLOYER		TYPE OF BUSINESS			
	CITY	STATE	POSITION HELD			
4	NAME OF EMPLOYER		TYPE OF BUSINESS			
	CITY	STATE	POSITION HELD			
5	NAME OF EMPLOYER		TYPE OF BUSINESS			
	CITY	STATE	POSITION HELD			

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Part 6 Authorization and Release

This form **MUST BE SIGNED** to be eligible for an insurance license. By my signature below, *I hereby attest to and affirm* all of the following:

- 1) I understand that, if applying for a nonresident license, pursuant to A.R.S. § 20-291, application for and acceptance of a nonresident license constitutes an irrevocable appointment of the Director of Insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license. Process service on the director on behalf of a nonresident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.
- 2) Having filed this application, *I hereby consent* to having an investigation made of my moral character, professional reputation and fitness for an insurance license. I agree to give any further information that may be required in reference to my past record.
- 3) *I also 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 and Financial Institutions ("the department") 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 department, or any of its agents or representatives or my authorized insurers to inspect and make copies of such documents, records and other information.
- 4) I *release, discharge, and exonerate* the department, its agents and representatives, the State of Arizona, my authorized insurers, and any person furnishing information pursuant to this Authorization and Release from and all liability which may arise from the investigation made by the department.
- 5) 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.
- 6) That the foregoing has been read and is understood.

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.

➤ _____
 APPLICANT'S SIGNATURE

 DATE

 PRINT OR TYPE **FULL NAME OF APPLICANT** (First, Middle, Last)