For Department Use Only
License #_____
Passed Exam Date _____
Effective Date_____
WS #_____

State of California
Department of Insurance
Individual License Application
(Type or print clearly)

For Department Use Only		
Ready to Issue	YES	NO
Work Auth. Exp. Date	N/A	Date / /
Pending DBA Approval	NO	YES
Refer to LBB	NO	YES

Work Station Stamp

1 **APPLICATION TYPE:** ☐ PERMANENT ☐ CERTIFICATE OF CONVENIENCE

2 **LICENSE TYPE:**

- ☐ Life Agent (LX)
- ☐ Fire & Casualty Broker-Agent (FX)
- ☐ Personal Lines Broker-Agent (PL)
- ☐ Credit Insurance (CI)
- ☐ Part Time Fraternal (PF)
- ☐ Travel Agent (TA)
- ☐ Communications Equipment Agent(CV)
- ☐ Rental Car Agent (RC)
- ☐ Life & Disability Analyst (LA)
- ☐ Surplus Line Broker (SL)**
- ☐ Special Lines' Surplus Line Broker (SP)**
- ☐ Motor Club Agent (MC)
- ☐ Cargo Shipper's Agent (CS)
- ☐ Vehicle Service Contract Provider (VS)
- ☐ Self-Service Storage Agent (SS)

3 Social Security Number (SSN)*

__ __ __ - __ __ - __ __ __ __

4 Last Name	First Name	Full Middle Name	Suffix	5 ☐ Male ☐ Female	6 Date of Birth (month/day/year)

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? (check one) ☐ Yes ☐ No (If No, you must supply a copy of both sides of your work authorization)	13 Are you affiliated with a financial institution/bank? ☐ Yes ☐ 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 to self schedule)	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
(In Compliance with The Americans with Disabilities Act)

Do you have a disability/impairment for which you may need assistance during the examination(s)? ☐ Yes ☐ No

If Yes, you are required to submit documentation from the medical authority or learning institution that rendered the diagnosis. Verification must be submitted, with the application on the letterhead of the authority or specialist, and include the following:

- Description of the disability and limitations related to the testing
- Recommended accommodation/modification
- Name, title, and telephone number of the medical authority or specialist
- Original Signature of the medical authority or specialist
- Professional license or certification number of the medical authority or specialist

27 **EXAMINATION INFORMATION:**

Do you wish to self schedule your examination on line ☐ Yes ☐ No **(If No, please complete the exam 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: _____

*Mandatory pursuant to Cal. Ins. Code, § 1666.5; Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a)(2)(B) and 7(b).
**Form LIC-50 must be completed and submitted with Surplus and/or the Special Lines' Surplus Broker Application

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 Month	From Year	To Month	To Year	Position Held
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

_____

Last First Middle Suffix Dates Used Reason Used

31 FICTITIOUS NAMES:

Do you intend to use a fictitious (DBA) name? ..... ☐ Yes ☐ No

If yes, list the name: (This name must be approved by the Department prior to use.) _____

_____

32 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 of registration must be attached before the authority may be granted. If acceptable proof is not submitted, license may be issued without Variable Contract authority.

33 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

34 PRELICENSING CERTIFICATES:

Do you certify that you have completed your prelicensing education? If no, your prelicensing education must be completed prior to taking your examination.

If yes, you must provide the completion date: ☐ Yes ☐ No

Background Information
A FALSE STATEMENT WILL DELAY YOUR APPLICATION AND MAY RESULT IN ITS DENIAL.

35 **The Applicant must read the following very carefully and answer every question:**

Federal law (18 U.S.C. 1033) prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust or who has been convicted of **any** violation of 18 U.S.C. 1033 and 1034 from conducting the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to conduct the business of insurance without the Commissioner's written consent. If you have been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then you must obtain written consent. **If you have not obtained this written consent you must do so prior to filing your application. DO NOT SUBMIT THIS APPLICATION UNTIL YOU HAVE DONE SO.** If you have received consent, a copy of your consent letter must be attached to this application. If you are applying for a non-resident license, attached a copy of the written consent letter issued by your home state. Instructions to apply for the written consent are available on the CDI's Web site at www.insurance.ca.gov.

1. Have you ever been convicted (please read definition of crime below before answering) of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?…… ☐ Yes ☐ No

   "Crime" includes a felony, a misdemeanor or a military offense. "Convicted" includes, but is not limited to, having been found guilty by a verdict of a judge or jury, having entered a plea of nolo contendere, no contest, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses tried in juvenile court. You should answer "yes" if you have been convicted of a felony or a misdemeanor including driving offenses such as, but not limited to reckless driving, driving under the influence and driving with a suspended license, whether or not you spent any time in jail, and whether or not you believe the conviction has been removed from your record.

   If you answer yes, you must attach to this application :
   a) a written statement, with original signature explaining the circumstances of each incident,
   b) a certified copy of the charging document, and
   c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ☐ Yes ☐ No

   "Involved" means having a license censured, suspended, revoked, canceled, 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.

   If you answer yes, you must attach to this application:
   a) a written statement, with original signature, identifying the type of license and explaining the circumstances of each incident,
   b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
   c) a certified 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 for any overdue monies by any insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? ☐ Yes ☐ No

   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.

4. Have you ever 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 or arbitration 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) a written statement, with original signature, summarizing the details of each incident,
   b) a 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.

6. 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?…… ☐ Yes ☐ No

   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.

36 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 OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.

APPLICANT'S SIGNATURE: _____ CITY _____ DATE _____

PRINT CLEAR

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 or (916) 322-3555

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 OR 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 OWN PERSONAL FILES MAINTAINED BY THE AGENCY SUBJECT TO ANY LIMITATIONS UNDER THE INFORMATION PRACTICES ACT OF 1977, CIVIL CODE SECTION 1798.40, AND EXEMPTIONS UNDER THE CALIFORNIA PUBLIC RECORDS ACT, GOVERNMENT CODE SECTION 6254.

INSTRUCTIONS FOR COMPLETING APPLICATION

RE: "LICENSE TYPE" a separate application is required for each license type requested

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. P. O. 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 applicants/licensees responsibility to notify the department of any change in address.**

RE: "ARE YOU A CITIZEN OF THE UNITED STATES" If no is answered, the applicant must supply a copy of both sides of the work authorization.

RE: "EXAM INFORMATION" Examinations are administered daily, Monday through Friday at 8:30 a.m. and 1:00 p.m., in Los Angeles (LA), San Diego (SD), San Francisco (SF) and Sacramento (SA). An examination is also administered twice monthly in Clovis usually the second and fourth Saturday of the month at 8:30 a.m. If you fail to appear for a scheduled examination, an additional examination fee will be required for rescheduling.

RE: "PREVIOUS LICENSE HISTORY INFORMATION" If currently licensed as a resident in another state, upon becoming a California resident, a clearance letter from the previous state of residence is also required.

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: Effective 1/1/92 all new applicants must:

A) take an approved minimum 40-hour class for the fire and casualty broker-agent license exam, and/or;
B) take an approved minimum 40-hour class for the life agent license exam, and/or;
C) take an approved minimum 20-hour class for the personal lines broker-agent license exam,
D) and take an approved minimum 12-hour class on ethics and the California Insurance Code.

An applicant will be taking either 52 hours (40 and 12) or 92 hours (40 and 40 and 12) of prelicensing class hours depending on whether one or both licenses are being sought. The Personal Lines Broker-Agent applicant is required to complete 32 hours (20 and 12) of prelicensing classroom hours**. Original certificates must be signed and submitted with the application.**

ADDITIONAL FILING REQUIREMENTS:

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

MC - Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company.
SL - $50,000 bond (Form 447-31) with a properly executed Power of Attorney form attached.
SP - $10,000 bond (Form 447-32) with a properly executed Power of Attorney form attached.
CS - $10,000 bond (Form 447-70) with a properly executed Power of Attorney form attached.
CI - Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company and/or Business Entity Endorsement (Form 411-8A) completed by sponsoring Business Entity.

The following documents may be submitted with the initial application. Submitting these documents at a later date will not delay the issuance of your license, however, no authority to transact insurance will be granted until such time as the document has been received. If submitting an online application, these documents are to be submitted after your license is issued:

PF - Action Notice of Appointment (Form 447-54A) from the sponsoring fraternal benefit society or association admitted to California.
LX - Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company and/or; Business Entity Endorsement (Form 411-8A completed by sponsoring business entity. To be granted variable authority acceptable proof of registration with SECO or NASD must be submitted with application and you must be appointed by an insurer authorized for variable contracts. Failure to submit proof of registration will result in license being issued without variable authority.
TA -Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company.
FX/PL - License authority is determined by what documents are submitted. To act as a:
BROKER - $10,000 bond (Form 417-5) with properly executed Power of Attorney form attached and/or Business Entity Endorsement (Form 411-8A) completed by sponsoring Business Entity.
AGENT - Action Notice of Appointment (Form 447-54A) from the sponsoring insurance company and/or Business Entity Endorsement (Form 411-8A) completed by sponsoring Business Entity.
SOLICITOR -Action Notice of Solicitor (Form 417-31) completed by the sponsoring insurance agent or broker.

- To obtain insurance licensing FORMS by mail, send request to: Department of Insurance, 320 Capitol Mall, Sacramento, CA 95814, or you may phone Sacramento toll free at (800) 967-9331 or (916) 322-3555, press 3. Forms are also available on our Web site at **http://www.insurance.ca.gov**

- To obtain insurance licensing information, you may phone our Sacramento office toll free at (800) 967-9331 or (916) 322-3555. You may also obtain licensing information and a complete list of licensing fees by visiting our Web site at http://www.insurance.ca.gov
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- MAIL APPLICATION WITH ATTACHMENTS AND FEES TO: DEPARTMENT OF INSURANCE
  P. O. BOX 1139
  SACRAMENTO, CA 95812-1139