

Individual Application For Insurance License

LIC-441-9 (Rev 01/2021)

1. Application Type: <input type="checkbox"/> Permanent <input type="checkbox"/> Certificate of Convenience		For Department Use Only	
2. License Type: <input type="checkbox"/> Accident & Health or Sickness (AH) <input type="checkbox"/> Life Agent (LO) <input type="checkbox"/> Variable Life and Variable Annuity (VC) <input type="checkbox"/> Property Broker-Agent (PR) <input type="checkbox"/> Casualty Broker-Agent (CA) <input type="checkbox"/> Personal Lines Broker-Agent (PL) <input type="checkbox"/> Limited Lines Auto Insurance Agent (AU) <input type="checkbox"/> Credit Insurance Agent (CI)		<input type="checkbox"/> Part Time Fraternal Agent (PF) <input type="checkbox"/> Portable Electronics Agent (PE) <input type="checkbox"/> Car Rental Agent (RC) <input type="checkbox"/> Surplus Line Broker (SL)* <input type="checkbox"/> Special Lines' Surplus Line Broker (SP)* <input type="checkbox"/> Self-Service Storage Agent (SS) <input type="checkbox"/> Title Marketing (TM) <input type="checkbox"/> Burial and Funeral Expenses (LOLP)	
License # _____			
<input type="checkbox"/> Life & Disability Analyst (LA) <input type="checkbox"/> Motor Club Agent (MC) <input type="checkbox"/> Cargo Shipper's Agent (CS) <input type="checkbox"/> Vehicle Service Contract Provider (VS)			
3. Last Name		First Name	
		Middle Name	
		Suffix	
4. <input type="checkbox"/> Male <input type="checkbox"/> Female		5. Birthdate (MM/DD/YYYY)	
6. Social Security Number or Individual Tax Identification Number**			
7. Resident Address (P.O. Box not acceptable)		8. City	
		9. State	
		10. Zip Code	
11. Home Phone Number		12. Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are you affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
14. Business Address (P.O. Box not acceptable.)		15. City	
		16. State	
		17. Zip Code	
18. Business Phone Number		19. Business Fax Number	
		20. E-mail Address (required)	
21. Business Web Site Address			
22. Mailing Address (P.O. Box is acceptable.)		23. City	
		24. State	
		25. Zip Code	
26. Special Accommodation Request for Examination - If required, arrangements were made prior to taking and passing the license examination.			
27. Examination Information: If required, you must first pass your license examination before submitting this license application. After you pass your license examination, please ensure that all required documents are submitted. If you are required to submit documents, please email them to: CADepartmentofInsuranceLicensingExams@insurance.ca.gov or send them to: CA Dept. of Insurance, Attention: Individual License Application, 320 Capitol Mall, Sacramento, CA 95814-4309			
*Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application.			
**Disclosure of your U.S. social security number or an individual tax identification number issued by the Internal Revenue Service pursuant to Cal. Insurance Code, §1666.5(a)(2) is mandatory pursuant to; Cal. Family Code, § 17520(d); the Federal Tax Reform Act of 1976 (42 U.S.C. §405(c)(2)(C)(i)) and the Federal Welfare Reform Act of 1996 (42 U.S.C. §666). If you fail to disclose your social security number or your individual tax identification number, your application will not be reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the Bureau Chief, Producer Licensing Bureau, California Department of Insurance by telephone (800-967-9331) or by mail to the following address: 320 Capitol Mall, Sacramento CA 95814.			

28. **Work/Personal History:** Account for all time for the past five years. Give all employment experiences starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment, and full-time education. Attach separate sheet, if needed.

	From		To		Position Held
	Month	Year	Month	Year	
Name					
City	State				
Name					
City	State				
Name					
City	State				
Name					
City	State				

29. **Do you now hold, or have you ever held, an insurance license as a resident in this state or any other state?** Yes No

Type of License	State or Province	Date License Held	Is License in Force?

30. **AKA/Alias**

Are you now using or have you ever used any name other than shown? Yes No

If yes, list names, dates and reason(s) used:

Last	First	Middle	Suffix	Dates Used	Reason Used

31. **Fictitious Names:**

Do you intend to use a fictitious (DBA) name?

If yes, list the name: (This name must be approved by the Department prior to use) Yes No

32. **Life-Only Agent/Part Time Fraternal License Applicants Only:**

Are you registered with the Securities and Exchange Commission (SEC) or Financial Industry Regulatory Authority (FINRA)? Yes No

Central Registration Depository Number (CRD) _____ If CRD# is not provided, acceptable proof of registration must be attached before the authority may be granted. If acceptable proof is not submitted, license will be issued without variable life and variable annuity authority.

33. **Prelicensing Certificates:**

Do you certify that you have completed your prelicensing education? Yes No

If no, your prelicensing education must be completed prior to taking your examination.

If yes, you must provide the completion date: _____

34. **Background Information continued.**

If you fail to fully disclose any information that is requested or if you make a false statement, your application may be denied.

<p>4. Have you ever been convicted of a military offense?</p> <p>For the purpose of this application, you have been “convicted” if you were ever found guilty by verdict of a judge or jury; and/or ever entered a plea of guilty, nolo contendere or no contest. You must disclose all convictions, even if the charges were later dismissed or expunged, or you were placed on probation, received a suspended sentence or just ordered to pay a fine. If you fail to disclose all convictions, your application may be denied.</p> <p>If you answer “Yes” to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each conviction or charge; and, b) certified copies of the charging documents, and of the court documents which detail the conviction, resolution of the charges, probation and any final judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Are you currently charged with committing a crime?</p> <p>“Crime” includes a felony, a misdemeanor or a military offense. You may exclude traffic citations but should include driving offenses such as, but not limited to, reckless driving, driving under the influence and driving with a suspended license.</p> <p>If you answer “Yes” to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each charge; and, b) certified copies of the charging documents.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Have you ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license?</p> <p>For the purpose of this application, “Involved” means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named 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 denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer “Yes” to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and, b) certified copies of the Notice of Hearing or other document that states the charges and allegations; and, of the document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Has any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license?</p> <p>For the purpose of this application, “Involved” means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named 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 denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer “Yes” to this background question, you must attach to this application:</p> <p>a) a written statement, with original signature, explaining the circumstances of each disciplinary incident; and, b) certified copies of the Notice of Hearing or other document that states the charges and allegations, and of the document which demonstrates the resolution of the charges or any final judgment.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Has any demand been made or judgment rendered against you for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? (Only include bankruptcies that involve funds held on behalf of others).</p> <p>If you answer “Yes,” submit a statement, with an original signature, summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

34. Background Information continued.

If you fail to fully disclose any information that is requested or if you make a false statement, your application may be denied.

<p>9. Have you ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement? If you answer "Yes," identify the jurisdiction(s): _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>10. Are you currently a party to or have you ever been found liable in any lawsuit or arbitration 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: a) a written statement, with original signature, summarizing the details of each incident; b) copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration; and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Have you or any business in which you are or were an owner, partner, officer or director 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: a) a written statement, with original signature, 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 any relevant documents.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

35. Applicant's Certification:

By submitting this electronic application I certify 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 sections 1668(h) and 1738 of the insurance code, any false statement may subject my application to denial and may subject my license(s) 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.

All fees are filing fees and are not refundable, whether the is acted upon or an examination taken.

Applicant's Signature: _____ **City** _____ **Date** _____

Notice: Information collection and Access

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals to determine compliance with the group and corporate practice provisions of the law, and to establish positive identification, to match the names of the certified list provided by the Department of Child Support Services to applicants and licensees, and of responding to requests for this information made by child support agencies.

Agency: Department of Insurance, Address: 320 Capitol Mall, Sacramento, CA 95814-4309, Telephone number: (800) 967-9331.

Title of official responsible for information maintenance: Chief, Producer Licensing Bureau.

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 of part of the requested information: It is mandatory that you provide all information requested. Omission of any item of requested information will result in the application being rejected as incomplete.

The principal purpose(s) for which the information is to be used: The information requested will be used to determine qualifications for licensure or certification, to determine compliance with the group and corporate practice provisions of the law and to establish positive identification.

Each individual has the right to review files maintained on them by the agency, unless the information is classified as confidential under section 1798.34 of the Civil code.

Instructions for completing application

RE: "Applicant name" Enter full legal name. If no middle name, enter (NMN). If any part of your legal name is an initial only, place parentheses around such initial.

RE: "Address information" Do not enter the word "same" in any address area. Enter the appropriate address. PO Box is not acceptable for a resident or business address. Business and mailing addresses are public record and are available to the public. It is the applicant's/licensee's responsibility to immediately notify the department of any change in address.

RE: Additional "Exam information". If you fail to appear for a scheduled examination, an additional examination fee will be required for rescheduling.

RE: "AKA/Alias" List previously and currently used aliases and maiden names, if any. If you are currently using an "also known as" (AKA) name which you desire to be noted on record, so state. Abbreviations of true name or "nick" names are not acceptable.

RE: "Background questions" If you answer yes to any of these questions, you must submit a signed statement, with your original signature summarizing the details of each event. You must also provide the additional **certified** documentation described with each question.

Prelicensing Education requirements: As of January 1, 2011 all new resident applicants must:

- A. take an approved minimum 20-hour class for the property broker-agent license exam, and/or;
- B. take an approved minimum 20-hour class for the casualty broker-agent license exam, and/or;
- C. take an approved minimum 40 hour class for property broker-agent and casualty broker-agent license examination, and/or;
- D. take an approved minimum 20-hour class for the life-only agent license exam and/or;
- E. take an approved minimum 20 hour class for accident and health agent license exam, and/or;
- F. take an approved minimum 40 hour class for life-only and accident and health agent license examination, and/or;
- G. take an approved minimum 20-hour class for the personal lines broker-agent license exam, and/or;
- H. take an approved minimum 20 hour class for the limited lines automobile insurance agent license examination, and/or;
- I. take an approved minimum 12-hour class on ethics and the California Insurance Code.

An applicant will be taking 32 hours (20 and 12), 52 hours (40 and 12 or 20, 20 and 12), and 72 hours (20, 40 and 12 or 20, 20, 20 and 12) of prelicensing class hours depending on which combination of licenses are being sought.

The following documents are required to be submitted with the application for the specific license types as listed:

SL - \$50,000 bond form LIC 447-31 with a properly executed Power of Attorney form attached or a Business Entity Endorsement form LIC 411-8A completed by sponsoring Business Entity and Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application.

SP - \$10,000 bond form LIC 447-32 with a properly executed Power of Attorney form attached or a Business Entity Endorsement form LIC 411-8A completed by sponsoring Business Entity and Form LIC 050 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application.

CS - \$10,000 bond form LIC 447-70 with a properly executed Power of Attorney form attached.

CI - Action Notice of Appointment form LIC 447-54A from the sponsoring insurance company and/or Business Entity Endorsement form LIC 411-8A completed by sponsoring Business Entity.

MC - Action Notice of Appointment form LIC 447-54A from the sponsoring insurance company

Forms are available on our website at www.insurance.ca.gov. To obtain insurance licensing forms by mail, send request to: Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814-4309, or you may phone Sacramento toll free at (800) 967-9331.

Mail application with attachments and fees to Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814-4309.