

Application for Registration of Change in Membership of Copartnership

LIC 421-4 (Rev 5/2008)

Producer Licensing Bureau
320 Capitol Mall
Sacramento, CA 95814-4309
(800) 967-9331 or (916) 322-3555
www.insurance.ca.gov

Insurance Code Section 1711

READ INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING THIS FORM.

1. Name under which co-partnership is now licensed:

2. **CHECK LICENSE TYPES (S) HELD:**

Life Agent

Fire and Casualty Broker-Agent

Surplus Line Broker

Administration Certificate

Special Lines Broker

3. **NAME OF SURVIVING OR CONTINUING COPARTNERSHIP:**

4. **ADDRESS OF SURVIVING OR CONTINUING COPARTNERSHIP:**

5. **DATE ON WHICH CHANGE IN MEMBERSHIP OCCURRED:** _____

6. **FULL NAMES OF ALL MEMBERS OF SURVIVING OR CONTINUING COPARTNERSHIP:**

7. **List full name (s) of persons who will continue to transact for the surviving partnership and type of license held (not applicable to Administrator's Certificate hold): If additional space is required, attach a separate sheet.**

<u>NAME</u>	<u>LICENSE TYPE (S)</u>

8. **I certify (or declare) under penalty of perjury that I am a general partner in the applicant copartnership, that I have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I understand that pursuant to Section 1668 (h) and 1738 of the Insurance Code a false statement may subject all licenses issued to me and to this organization to suspension or revocation. Further, pursuant to Insurance Code Sections 1703 and 1733, I authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license term.**

Signatures: _____

(All general partners must sign)

Executed this _____ day of _____, 20____, at _____, _____ State

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Instructions

- A. THIS FORM MUST BE FILED IMMEDIATELY AFTER THE CHANGE IN MEMBERSHIP OF THE COPARTNERSHIP. Licenses issued to partnerships terminate 30 days after such change unless this form has been filed. If more than 30 days has elapsed, a complete new filing must be made for each license. This form may be used only if at least one person who was named under the previous partnership will continue to transact for the surviving partnership (see Item #7).
- B. To delete a natural person named to transact under the previous partnership, if that person is not to be named under the new partnership, complete an Organization Endorsement, Form 411-8T and submit with proper fee (see chart).
- C. To endorse a new natural person to transact under the surviving partnership license, an Application for Insurance License, Form 441-9, and Organization Endorsement, Form 411-8A, must be completed by each natural person who does not hold an active California license for the type of applied for. (Individual filing requirements must be met);

~ OR ~

Organization Endorsement, Form 411-8A, must be completed for each natural person who holds an active California license for the type applied for (see fee chart)

- D. Filing Fees: A one-year organization filing fee is required for each specific copartnership license type.
- E. If surviving partnership holds a Fire and Casualty Broker-Agent, Surplus Line Broker or Special Lines Broker's license a new bond for the surviving partnership is required.
- F. Mail application and fees to: Department of Insurance, P.O. Box 1139, Sacramento, California 95812-1139.

For further information you may call the Sacramento Producer Licensing Bureau at 1-800-967-9331 or (916) 322-3555.

NOTICE: INFORMATION COLLECTION AND ACCESS

The Governor's Executive Order B-22-76 requires the following information to be provided when collecting information from individuals:

AGENCY NAME	TITLE OF OFFICER RESPONSIBLE FOR
Department of Insurance	INFORMATION MAINTENANCE
	Chief, Producer Licensing Bureau

ADDRESS	Telephone Number
Department of Insurance, 320 Capitol Mall, Sacramento, California 95814	1-800-967-9331 or (916) 322-3555

AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION
California Insurance Code, Chapters 5, 6, 7, 8 – Part 2, Division 1

THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUIRED INFORMATION

Delay or non-issuance of license applied for.

THE PRINCIPAL PURPOSE (S) FOR WHICH THE INFORMATION IS TO BE USED:

Evaluation of license application.

EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS EXEMPTED UNDER SECTION 4 OF THIS EXECUTIVE ORDER.