

Application to Renew Individual License

LIC 448-29A (Rev 1/2023)

Name _____ Expiration Date: _____ / _____ / _____
 Last First Middle Month Day Year

Insurance License Number: _____ National Producer Number (NPN): _____

Current renewals can be renewed faster online at www.insurance.ca.gov, under Online Services.

| Check license type(s) you are renewing: | Current Fee | Check license type(s) you are renewing. | Current Fee |
|---|-------------|---|-------------|
| <input type="checkbox"/> Life-Only Agent ** | \$188 | <input type="checkbox"/> Property Broker-Agent ** | \$188 |
| <input type="checkbox"/> Brokering Life Settlements | \$188 | <input type="checkbox"/> Casualty Broker-Agent ** | \$188 |
| <input type="checkbox"/> Variable Contract ** | \$188 | <input type="checkbox"/> Limited Lines Automobile Insurance Agent | \$188 |
| <input type="checkbox"/> Accident and Health Agent ** | \$188 | <input type="checkbox"/> Life-Limited to the Payment of Funeral & Burial Expenses | \$188 |
| <input type="checkbox"/> Registered Administrator | \$188 | <input type="checkbox"/> Personal Lines Broker-Agent | \$188 |
| <input type="checkbox"/> Part Time Fraternal | \$188 | <input type="checkbox"/> Surplus Line Broker (w/bond)*** | \$1,296 |
| <input type="checkbox"/> Life & Disability Analyst | \$622 | <input type="checkbox"/> Surplus Line Broker (w/endorsement)** | \$646 |
| <input type="checkbox"/> Credit Insurance | \$410 | <input type="checkbox"/> Special Lines' Surplus Line Broker (w/bond)** | \$1,296 |
| <input type="checkbox"/> Self-Service Storage Agent | \$323 | <input type="checkbox"/> Special Lines' Surplus Line Broker (w/endorsement)*** | \$646 |
| <input type="checkbox"/> Motor Club Agent | \$188 | <input type="checkbox"/> Vehicle Service Contract Provider | \$932 |
| <input type="checkbox"/> Cargo Shipper's Agent | \$64 | <input type="checkbox"/> Portable Electronics Insurance Agent | \$321 |
| <input type="checkbox"/> Rental Car Agent | \$509 | | |
| <input type="checkbox"/> Life Settlement Broker | \$188 | | |

Renewal Application Certifications

1. Have you been convicted of a crime which has not been previously reported to the California Department of Insurance? 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judge or jury, having entered a plea of nolo contendere, no contest, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code 1203.4, or having been given probation, a suspended sentence or a fine.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.

2. Have you been involved in any administrative disciplinary action which has not been previously reported to the California Department of Insurance? 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 as 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 a denial. Include any business so named because of your actions in your capacity as an owner, partner, officer, 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.

Important Notice: If you have answered “Yes” to 1 or 2, attach a detailed statement, signed by you (original signature), of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, Certified by the Court, of the Criminal Complaint and Minute Order showing the final plea, judgment and sentence.

Applicant’s Certifications:

I certify (or declare) under penalty of perjury, under the laws of the State of California, that I have read the forgoing renewal application and certifications and know the contents thereof and that each statement therein made is full, true and correct. 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. I understand that any changes in background information (per CIC 1729.2) must be filed within 30 days or my license can be subjected to disciplinary action. I certify that I am in compliance with the background information reporting requirements of CIC 1729.2.

3. _____ () _____
 Applicant’s signature Date City/State Telephone

4. _____
 Print name E-mail address

*Disclosure of your U. S. social security number is mandatory pursuant to Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a) (2) (B) and 7(b). The social security number will be used primarily for purposes of processing your application, including conducting any necessary investigation into your background. If you fail to disclose your social security 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 phone (800) 967-9331 or by mail to the following address: 300 Capitol Mall, Sacramento CA 95814.

**** If renewing Life-Only Agent and/or Accident and Health and/or Variable (non-residents only) submit only one filing fee. In addition, if renewing both Surplus Line Broker and Special Lines' Surplus Line Broker submit only one filing fee or if renewing Property-Broker-Agent and Casualty Broker-Agent, submit only one filing fee.**

Warning: The terms of this renewal may be limited by the Family Support Law, Welfare and Institution Code Section 11350.6.

Section 31(e) of the California Business and Professional Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Department of Insurance. Applicants and licensees are required to pay all state tax obligations and failure to comply with this requirement may result in suspension of licenses issued by the Department.

Fees and signed application must be postmarked and CE hours, if applicable, must be completed by the expiration date of your license. If postmarked and/or CE completed after that date, an additional delinquent fee of 50 percent is due and all appointments will have to be re-established with the appropriate form(s) and fees.

If your continuing education requirements were met and renewal was paid by your license expiration date, you may continue operating under the existing license for 60 days or until notified that the renewal application is deficient (CIC Section 1720). The application for renewal of an expired license may be filed up to one year from the date your license expired.

Address changes must be filed online at www.insurance.ca.gov under Online Services.

For a change of name, attach to your renewal, a signed and dated statement giving the reason for the change and a copy of any name change doc.

Make check payable to: California Department of Insurance. **Mail to:** P.O Box 311, Sacramento, CA 95812-0311, **Information:** (800) 967-9331.