Mail application with fees to :

Department of Insurance
P. O. Box 1139
Sacramento, Ca 95812-1136

State of California Individual Short Application For Insurance License

(Type or print clearly)

This application is to be used only if applicant is currently licensed in the State of California.

LICENSE TYPE:

☐ Life Agent (LX)
☐ Fire & Casualty Broker-Agent (FX)
☐ Personal Lines Broker-Agent (PL)
☐ Surplus Line Broker (SL)
☐ Special Lines' Surplus Line Broker (SP)

Social Security Number*
___ ___ ___ - ___ ___ - ___ ___ ___ ___

Last Name | First Name | Middle Name | Suffix

Current License Number
___ ___ ___ ___ ___ ___ ___

The following address information needs to be completed only if different than addresses currently on file with this department.

Resident Address (P.O. Box not acceptable) | City | State | Zip Code | Resident Phone Number ( ) -

Business Address (P. O. Box not acceptable) | City | State | Zip Code | Business Phone Number ( ) -

Mailing Address | City | State | Zip Code | e-mail address

SPECIAL ACCOMMODATION REQUEST FOR EXAMINATION-(In compliance with the Americans with Disabilities Act)
Do you have a disability/impairment for which you may need assistance during the written examination(s)? ……..…☐ Yes ☐ No

EXAMINATION INFORMATION: Do you wish to schedule on line? ☐ Yes ☐ No (If No, please complete questions below)
(If Yes, the department will notify you by email with instructions once your application has been processed)
Desired Location ____ (LA) Los Angeles, (SD) San Diego, (SF) San Francisco, (SA) Sacramento, (CL) Clovis (usually the second and fourth Saturday)
Desired Date _____ a.m. ___ p.m. ___ If we are unable to provide you with the date selected, you will be scheduled the next available date.
List any dates that you are not available: _____

LIFE AGENT LICENSE APPLICANTS ONLY:
Do you intend to limit your activity to the sale of funeral and burial expense policies in accordance with Section 1749.01 of the California Insurance Code?…… ☐ Yes ☐ No

LIFE AGENT/PART TIME FRATERNAL LICENSE APPLICANTS ONLY:
Are you intending to act as a Variable Contract agent?…… ☐ Yes ☐ No
Are you registered with SECO or NASD?…… ☐ Yes ☐ No
CRD#_____If CRD# is not provided, acceptable proof must be attached before the authority may be granted.

FICTITIOUS NAMES: (Complete only if DBA has not already been approved by this office)
Do you intend to use a fictitious (DBA) name? ……..…… ☐ Yes ☐ No
If yes, list such name: (This name must be approved by the Department prior to use.)
_____

Have you, since your last previous application to the California Department of Insurance, been convicted of a crime? (If yes, you must submit a signed statement detailing events (dates and places) and certified court documents showing final judgement)…… ☐ Yes ☐ No

Have you, or your organization or any of its officers, directors, or 10% or greater shareholders, been the subject of any administrative agency disciplinary action since your last previous application (If yes, you must submit a signed statement detailing events (dates and places) and certified documents, from governing agency, showing final dispensation)…… ☐ Yes ☐ No

APPLICANT'S CERTIFICATION:

I CERTIFY UNDER PENALTY OF PERJURY 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 OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.

APPLICANTS SIGNATURE: _____ CITY _____ DATE _____

*** Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and the Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).**

AGENCY OR BUSINESS ENTITY AFFILIATION (if completed, filing fee required). If this appointment form is completed by the business entity, Form 441-8A is not required unless you have additional affiliations then from 441-8A must be completed.

Business Entity Endorsement: Complete only if the applicant is to exercise powers of the business entity pursuant to Sections 1627 & 1647 of the Insurance Code.

FEIN #_____License #_____ Name of Business Entity _____

To the Insurance Commisioner of the State of California: Notice is hereby given that effective from the date of filing this notice, the organization hereby appoints and agrees to employ the person named to exercise the agency or brokerage powers of the organization.

Signature of Officer/Partner _____Title _____Date_____

SOLICITOR AFFILIATION (if completed, filing fee required). If this appointment form is completed by the sponsoring insurance agent or broker, Form 417-31 is not required.

For Fire and Casualty Solicitor Authority: Complete only if applicant will act as a solicitor pursuant to Sections 1704 & 1707 Insurance Code.

☐ Individual ☐ Business Entity

Name of appointing broker/agent_____SSN*/FEIN #_____License #_____

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date of filing this notice, the designated broker-agent hereby appoints and agrees to employ the person herein to act as my solicitor with the State of California.

Signature of Employer _____Date _____

Give title, if business entity

SURPLUS LINE AND/OR SPECIAL LINES' SURPLUS LINE APPLICANTS ONLY:

Notification of your filing for a Surplus Line Brokers' license will be forwarded to the Surplus Line Association of California, who will notify you as to their filing rules (California Code of Regulations, Title 10, Section 2172)

SURPLUS LINE OR SPECIAL LINES' BUSINESS ENTITY ENDORSEMENT AUTHORIZATION

To endorse the named applicant to transact under the authority of a business entity's license, the following must be completed by an Officer of a Corporation or Association, or a General Partner of a Partnership. (UNLICENSED BUSINESS ENTITY – Application Form 441-11A must also be attached.)

APPLICANT'S NAME _____ RELATIONSHIP _____

BUSINESS ENTITY NAME _____ LICENSE NUMBER __ __ __ __ __ __ __

As authorized by the named business entity, I certify or declare that the statements made in this application are true and correct, and request the named applicant be endorsed to transact under the authority of the business entity's license.

Signature of Officer or Partner _____ Official Title _____

Date: _____ City _____ State _____ Phone # (_____)_____

ACTION NOTICE OF APPOINTMENT*

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code

Filing fees required for each appointment submitted.

Appointment Types:

FX: Fire and Casualty LX: Life LI: Life Limited to pre-need (must submit Certificate of Exemption form 427-10)
TA: Travel DO: Disability Only PF: Part Time Fraternal MC: Motor Club PL: Personal Lines

Insurer Name: _____

FEIN:_____ NAIC#_____CA Company # _____ Appointment Type_____
Federal Employer Identification Number

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

_____

Name: _____ Official Title: _____ Date: _____

Phone Number (___)_____

*** Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and the Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).**

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