

Application for Utah Resident Business Entity License

**Utah Insurance Department
Suite 3110 State Office Building
PO Box 146901
Salt Lake City, UT 84114**

Demographic Information

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

Designated/Responsible 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.

Name _____ SSN _____ - - _____

Name _____ SSN _____ - - _____

Name _____ SSN _____ - - _____

Name _____ SSN _____ - - _____

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 _____ - - _____ Owner: Yes / No

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

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

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

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

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

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

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

(State Use)

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Type of License Requested – Major Lines of Authority

27 Check the legal business type, license type(s) and line(s) of authority for which you are applying.

Legal Business Type:

- | | |
|--|--|
| <input type="checkbox"/> C - Corporation | <input type="checkbox"/> LLC - Limited Liability Company |
| <input type="checkbox"/> P - Partnership | <input type="checkbox"/> LLP - Limited Liability Partnership |
| <input type="checkbox"/> S - Sole Proprietorship | |

License Types & Lines of Authority:

Producer

- | | |
|---|--|
| <input type="checkbox"/> Life | <input type="checkbox"/> Property |
| <input type="checkbox"/> Variable Contracts | <input type="checkbox"/> Casualty |
| <input type="checkbox"/> Accident/Health | <input type="checkbox"/> Personal Lines |
| <input type="checkbox"/> Surplus Lines | |
| <input type="checkbox"/> Title Insurance | |
| <input type="checkbox"/> Search | <input type="checkbox"/> Escrow |
| | <input type="checkbox"/> Title Marketing Rep |

Adjuster: **Independent** **Public**

- | | |
|---|--|
| <input type="checkbox"/> Property/Casualty Adjuster | <input type="checkbox"/> Workers Compensation Adjuster |
| <input type="checkbox"/> Accident/Health Adjuster | <input type="checkbox"/> Crop Insurance Adjuster |

Consultant

- | | |
|--|--|
| <input type="checkbox"/> Life Consultant | <input type="checkbox"/> Property Consultant |
| <input type="checkbox"/> Variable Contracts Consultant | <input type="checkbox"/> Casualty Consultant |
| <input type="checkbox"/> Accident/Health Consultant | <input type="checkbox"/> Personal Lines Consultant |

Managing General Agent (MGA)

- | | |
|---|---|
| <input type="checkbox"/> Life MGA | <input type="checkbox"/> Property MGA |
| <input type="checkbox"/> Variable Contracts MGA | <input type="checkbox"/> Casualty MGA |
| <input type="checkbox"/> Accident/Health MGA | <input type="checkbox"/> Personal Lines MGA |

Reinsurance Intermediary

- | | |
|---|---|
| <input type="checkbox"/> Life Reins Int | <input type="checkbox"/> Property Reins Int |
| <input type="checkbox"/> Variable Contracts Reins Int | <input type="checkbox"/> Casualty Reins Int |
| <input type="checkbox"/> Accident/Health Reins Int | <input type="checkbox"/> Personal Lines Reins Int |

Third Party Administrator

- None

Type of License Requested – Limited Lines of Authority

28 Check the legal business type, limited license type(s) and limited line(s) of authority for which you are applying.

Legal Business Type:

- | | |
|--|--|
| <input type="checkbox"/> C - Corporation | <input type="checkbox"/> LLC - Limited Liability Company |
| <input type="checkbox"/> P - Partnership | <input type="checkbox"/> LLP - Limited Liability Partnership |
| <input type="checkbox"/> S - Sole Proprietorship | |

Limited License Type & Limited Lines of Authority:

Limited-Line Producer

- | | |
|---|---|
| <input type="checkbox"/> Credit | <input type="checkbox"/> Car Rental |
| <input type="checkbox"/> Travel | <input type="checkbox"/> Legal Expense |
| <input type="checkbox"/> Motor Club | <input type="checkbox"/> Self-Service Storage |
| <input type="checkbox"/> Crop Insurance | |

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Background Information

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

1. 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, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

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

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstance 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, or manager or member of a limited liability company, ever been named or involved as a party in an administrative 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 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. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

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

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) 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 the business entity or any owner, partner, officer or director, or member or manager if 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.

4. Has the business entity or any owner, partner, officer or director, 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 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 arbitration or mediation proceedings and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager if 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.

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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 give any information they may have concerning me 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 jurisdictions(s).

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

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City

State

Zip

Attachments

31 Any Utah jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com) must accompany the application otherwise the application may be returned unprocessed or considered deficient.