



## **Nation Safe Drivers Services**

800 Yamato Road, Suite 100, Boca Raton, FL 33431

**Tel:** 561-226-3600

**Fax:** 561-226-3608

## **Alabama**

**The State of Alabama requires both the Business Entity and the Individual Representative to be licensed and appointed for Motor Club in order to conduct business.**

### **Online Process**

Licensing can be done online for both residents and non-residents at [www.nipr.com](http://www.nipr.com). Be sure to choose the license type **Producer** and then **Motor Club** as the line of authority. All business entities must obtain a Certificate of Authority from the Alabama Secretary of State prior to obtaining a Motor Club license. For further information on Alabama licensing, you may visit this [link](#).

**Once the license has been approved, an appointment can be obtained by sending the following to NSD:**

- A copy of the Individual & Business Entity Motor Club License
- \$80 Appointment Fee (\$40 - Individual & \$40 - Business Entity)
- Completed Representatives/Producers and Firms/Agencies Questionnaires

### **Manual Process**

The NAIC Uniform Application for Individual Producer License and the NAIC Uniform Application for Business Entity License should be completed in their entirety and submitted with all licensing and appointment fees to Nation Safe Drivers. Please remember to include proof of citizenship, all copies of licenses and applicable documents based on background questions.

- Individual licensing & appointment fee - \$125.00
- Business Entity licensing & appointment fee - \$175.00

### **\*Important\***

**Alabama Motor Club appointments renew December 31<sup>st</sup> of each year for a fee of \$25 per entity**

Make all checks payable to Nation Safe Drivers and mail the check and completed forms to:

**Nation Safe Drivers  
Attention: Licensing & Compliance Department  
800 Yamato Road, Suite 100  
Boca Raton, FL 33431**

**STATE OF ALABAMA  
FOREIGN CORPORATION (BUSINESS OR NON-PROFIT)  
APPLICATION FOR REGISTRATION**

PURPOSE: In order to register a foreign entity (any entity formed outside of Alabama) to transact business in Alabama, the entity must deliver to the Secretary of State for filing an Application for Registration to Section 10A-1-7.04, Code of Alabama 1975.

INSTRUCTIONS: Mail two (2) signed copies of this completed Application for Registration and the filing fee of \$150.00 (credit card, check, or money order) to the **Secretary of State, Business Services, P.O. Box 5616, Montgomery, Alabama, 36103-5616** or you may email your application to [foreign.entities@sos.alabama.gov](mailto:foreign.entities@sos.alabama.gov). If you are sending this filing via email and paying the standard \$150.00 fee and would like an acknowledgement copy please mark the \$3.00 copy fee on the credit card payment form. If you elect expedited processing completed within approximately 24 hours after receipt by SOS, you may have the stamped copy emailed to you. Expedited processing is \$250.00 (a \$100.00 expedite fee plus the \$150.00 filing fee). If you are mailing/couriering the application and would like an acknowledgement include a copy and postage paid self-addressed envelope. The entity will not be registered if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30 NSF fee). **All processing instructions are complete in this form and Payment Option Sheet; cover letters are not necessary and will not be reviewed.**

(For SOS Office Use Only)

**The information completing this form must be typed or laser printed.  
FAX submissions will not be acknowledged, processed, or returned.**

\_\_\_\_\_ Business/For-Profit Corporation      \_\_\_\_\_ Non-Profit Corporation

1. The legal name of the foreign corporation as recorded in the jurisdiction in which it was formed/incorporated:

\_\_\_\_\_

2. The name of the foreign entity for use in Alabama – you may use a fictitious name **only** if the legal name of the corporation above is not available in Alabama or the name does not comply with Article 5 of Title 10A. The name must contain the word "corporation" or "incorporated" or an abbreviation of one of the words (such as Inc. or Corp.) and satisfy the requirements of 10A-1-7.07

\_\_\_\_\_

If a fictitious name must be used, other than simply adding the identifier (Inc., Corp, etc.), you must attach a copy of a board resolution certified by its Secretary adopting the fictitious name for use in Alabama.

3. A copy of the name reservation certificate received from the Office of the Alabama Secretary of State must be attached.

4. Street (**No PO Boxes**) Address of principal office: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

\_\_\_\_\_

**FOREIGN CORPORATION (BUSINESS OR NON-PROFIT)  
APPLICATION FOR REGISTRATION**

5. The undersigned certifies that the foreign corporation currently exists as a valid corporation of the type stated above under the laws of the corporation's jurisdiction of formation.
6. Corporation's jurisdiction of formation: \_\_\_\_\_
7. Date of the corporation's formation in state/country of jurisdiction: \_\_\_\_/\_\_\_\_/\_\_\_\_ (MM/DD/YYYY)
8. Name of registered agent for service of process in Alabama (**MUST** be physically located in Alabama): \_\_\_\_\_  
\_\_\_\_\_
9. Street (**No PO Boxes**) Address of registered office of registered agent (**MUST** be physically located in Alabama):  
\_\_\_\_\_  
Mailing Address in Alabama (if different) \_\_\_\_\_  
\_\_\_\_\_
10. The date the foreign corporation began or will begin transacting business in Alabama: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM/DD/YYYY)
11. A **copy** of the foreign corporation's articles or certificate of incorporation or other certificate of formation and all amendments thereto **duly certified** by the Secretary of State or other official having custody of corporate records in the state or other jurisdiction under whose law the corporation is incorporated **must be attached**. **Certificates of existence or good standing are not acceptable.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name **and** Title of Signature Below

\_\_\_\_\_  
Signature of Person Authorized to Sign per 10A-1-4.01, *Alabama Code*

In order to review the sections of the *Code of Alabama 1975* referred to in the filing form you may access [www.sos.alabama.gov](http://www.sos.alabama.gov) and go to the Records tab. Choose the Code of Alabama link to review.



Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration (Please Print or Type)

**Check appropriate boxes for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_
- New Application
- Additional Line(s) of Authority

### Demographic Information

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

### Designated/Responsible Licensed Producer

**25** Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at [www.nipr.com](http://www.nipr.com) for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

|            |           |   |   |           |
|------------|-----------|---|---|-----------|
| Name _____ | SSN _____ | - | - | NPN _____ |
| Name _____ | SSN _____ | - | - | NPN _____ |
| Name _____ | SSN _____ | - | - | NPN _____ |
| Name _____ | SSN _____ | - | - | NPN _____ |

### Owners, Partners, Officers and Directors

**26** Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

|            |             |                |   |   |             |                 |                               |
|------------|-------------|----------------|---|---|-------------|-----------------|-------------------------------|
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | D.O.B _____ | Owner: Yes / No | % of ownership interest _____ |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | D.O.B _____ | Owner: Yes / No | % of ownership interest _____ |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | D.O.B _____ | Owner: Yes / No | % of ownership interest _____ |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | D.O.B _____ | Owner: Yes / No | % of ownership interest _____ |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | D.O.B _____ | Owner: Yes / No | % of ownership interest _____ |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | D.O.B _____ | Owner: Yes / No | % of ownership interest _____ |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | D.O.B _____ | Owner: Yes / No | % of ownership interest _____ |

(State Use)

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## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

### Jurisdiction and Type of License/Registration Requested –Major Lines of Authority

⑦ Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

**Legal Business Type:** C – Corporation    P – Partnership    S – Sole Proprietorship    LLC – Limited Liability Company    **LLP – Limited Liability Partnership**

**License/Registration Types:** A – Agent    B – Broker    P – Producer    SLP – Surplus Lines Producer

**Lines of Authority:** V – Variable Life/Variable Annuity    L – Life    H – Accident & Health or Sickness    **P – Property**    C – Casualty    **PL – Personal Lines**

| Jurisdiction | Legal Business Type |   |   |     |     | License/Registration Type |   |   |     | Lines of Authority |   |   |   |   |    |
|--------------|---------------------|---|---|-----|-----|---------------------------|---|---|-----|--------------------|---|---|---|---|----|
|              | C                   | P | S | LLC | LLP | A                         | B | P | SLP | V                  | L | H | P | C | PL |
| AK           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| AL           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| AR           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| AZ           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| CA           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| CO           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| CT           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| DC           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| DE           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| FL           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| GA           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| GU           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| HI           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| IA           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| ID           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| IL           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| IN           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| KS           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| KY           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| LA           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| MA           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| MD           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| ME           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| MI           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| MN           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| MO           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| MS           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| MT           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| NC           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| ND           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| NE           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| NH           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| NJ           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| NM           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| NV           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| NY           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| OH           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| OK           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| OR           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| PA           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| PR           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| RI           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| SC           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| SD           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| TN           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| TX           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| UT           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| VA           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| VI           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| VT           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| WA           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| WI           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| WV           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |
| WY           |                     |   |   |     |     |                           |   |   |     |                    |   |   |   |   |    |

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

### Jurisdiction and Type of License/Registration - Limited Lines of Authority

Ⓢ Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

**Legal Business Type:** C – Corporation    P – Partnership    S – Sole Proprietorship    LLC – Limited Liability Company    **LLP – Limited Liability Partnership**

**License/Registration Types :** A – Agent    B – Broker    P – Producer    SLP – Surplus Lines Producer

**Limited Lines:** Credit – Credit    CR – Car Rental    CROP – Crop    T – Travel    S – Surety    O – Other: Specify Type

| Jurisdiction | Legal Business Type |   |   |     |     | License/Registration Type |   |   |     | Lines of Authority |    |      |   |   |         |
|--------------|---------------------|---|---|-----|-----|---------------------------|---|---|-----|--------------------|----|------|---|---|---------|
|              | C                   | P | S | LLC | LLP | A                         | B | P | SLP | Credit             | CR | Crop | T | S | O _____ |
| AK           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| AL           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| AR           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| AZ           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| CA           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| CO           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| CT           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| DC           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| DE           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| FL           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| GA           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| GU           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| HI           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| IA           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| ID           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| IL           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| IN           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| KS           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| KY           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| LA           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| MA           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| MD           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| ME           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| MI           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| MN           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| MO           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| MS           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| MT           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| NC           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| ND           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| NE           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| NH           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| NJ           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| NM           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| NV           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| NY           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| OH           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| OK           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| OR           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| PA           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| PR           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| RI           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| SC           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| SD           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| TN           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| TX           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| UT           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| VA           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| VI           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| VT           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| WA           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| WI           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| WV           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |
| WY           |                     |   |   |     |     |                           |   |   |     |                    |    |      |   |   |         |

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

### Background Questions

29) Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes \_\_\_ No \_\_\_

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes \_\_\_ No \_\_\_

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes \_\_\_ No \_\_\_

**NOTE:** For Questions 1a, 1b, and 1c “**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 no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the charging document,
- 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 of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? 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, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. “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 written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a 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 the business entity or any owner, partner, officer or director of the business entity, or 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? Do not include personal bankruptcies, unless they involve funds held on behalf of others. N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or 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): \_\_\_\_\_



Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or 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 arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or 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.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes:

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes \_\_\_ No \_\_\_

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Business Entity License/Registration

Applicant Name: \_\_\_\_\_

### Applicant's Certification and Attestation

- 30 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 or limited liability company to civil or criminal penalties.
  2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company 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 or limited liability company 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, or member or manager of a limited liability company, 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 jurisdictions to which this application is made to give any information they may have 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 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.
  8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).
  9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State.

**Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

### Attachments

- 31 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.
1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
  2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).



# Nation Safe Drivers Services

800 Yamato Road, Suite 100, Boca Raton, FL 33431  
Tel: 561-226-3600 Fax: 561-226-3608

## Firm/Agency Questionnaire

1. Business Name and Address: \_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Street) (City) (State) ( Zip)

2. Business Entity Motor Club License Number: \_\_\_\_\_

3. FEIN: \_\_\_\_\_ - \_\_\_\_\_

4. Date of Incorporation/Formation: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Business Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Business Fax Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

7. Designated Representative/Producer Name: \_\_\_\_\_

8. Designated Representative/Producer License Number (if applicable): \_\_\_\_\_

9. Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

| Owner: Yes / No | Name | Title | SSN/FEIN |
|-----------------|------|-------|----------|
|-----------------|------|-------|----------|

|                 |      |       |          |
|-----------------|------|-------|----------|
| Owner: Yes / No | Name | Title | SSN/FEIN |
|-----------------|------|-------|----------|

|                 |      |       |          |
|-----------------|------|-------|----------|
| Owner: Yes / No | Name | Title | SSN/FEIN |
|-----------------|------|-------|----------|

I hereby verify my foregoing statements and answers and declare under penalties of perjury that they are correct.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**X** \_\_\_\_\_

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## Uniform Application for Individual Producer License/Registration

(Please Print or Type)

**Check appropriate boxes for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_ Home State License #: \_\_\_\_\_
- New Application
- Additional Line of Authority

### Demographic Information

|  |  |  |  |                           |  |
|--|--|--|--|---------------------------|--|
| <b>1</b> Soc. Security Number<br><br>- -   |  | <b>2</b> If assigned, National Producer Number (NPN) |  |                           |  |
| <b>3</b> If applicable, FINRA Individual Central Registration Depository (CRD) Number  |  |  |  |                           |  |
| <b>4</b> Last Name<br>JR./SR. etc  |  | <b>5</b> First Name                                  |  | <b>6</b> Middle Name      | <b>7</b> Date of Birth<br>(month) ___ (day) ___ (year) ___ |
| <b>8</b> Residence/Home Address (Physical Street)  |  |  | <b>9</b> City  |                           | <b>10</b> State  |
|  |  |  | <b>11</b> Zip Code   | <b>12</b> Foreign Country |  |
| <b>13</b> Home Phone Number<br>( ) -   |  | <b>15</b> Gender (Circle One)<br>Male Female         | <b>16</b> Are you a Citizen of the United States? (Check One)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?)<br>(If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.) |                           |  |
| <b>14</b> Individual Applicant Email Address:  |  |  |  |                           |  |
| <b>17</b> Business Entity Name   |  |  |  |                           |  |
| <b>18</b> Business Address (Physical Street)   |  | <b>19</b> P.O. Box                                   | <b>20</b> City   | <b>21</b> State           | <b>22</b> Zip Code   |
|  |  | <b>23</b> Foreign Country                            |  |                           |  |
| <b>24</b> Business Phone Number (include extension)<br>( ) -   |  | <b>25</b> Business Fax Number<br>( ) -               | <b>26</b> Business E-Mail Address  |                           | <b>27</b> Business Web Site Address                        |
| <b>28</b> Applicant's Mailing Address  |  | <b>29</b> P.O. Box                                   | <b>30</b> City   | <b>31</b> State           | <b>32</b> Zip Code   |
|  |  | <b>33</b> Foreign Country                            |  |                           |  |
| <b>34</b> a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.<br><br>b. List any trade names under which you are currently doing business or intend to do business.<br><br>(May be subject to state approval) |  |  |  |                           |  |

### Agency or Business Entity Affiliations

**35** 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 _____ |
| FEIN _____ | NPN _____ | Name of Agency _____ |

### Employment History

**36** Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

| Name                       | From  |      | To    |      | Position Held |
|----------------------------|-------|------|-------|------|---------------|
|                            | Month | Year | Month | Year |               |
| City State Foreign Country |       |      |       |      |               |
| Name                       |       |      |       |      |               |
| City State Foreign Country |       |      |       |      |               |
| Name                       |       |      |       |      |               |
| City State Foreign Country |       |      |       |      |               |
| Name                       |       |      |       |      |               |
| City State Foreign Country |       |      |       |      |               |

(State Use)

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## Uniform Application for Individual Producer License/Registration

Applicant Name: \_\_\_\_\_

### Jurisdiction and Type of License Requested

Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

**License Types:**      A – Agent                      B – Broker                      P – Producer                      SLP – Surplus Lines Producer

**Lines of Authority:**      V – Variable Life/Variable Annuity      L – Life                      H – Accident & Health or Sickness      P – Property      C – Casualty      PL – Personal Lines

**Limited Lines:**      Credit– Credit                      CR – Car Rental                      CROP - Crop      T – Travel                      S – Surety                      O – Other: Specify Type

| Jurisdiction | License Type |   |   |     | Major Lines of Authority |   |   |   |   |    | Limited Lines of Authority |    |      |   |   |   |
|--------------|--------------|---|---|-----|--------------------------|---|---|---|---|----|----------------------------|----|------|---|---|---|
|              | A            | B | P | SLP | V                        | L | H | P | C | PL | Credit                     | CR | CROP | T | S | O |
| AK           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| AL           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| AR           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| AZ           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| CA           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| CO           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| CT           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| DC           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| DE           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| FL           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| GA           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| GU           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| HI           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| IA           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| ID           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| IL           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| IN           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| KS           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| KY           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| LA           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| MA           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| MD           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| ME           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| MI           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| MN           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| MO           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| MS           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| MT           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| NC           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| ND           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| NE           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| NH           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| NJ           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| NM           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| NV           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| NY           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| OH           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| OK           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| OR           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| PA           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| PR           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| RI           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| SC           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| SD           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| TN           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| TX           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| UT           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| VI           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| VA           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| VT           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| WA           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| WI           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| WV           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |
| WY           |              |   |   |     |                          |   |   |   |   |    |                            |    |      |   |   |   |

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## Uniform Application for Individual Insurance Producer License/Registration

**Applicant Name:** \_\_\_\_\_

### Background Questions

58 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes \_\_\_ No \_\_\_

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes \_\_\_ No \_\_\_

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes \_\_\_ No \_\_\_

**NOTE:** For Questions 1a, 1b and 1c, "**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 no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

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

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? 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, sanctioned or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or 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? Do not include personal bankruptcies, unless they 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.

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, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

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## Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: \_\_\_\_\_

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, or mediation proceedings, and
- c) a copy of the official documents, 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, or 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.

7. Do you have a child support obligation in arrearage?

Yes \_\_\_ No \_\_\_

If you answer yes,

- a) by how many months are you in arrearage?
- b) are you currently subject to and in compliance with any repayment agreement?
- c) are you the subject of a child support related subpoena/warrant?

\_\_\_\_\_ Months

Yes \_\_\_ No \_\_\_

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Yes \_\_\_ No \_\_\_

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

Yes \_\_\_ No \_\_\_

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.



## Uniform Application for Individual Insurance Producer License/Registration

### Applicant's Certification and Attestation

59 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. Unless provided otherwise by law or regulation of the jurisdiction, 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, a) I have no child-support obligation, 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 which this application is made 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 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.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).





# Nation Safe Drivers Services

800 Yamato Road, Suite 100, Boca Raton, FL 33431  
Tel: 561-226-3600 Fax: 561-226-3608

## Representative/Producer Questionnaire

1. Full name of applicant: \_\_\_\_\_  
(First Name) (Middle) (Last)

2. Resident Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

3. Home Telephone Number: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

4. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_

6. Property & Casualty License Number (if applicable): \_\_\_\_\_

7. Business Name and Address: \_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

8. FEIN: \_\_\_\_\_ - \_\_\_\_\_

9. Business Telephone Number: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

10. Business Fax Number: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

11. Email Address: \_\_\_\_\_@\_\_\_\_\_.\_\_\_\_\_

I hereby verify my foregoing statements and answers and declare under penalties of perjury that they are correct.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**X** \_\_\_\_\_