



Nation Motor Club, LLC.

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

Delaware

Individual/Business Entity Licensing Requirements

A Representative can apply for a Limited Lines License with an Automobile Club line of authority online at www.NIPR.com or the following can be submitted to Nation Safe Drivers:

Individual Licensing (Resident & Non-Resident):

1. Complete and sign Form 2A. Be sure to choose Limited Lines Producer for type of license & Automobile Club for line of authority.
2. Attach a current Criminal Background Check from the Delaware State Police Department, which will require fingerprints. The completed State Criminal Background Report can also be faxed to 302-736-7906. **Individuals who are already licensed will not need to provide a Criminal Background Report.**

Business Entity Licensing (Resident & Non-Resident):

1. Complete and sign Form 2B. The form **MUST** be completed and signed by the proprietor, a partner or an officer of the dealership.

FEES: \$105.00 for the Individual
\$105.00 for the Business Entity

If the Individual and Business Entity already have a Limited Lines license for the state of Delaware, then the producing individual needs only to complete Form 2C & return with a check for \$25.00.

Please 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



2B

Revised 07/17

APPLICANT MUST PERSONALLY COMPLETE AND SIGN THIS APPLICATION

(PLEASE PRINT OR TYPE)

REQUEST FOR BUSINESS ENTITY INSURANCE LICENSE

Application must be completed and signed by the proprietor, a partner or an officer of the firm

PART 1 CORPORATION, PARTNERSHIP, ASSOCIATION, ETC.

NAME _____

F.E.I.N. _____

BUSINESS ADDRESS INFORMATION

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS EMAIL ADDRESS _____ WEBSITE ADDRESS _____

MAILING ADDRESS INFORMATION

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

ALTERNATE EMAIL ADDRESS _____

PART 2 DESIGNATED RESPONSIBLE LICENSED PRODUCER

Identify at least one Designated Responsible Licensed Producer.

Name: _____ SSN: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

Name: _____ SSN: _____

PART 3 TYPE OF LICENSE REQUESTED

	PRODUCER	\$100		APPRAISER	\$100		LIMITED LINES PRODUCER	\$100
	ADJUSTER	\$100		SURPLUS LINES BROKER	\$250		BAIL PRODUCER	\$200
	PUBLIC ADJUSTER	\$100		FRATERNAL PRODUCER	\$100		17B TRAVEL	\$1000

PART 4 STRUCTURE OF COMPANY

	Corporation		Partnership		Sole Proprietorship
	Limited Liability Company		Limited Liability Partnership		

- A. WHAT TYPE OF ORGANIZATION? _____
- B. DATE OF ORGANIZATION _____
- C. STATE OF DOMICILE _____

PART 5 PRINCIPAL OFFICERS

NAME _____ SSN _____ POSITION _____

NAME _____ SSN _____ POSITION _____

NAME _____ SSN _____ POSITION _____

NAME _____ SSN _____ POSTION _____

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) a written statement identifying all parties involved (including their percentage of ownership, if any) and 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. 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 to any of these questions, you must attach to this application:

- a.) a written statement identifying all parties involved (including their percentage of ownership, if any) and 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.

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): _____

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.

Attachments

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).

Applicant's Certification and Attestation

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



2A

REVISED 07/17

PLEASE PRINT OR TYPE

REQUEST FOR A DELAWARE INSURANCE LICENSE

PART 1 LICENSE IDENTIFICATION

NAME _____

SOC. SEC. NO. _____ BIRTH DATE _____ GENDER Male Female

Are you a Citizen of the United States? (Check One) Yes No

If No, of which country are you a citizen? _____

If No, you must supply eligibility of proof to work in the U.S.

Are you applying for a Delaware Resident License? (Check One) Yes No

If no, please provide your Resident state _____

RESIDENT ADDRESS INFORMATION

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL ADDRESS _____

BUSINESS ADDRESS INFORMATION

EMPLOYER'S NAME _____

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS EMAIL ADDRESS _____ WEBSITE ADDRESS _____

MAILING ADDRESS INFORMATION

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

PART 2 TYPE OF LICENSE REQUESTED

	PRODUCER	\$100		APPRAISER	\$100		LIMITED LINES PRODUCER	\$100
	ADJUSTER	\$100		APPRENTICE APPRAISER	\$50		TEMPORARY PRODUCER	\$100
	APPRENTICE ADJUSTER	\$50		SURPLUS LINES BROKER	\$250		BAIL PRODUCER	\$200
	PUBLIC ADJUSTER	\$100		FRATERNAL PRODUCER	\$100		17B TRAVEL	\$1000

If applying for an Adjuster License, what is your DHS (Designated Home State)? _____

PART 3 LINES OF AUTHORITY

	(1)LIFE		(8)VARIABLE ANNUITY		(15)BAIL AGENT
	(2)HEALTH		(9)MOTOR VEHICLE		(16)PROPERTY BAIL AGENT
	(4)PROPERTY		(10)CREDIT		(23)CROP/HAIL
	(5)CASUALTY		(11)TRAVEL		(24)AUTOMOBILE CLUB
	(6)SURETY		(13)MARINE TRANSPORTATION		(27)WORKERS' COMPENSATION
	(7)TITLE		(14)PERSONAL LINES		

If applying for Variable Annuity, please provide your FINRA Individual Central Registration Depository (CRD)

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

- 1a. 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 ___

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
- b) prevent you from receiving an insurance license, and
- c) 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?
(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

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?

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.

Applicant's Certification and Attestation

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)

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).



2C

Revised 07/17

REQUEST FOR AMENDMENT (PLEASE PRINT OR TYPE)

FEES: \$25.00 fee required for name change, Line of Authority, Addition/Deletion and DBA/TA amendment.

PART 1 INDIVIDUAL LICENSEE IDENTIFICATION (Complete if amendment is for an individual.)

NAME _____

DELAWARE LICENSE # _____ NATIONAL PRODUCER # _____

PART 2 BUSINESS ENTITY IDENTIFICATION (Complete if amendment is for a business entity.)

NAME _____ LICENSE # _____ FEIN _____

PART 3 LICENSE TYPE _____ Are you applying for a Delaware Resident license? YES NO

PART 4 AMENDMENT: ADDRESS NAME CHANGE LINE OF AUTHORITY/DELETION DBA~T/A NAME

RESIDENT ADDRESS INFORMATION ~ Complete for Individual Licensee Only

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMAIL _____

BUSINESS ADDRESS INFORMATION

EMPLOYER'S NAME _____

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

BUSINESS EMAIL ADDRESS _____ WEBSITE ADDRESS _____

MAILING ADDRESS INFORMATION

ADDRESS _____ SUITE OR BOX NO. _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME CHANGE (Proof of name change is required.)

NAME _____

LINE(S) OF AUTHORITY ~ ADD DELETE

LINE(S) OF AUTHORITY _____

DBA/TA ADDITION (Proof of DBA/TA is required.)

NAME: _____

SIGNATURE: _____ DATE _____ PHONE _____

Please note: DE does not print/mail out licenses. Licenses may be printed at the following link: <http://www.insurance.delaware.gov>