

**State of California – Department of Insurance
Business Entity Supplemental
Application**



Form LIC 441-11A (Rev 06-2008)

BUSINESS ENTITY NAME:

BUSINESS ENTITY INFORMATION:

Is this business entity engaged in any business or activity other than insurance?..... Yes No

If yes, answer the following:
 A. What is the nature of this other business or activity? _____
 B. What percentage of the business entity 's net income will be derived from this other business or activity? _____
IMPORTANT: Business entity applicants engaged in business other than insurance are cautioned to review the laws governing such other business to ensure that the transacting of insurance is not incompatible under such laws.

BUSINESS ENTITY DISCLOSURE Identify all partners, members, officers, directors, managers, controlling persons and any shareholders owning 10% or more interest in the business entity

***If partnership, attach copy of partnership agreement, if any. If no agreement, so state.**

Name _____	Title _____	SSN/FEIN** _____	% of ownership _____
Name _____	Title _____	SSN/FEIN** _____	% of ownership _____
Name _____	Title _____	SSN/FEIN** _____	% of ownership _____
Name _____	Title _____	SSN/FEIN** _____	% of ownership _____

Attach separate sheet if more space is needed

CONTROLLING PERSON:

A "Controlling Person" as defined in section 1668.5 (b) is the following: If you are listing a individual, corporation, partnership, limited liability company, limited partnership, holding company or trust in section #25, then you must identify the Controlling Person or Persons, including the president, chief executive officer, chairman of the board, those people that own 10% or more of the stock and any other person who directly or indirectly possess the power to control the affairs of the business entity.

Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____

Attach separate sheet if more space is needed

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).

List names of all insurers not admitted to California with whom arrangements have been made to accept or who are considering the acceptance of surplus line business offered by the business entity: _____

SURPLUS LINE OR SPECIAL LINES' BUSINESS ENTITY ENDORSEMENT AUTHORIZATION

List name of each person applying to transact under the authority of this license type.

Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____
Name _____	SSN** _____	License # _____

**** 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).**

***** Note: If you are not a current California licensee (resident or non-resident), a separate application form 441-9 must be completed by each person named above, and attached to this business entity application.**

IMPORTANT NOTICE FOR LIMITED LIABILITY COMPANIES: Refer to matrix or website.

SIGNATURE(S) _____	Title _____	DATE EXECUTED _____
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