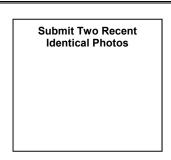
Application for Written Consent to Engage in the Business of Insurance Pursuant to 18 U.S.C. § 1033 and 1034

Form LIC 48 (Rev. 7/2001)



Producer Licensing Background Section P.O. Box 1799 Sacramento, CA 95814 (916) 492-3650

Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by or affecting persons engaged, or proposing to become engaged, in the business of insurance:

- (e)(1)(A) Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (B) Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than 5 years, or both.
- (e)(2) A person described in paragraph (1)(A) may engage in the business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which consent specifically refers to this section.

This Application will be reviewed by the chief insurance regulatory official in this state to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to 18 U.S.C. § 1033(e)(2).

You must answer every question on the Application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Department of Insurance will not process incomplete Applications. Additional information may be requested.

PLEASE TYPE SECTION I - APPLICANT INFORMATION 1. Full Name of Applicant:

Last Nam	e First Nar	me	Middle	
Have you If yes, identify:_	ever been known by or used ano	ther name, including	maiden name? □ yes	□ no
Home Address:_	Street Address	City	Chata	7:
Mailing		City	State	Zip
Address:_	P.O. Box or Street Addres	s City	State	Zip
Home Tel	ephone Number:			
Work Tele	ephone Number:			
	curity No			
Have you	ever used or been issued anothe	r social security num	ber? If so, provide	e an explanation
and previ	ous/other social security number	(s)		-
-	Date of Birth:			
applicatio	all questions fully and completely on process. You are not limited to N II - CRIMINAL HISTORY List any felony(s) for which you	the space below. Att	ach additional pages if need	ed).
	details of any negotiated plea a indictment. Attach a full descridates of charge, location, and r	ption of your acts inv	olved in the aforementioned	matters. Include
2.	Provide details of the conviction disposition of these matter(s), probation/parole (if you are curnumber of person supervising fines/costs paid; and pardons opolitical rights have been resto	including sentence; rrently under probation your parole or probation granted. Include infor	dates of incarceration; dates on/parole, include the name a tion; restitution paid; fines/co mation as to whether or not	of and phone osts ordered:

SECTION III - PRESENT/PROPOSED INSURANCE EMPLOYMENT

1.	Please specify the name and address of your current or proposed employer to which the requested exemption will apply.
2.	Please describe in detail the office, position, and title. to which the requested exemption will apply and a complete description of the activities, duties and responsibilities. Please attach or describe any proposed or current written or oral agreements, contracts, or understandings with any entity engaged in the business of insurance as defined by 18 U.S.C. § 1033. (If consent is given, it will be applicable to the activities described herein.) Please include your date of employment or proposed date of employment.

SECTION IV - ATTACHMENTS

Attach the following documents to this Application for written consent. Applications without attachments, or applications with incomplete attachments, will be returned to the applicant.

- 1. Certified copy of the applicant's criminal history.
- 2. Certified copy of the indictment, criminal complaint, or docket sheet or other initiating documents for the charge(s) which is the subject of this Application.
- A certified copy of the order of judgment and sentence of the court for the conviction that is the subject of this Application, including certification of completion and performance of all conditions imposed by the court.
- 4. An affidavit from the individual that seeks to employ you stating in detail the duties and responsibilities that you are performing or are to perform for them and for which you seek written consent and that it is that individual's opinion that the performance of these responsibilities does not constitute a threat to the public.

that my statements in the attached Application, and the documents appended thereto, are true

(name of applicant), swear under penalty of law

of in the execution of his or her duties under the Insurance Code, and 18 U.S.C. § 1033, in making a decision on this Application. I understand that if I have made any false statement in this Application, or if there are any false statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statement(s) would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted. By signing this Application, I acknowledge that the Insurance Department, for the State of may conduct an independent investigation to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Insurance Department may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records.
Signature of Applicant Date
STATE OF)
COUNTY OF)
Subscribed, sworn to, and acknowledged before me by to be his/her
free act and deed this day of, 20
Notary Public, State at Large My Commission Expires