

Individual Application for Administrator's Certificate

LIC CDI 182 (Rev. 01/2023)

Producer Licensing Bureau

P.O. Box 1139
Sacramento, CA 95812-1139
(800) 967-9331
www.insurance.ca.gov

Department Use Only

License _____

IMPORTANT: Read FILING INSTRUCTIONS on Page 7 before completing this application.

1. Last Name	First Name	Middle Name	Suffix
_____	_____	_____	_____

2. <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Birth Date (MM/DD/YYYY) ____/____/____	4. Social Security Number ____ - ____ - ____
5. Home Telephone Number (____) _____	6. Are you a citizen of the United States? (if no, you must supply a clear copy of Both sides of your work authorization <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Are you affiliated with a financial institution/ bank? <input type="checkbox"/> Yes <input type="checkbox"/> No

8. Resident Address (P.O. Box **not** acceptable)

_____	_____	_____
City	State	Zip Code

9. Business Address (PO Box is not acceptable)

_____	_____	_____
City	State	Zip Code

10. Business phone number (____) _____	11. Business fax number (____) _____
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12. E-Mail Address: _____ Business Website Address: _____

13. Mailing Address (P.O. Box **is** acceptable)

_____	_____	_____
City	State	Zip Code

****Disclosure of your U. S. social security number is mandatory pursuant to Insurance Code section 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). 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 95814-4313.**

14. 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:				

15. Do you now hold an insurance license and are you adding the registered administrator? Yes No

Or have you ever held an insurance license as a resident in this state or any other state? Yes No

If yes, complete the following (attach a separate sheet if needed):

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

16. 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

17. 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

Background Questions

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

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 engaging in the business of insurance unless they have obtained the written consent of the Insurance Commissioner. It is a violation of this statute to engage in the business of insurance without the Commissioner's written consent. Further, it is a criminal offense for any person to willfully employ, or willfully permit, such "prohibited persons" to engage in the business of insurance without the required written consent.

A "Prohibited Person" may be an officer, director or employee of an insurance agency or an insurance company, an agent, solicitor, broker, consultant, third party administrator, managing general agent, or subcontractor representing an insurance agency or insurance company who engages in or transacts the business of insurance. If you have a "Prohibited Person" in your organization that meets this criteria and has been convicted of a felony involving dishonesty or a breach of trust or a violation of 18 U.S.C. 1033 and 1034, then the "Prohibited Person" must obtain written consent **prior to filing this application.**

DO NOT SUBMIT THIS APPLICATION UNTIL THE PROHIBITED PERSON HAS FILED FOR WRITTEN CONSENT FROM THE COMMISSIONER. If they have received consent, a copy of their consent letter must be attached to this application. If you are applying for a non-resident license, attach a copy of the written consent letter issued by their home state. Instructions to apply for the written consent are available on the CDI's Web site at www.insurance.ca.gov.

18. Have you ever been convicted of a felony? Yes No

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, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, 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. You may exclude juvenile offenses tried in juvenile court.

If you answer "Yes" to this **background** question, you must attach to this application:

- 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.

19a. Have you ever been convicted of a felony involving dishonesty or a breach of trust? Yes No

19b. If "Yes", have you received consent from the California Insurance Commissioner? Yes No

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, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, 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. You may exclude juvenile offenses tried in juvenile court.

If you answered "Yes" to **background** question 18a, you must attach to this application:

- 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.

20. Have you ever been convicted of a misdemeanor? Yes No

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, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, 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. You may exclude juvenile offenses tried in juvenile court.

If you answer “Yes” to this **background** question, you must attach to this application:

- 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.

21. Have you ever been convicted of a military offense? Yes No

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, your guilty plea was withdrawn pursuant to Penal Code Section 1203.4, 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. You may exclude juvenile offenses tried in juvenile court.

If you answer “Yes” to this **background** question, you must attach to this application:

- 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.

22. Are you currently charged with committing a crime? Yes No

“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.

If you answer “Yes” to this **background** question, you must attach to this application:

- a) a written statement, with original signature, explaining the circumstances of each charge; and,
- b) certified copies of the charging documents.

23. Have you ever been involved in an administrative proceeding (including matters with the Department of Insurance) regarding any professional or occupational license? Yes No

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.

If you answer "Yes" to this **background** question, you must attach to this application:

- 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.

24. 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? Yes No

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.

If you answer "Yes" to this **background** question, you must attach to this application:

- 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.

25. 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). 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.

26. Have you ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement? Yes No

If you answer "Yes," identify the jurisdiction(s):

-
27. 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) 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.

- 28.** 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.

- 29.** I apply for a Certificate of Registration as an Administrator(s) pursuant to the provisions of Chapter 5A, Part 2, Division 1 of the Insurance Code of the State of California, and I certify (or declare) 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 California Insurance Code, any false statement may subject my application to denial and may subject my Certificate of Registration 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 and all fiduciary accounts for the duration of the terms of this Certificate of Registration.

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

Signature _____

Relationship/Title _____, _____

Executed this ___ day of _____, 20___, at _____

NOTICE: INFORMATION COLLECTION AND ACCESS

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 and requires the licensee to pay his or her state tax obligation. Section 31 also states that the license may be suspended if the state tax obligation is not paid.

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.

The Governor's Executive Order B-22-76 requires the following information to be provided when collecting information from individuals:

AGENCY NAME TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:
California Department of Insurance Chief, Producer Licensing Bureau

ADDRESS
California Department of Insurance, 300 Capitol Mall, 16th Floor, Sacramento, CA 95814-4313

TELEPHONE NUMBER
(800) 967-9331

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 ANY PART OF THE REQUESTED INFORMATION:
Delay or non-issuance of Certificate of Registration applied for.

THE PRINCIPAL PURPOSES(S) FOR WHICH THE INFORMATION IS TO BE USED:
Evaluation of Certificate of Registration application.

NATURAL PERSONS HAVE THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE DEPARTMENT, UNLESS THE INFORMATION IS EXEMPTED UNDER SECTION 4 OF SAID EXECUTIVE ORDER.

FILING INSTRUCTIONS

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 applicant's/licensee/s responsibility to immediately notify the department of any change in address.

RE: "AKA/Alas" 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.

Forms are available on the department's web site at <http://www.insurance.ca.gov>. To obtain insurance licensing forms by mail, send request to Department of Insurance, 300 Capitol Mall, 16th Floor Sacramento, CA 95814-4313, or you may call the Licensing Hotline at (800) 967-9331.

All fees are filing fees and are not refundable, whether or not the application is acted upon.

Mail application with attachments and fees to Department of Insurance, PO Box 1139, Sacramento, CA 95814