

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Insurance
333 Willoughby Avenue, 9th Floor State Office Building
P.O. Box 110805, Juneau, Alaska 99811-0805
(907) 465-2515
Website: <http://www.commerce.state.ak.us/insurance/license.htm>

Firm Application and Instructions

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 Business Entity Application available at <http://www.licenseregistry.com>.

This application is for obtaining **ONLY** a firm insurance producer, independent adjuster, viatical settlement broker, viatical settlement representative, or limited lines license (except Title). If you determine that license authority for other than these classes of license is required, please contact the Division of Insurance for instructions and the correct application.

A firm and 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.

Application fees are NONREFUNDABLE (3 AAC 31.010).

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.020(g).

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

FORM FILING REQUIREMENTS

RESIDENT

- Application Form 08-241
- Application Fee
- Individual Application is required for Designated Compliance Officer

NONRESIDENT

- Application Form 08-241
- Application Fee
- Individual Application is required for Designated Compliance Officer

Compliance Officer Information

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

Designated compliance officers must be qualified for all lines and classes held by the licensed firm.

As the designated compliance officer of the firm, your application fee is included with the firm application fee.

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 the plan of operation or financial information filed with its application
- Change in compliance officer
- Change in place of business
- Change in name as reflected on license
- Suspension revocation, or disciplinary of an insurance license by another state or jurisdiction
- Change in residence
- Change in telephone number
- Change in mailing address
- 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>.

ALL FIRM LICENSE FEES		
	<u>RESIDENT</u>	<u>NONRESIDENTS</u>
• Payable to the Division of Insurance		
Insurance Producer		
All Lines	\$400.00	\$800.00
Property/Casualty Lines	\$200.00	\$400.00
Life Lines	\$200.00	\$400.00
Surety	\$100.00	\$200.00
Independent Adjuster	\$100.00	\$200.00
Surplus Lines Broker	\$300.00	\$900.00
Viatical Settlement Broker	\$200.00	\$400.00
Viatical Settlement Representative	\$200.00	\$400.00
Compliance Officer	0	0
LIMITED LINES LICENSEE FEES		
	<u>RESIDENT</u>	<u>NONRESIDENTS</u>
Bail Bond	\$100.00	\$200.00
Travel	\$100.00	\$200.00
Motor Vehicle Rental	\$100.00	\$200.00
Credit	\$200.00	\$400.00
Crop	\$100.00	\$200.00
Compliance Officer	0	0

Division use only
Batch # _____ \$ _____

FIRM APPLICATION

Check appropriate box for license requested:

- Resident License
 Nonresident License

Identify Home State: _____

Identify Home State License: _____

1. Business Entity Name		2. Incorporation/Formation Date (month) _____ (day) _____ (year) _____		3. FEIN		
4. If assigned, National Producer Number (NPN)			5. If applicable, NASD Firm Central Registration Depository (CRD) Number			
6. List any other assumed, fictitious, alias, or trade names under which you are doing business or intend to do business:						
7. State of Domicile		8. Country of Domicile		9. Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Business Physical Address			11. City	12. State	13. Zip Code	
14. Foreign Country		15. Phone Number		16. Fax Number		
17. Business Web Site Address			18. Business E-mail Address			
19. Mailing Address		20. P.O. Box	21. City		22. State	
23. Zip Code		24. Foreign Country				

Designated/Responsible Licensee (Compliance Officers)

25. Identify the Designated/Responsible Licensed Producer (must submit individual application)					
Name _____		SSN _____		Alaska License No. _____	
				<input type="checkbox"/> Application Attached	
Name _____		SSN _____		Alaska License No. _____	
				<input type="checkbox"/> Application Attached	
Name _____		SSN _____		Alaska License No. _____	
				<input type="checkbox"/> Application Attached	

Owners, Partners, Officers, and Directors

26. Identify all owners, partners, officers, and directors of the business entity, or members or managers of a limited liability company:					
Name _____		Title _____		SSN _____	
				Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____		Title _____		SSN _____	
				Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____		Title _____		SSN _____	
				Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____		Title _____		SSN _____	
				Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____		Title _____		SSN _____	
				Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____		Title _____		SSN _____	
				Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name _____		Title _____		SSN _____	
				Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Class of License Requested

27. Check the legal business type, license class(es) and line(s) of authority for which you are applying. Check the last column if you have been previously licensed in Alaska:

Legal Business Type	C – Corporation	P – Partnership	S – Sole Proprietorship
	LLC – Limited Liability Corporation	LLP – Limited Liability Partnership	
License Class	P – Producer	S – Surplus Lines Broker	I – Independent Adjuster
	L – Limited		VB – Viatical Settlement Broker
			VR – Viatical Settlement Representative
Lines of Authority	A – All Lines (L, H, P, C)	L – Life	H – Health
	C – Casualty	S – Surety	PL – Personal Lines
			V – Variable*
			P – Property
			*You must complete #5 on page 1.
Limited Lines	B – Bail Bond	TR – Travel	Crop – Crop
	M – Motor Vehicle Rental	CR – Credit	O – Other: Specify type

Legal Business Type					License/Class						Lines of Authority						Limited Lines						Alaska Licensed?			
C	P	S	LLC	LLP	P	S	I	VB	VR	L	A	L	H	V	P	C	PL	S	B	TR	Crop	M	CR	O	YES	NO

Background Information

28. VIATICAL SETTLEMENT BROKERS ONLY

1. Will you be using your own marketing material? Yes No

If Yes, please attach copies of marketing material used for transactions occurring in this state or for residents of this state.

If No, please identify the viatical settlement provider's marketing material your company will use.

_____ Alaska License No. _____

29. Please read the following very carefully and answer every question:

1. Has the business or any owner, partner, officer, or director ever been convicted of, or is the firm or any owner, partner, officer, or director 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 answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer, or director or a member or manager of a limited liability company 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 copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Division Use Only

Background Information (continued)

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer, or director or a member or manager of a limited liability company for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes No
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.
4. Has the firm or any owner, partner, or director, or a member or manager of a limited liability company ever 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. Is the firm or any owner, partner, officer, or director a party to, or has one 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 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.
6. Has the firm or any owner, partner, officer, or director, or a member or manager of a limited liability company 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) copies of all relevant documents.

Certification

30. On behalf of the business entity or limited liability company, the undersigned owner, partner, officer, or director of the business, or member or manager of a limited liability company entity hereby certifies, under penalty of perjury, that:
1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
 2. Where required by law, the business entity hereby designates the Commissioner, Director, or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
 3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
 4. Every owner, partner, officer, or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
 5. I authorize the jurisdiction to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdiction 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
 7. For Non-Resident License Applications, 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.

Must be signed by an officer, director, principal, or partner of the business entity.

Month/Day/Year

Signature

Type or Printed Name

Title

Social Security Number

Address

City, State, Zip

Division Use Only
