

Individual Instructions and Application

All individuals transacting insurance business in this state, or relative to a subject resident, located, or to be performed in this state, must be licensed unless exempt.

We will not accept any obsolete forms for processing due to the nature and the number of changes reflected in these forms. Please discard any licensing forms you have (revised prior to 08/2005) in order that you do not experience delays due to filing obsolete forms. Our forms are now available on the Internet at <http://www.commerce.state.ak.us/insurance>. Applicants may file the NAIC Individual application available at <http://www.licenseregistry.com>. Residents seeking licensure for limited lines, adjuster, and viatical settlement authority must file this application.

Application fees are NONREFUNDABLE (3 AAC 31.010).

Applications not completed within four months from the date filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.020(g).

IN ADDITION TO THE REQUIREMENTS SET FORTH IN THE INSURANCE CODE, THE ISSUANCE OF THE REQUESTED LICENSE IS SUBJECT TO THE REQUIREMENTS OF AS 25.27.244 AND AS 14.43.148.

IF YOU WISH TO WITHDRAW YOUR APPLICATION AT ANY TIME DURING THE APPLICATION PROCESS, PLEASE CONTACT THIS DIVISION.

FORM FILING REQUIREMENTS

RESIDENT

- Application Form 08-240
- Application Fee plus the Fingerprint Card Evaluation Fee of \$54.25
- One Fingerprint Card
- Examination Results (valid one year from administration date)

NONRESIDENT

- Application Form 08-240

If you are applying for a resident license within 90 days of cancellation of your license in your prior home state, testing is waived.

EXPERIENCE REQUIREMENTS

Designated compliance officer must be qualified for all lines and classes of the licensed firm.

Designated compliance officer is responsible for the actions of the firm and all representatives.

Independent Adjuster applicants must have six (6) months' active working experience within the last two calendar years.

Surplus Lines Broker applicants must be licensed as either an insurance producer or managing general agent for property and casualty authority.

Viatical Settlement applicants must hold an Alaska Insurance Producer license for life and variable authority.

Once licensed by the State of Alaska, you are required to notify the division by certified mail within 30 days of any of the following occurrences:

- Change in compliance officer
- Change in place of business
- Change in name as reflected on license
- Change in residence
- Change in telephone number
- Change in mailing address
- Disciplinary action by another state or jurisdiction or criminal prosecution

Answers to Frequently Asked Questions (FAQs) are available at <http://www.commerce.state.ak.us/insurance>.

IF YOU ARE DESIGNATED AS THE COMPLIANCE OFFICER OF THE FIRM, YOUR FEE IS INCLUDED IN THE FIRM APPLICATION FEE.

RESIDENT APPLICANTS

One fingerprint card to be submitted – the fingerprint card processing fee of \$54.25 must be included with the application fees

Fingerprint card and fee is not required if currently Alaska licensed.

INDIVIDUAL LICENSE FEES

RESIDENT

NONRESIDENT

1/2 FEE
less than 1 year but more than 3 months from the date of your birthday, odd/even year

FULL FEE
over 1 year or less than 3 months from the date of your birthday odd/even year

1/2 FEE
less than 1 year but more than 3 months from the date of your birthday, odd/even year

FULL FEE
over 1 year or less than 3 months from the date of your birthday odd/even year

	1/2 FEE	FULL FEE	1/2 FEE	FULL FEE
Insurance Producer				
All Lines	\$ 100.00	\$ 200.00	\$ 200.00	\$ 400.00
Property/Casualty Lines	\$ 50.00	\$ 100.00	\$ 100.00	\$ 200.00
Life Lines	\$ 50.00	\$ 100.00	\$ 100.00	\$ 200.00
Surety	\$ 50.00	\$ 100.00	\$ 100.00	\$ 200.00
Independent Adjuster	\$ 25.00	\$ 50.00	\$ 50.00	\$ 100.00
Viatical Settlement Broker	\$ 50.00	\$ 100.00	\$ 100.00	\$ 200.00
Viatical Settlement Representative	\$ 50.00	\$ 100.00	\$ 100.00	\$ 200.00
Compliance Officer (any authority)	\$ 0	\$ 0	\$ 0	\$ 0

ALL INDIVIDUAL IN A FIRM LICENSE FEES

All Applicants	\$17.50	\$35.00	\$25.00	\$50.00
----------------	---------	---------	---------	---------

LIMITED LINES LICENSE FEES (For individuals **NOT affiliated with a business entity)**

Bail Bond	\$25.00	\$50.00	\$50.00	\$100.00
Credit	\$50.00	\$100.00	\$100.00	\$200.00
Title	\$25.00	\$50.00	Not available to nonresidents	
Travel	\$25.00	\$50.00	\$50.00	\$100.00
Motor Vehicle Representative	\$25.00	\$50.00	\$50.00	\$100.00
Crop	\$25.00	\$50.00	\$50.00	\$100.00

INDEPENDENT ADJUSTER TRAINEE LICENSE FEE

	RESIDENT
Independent Adjuster Trainee	\$50.00

EXAMPLE

APPLICANT ONE

APPLICANT TWO

APPLICANT THREE

BIRTHDATE	10-16- 35 (odd year)	7-4- 56 (even year)	6-1- 57 (odd year)
APPLICATION DATE	4-1-05	4-1-05	4-1-05
WHAT DO YOU PAY?	1/2 Fee	Full Fee	Full Fee
WHY?	Less than 1 year but more than 3 months from birthday	More than 1 year from birthday	Within three months of birthday

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 WILLOUGHBY AVENUE, 9TH FLOOR
P.O. BOX 110805, JUNEAU, ALASKA 99811-0805
(907) 465-2515
FAX NUMBER: (907) 465-2816
Website: <http://www.commerce.state.ak.us/insurance>

Division use only
Batch # _____ \$ _____

INDIVIDUAL APPLICATION

Check appropriate box for license required:

- resident license
- nonresident license
 - identify home state: _____
 - identify home state license # _____

1. Social Security Number		2. If assigned National Producer Number (NPN)		3. If applicable, NASD Individual Central Registration Depository (CRD) Number		4. Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Last Name JR./SR. etc.			6. First Name		7. Middle Name	8. Date of Birth month _____ day _____ year _____		
9. Residence/Home Address (Physical Street)			10. P.O. Box	11. City		12. State	13. Zip Code	14. Foreign Country
15. Home Phone Number			16. Gender (circle one) Male Female		17. Are you a Citizen of the United States (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)			
18. Business Entity Name								
19. Business Address (Physical Street)			20. P.O. Box	21. City		22. State	23. Zip Code	24. Foreign Country
25. Business Phone Number		26. Business Fax Number		27. Business E-mail Address		28. Business Web Site Address		
29. Applicant's Mailing Address			30. P.O. Box	31. City		32. State	33. Zip Code	34. Foreign Country
35. a) List any assumed, fictitious, alias, maiden, or trade names under which you have used in the past to do business, are currently doing business or intend to do business. b) List any trade names under which you are currently doing business or intend to do business. _____								
Agency or Business Entity Affiliations								
36. List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)								
Fein # _____		NPN _____		Name of Agency _____				
Fein # _____		NPN _____		Name of Agency _____				

Employment History							
37. Account for all time for the past five years. Give all employment experience starting with your current employer working back five full years. Include full and part-time work, self-employment, military service, unemployment and full-time education, accounting for the full five years time without gaps . Attach a separate piece of paper, if necessary.							
		From		To			
		Month	Year	Month	Year	Position Held	
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					
Name							
City	State	Foreign Country					

Background Information

40. The applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with committing a crime, whether or not adjudication was withheld? Yes No

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A _____ Yes _____ No _____

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A _____ Yes _____ No _____

If you answer yes, you must attach to this application:

- a) a written statement 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 were an owner, 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, a cease and desist order, a prohibition order, a compliance order, 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 that 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. 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 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 overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. Yes No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy. Only include individual bankruptcies that involve funds held on behalf of others.

4. Have you 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 summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and
- c) a certified 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 summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes No

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

Division Use Only

Certification

41. The applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Application, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Must be signed and dated by applicant.

Signature

Type or Printed Name

Month/Day/Year

Division Use Only
