# Application for Utah Resident Individual License

## Utah Insurance Department

**Address:** 4315 S. 2700 W. 
**Suite 2300** 
**Taylorsville, UT 84129**

### Demographic Information

1. **Soc. Security Number**
2. **If assigned, National Producer Number (NPN)**
3. **If applicable, FINRA Individual Central Registration Depository (CRD) Number**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>JR./SR. etc</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Date of Birth</th>
<th>Home Phone Number</th>
<th>Gender (Circle One)</th>
<th>Are you a Citizen of the United States? (Check One)</th>
</tr>
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<td></td>
<td>Male / Female</td>
<td>Yes / No / (If No, of which country are you a citizen?)</td>
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<table>
<thead>
<tr>
<th>Residence/Home Address (Physical Street)</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Foreign Country</th>
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<tr>
<th>Home Phone Number ( - )</th>
<th>Gender (Circle One)</th>
<th>Are you a Citizen of the United States? (Check One)</th>
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<td>Male / Female</td>
<td>Yes / No / (If No, of which country are you a citizen?)</td>
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<tr>
<th>Business Entity Name</th>
<th>Business Address (Physical Street)</th>
<th>P.O. Box</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Foreign Country</th>
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### Agency or Business Entity Affiliations

List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

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<thead>
<tr>
<th>FEIN</th>
<th>NPN</th>
<th>Name of Agency</th>
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### Employment History

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Foreign Country</th>
<th>From Month</th>
<th>Year</th>
<th>To Month</th>
<th>Year</th>
<th>Position Held</th>
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(State Use)
### Application for
Utah Resident Individual License

#### Type of License Requested

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

### License Types & Lines of Authority:

- **Producer**
  - [ ] Life
  - [ ] Variable Contracts
  - [ ] Accident/Health
  - [ ] Surplus Lines
  - [ ] Title Insurance
    - [ ] Search
    - [ ] Escrow
  - [ ] Title Marketing Rep

- **Limited Line Producer**
  - [ ] Credit
  - [ ] Travel
  - [ ] Motor Club
  - [ ] Crop Insurance
  - [ ] GAP Waiver

- **Customer Service Representative (Limited License)**
  - [ ] Life CSR
  - [ ] Accident/Health CSR
  - [ ] Surplus Lines CSR

- **Adjuster:**  
  - [ ] Independent
  - [ ] Public
  - [ ] Property/Casualty Adjuster
  - [ ] Accident/Health Adjuster
  - [ ] Workers Compensation Adjuster
  - [ ] Crop Insurance Adjuster

- **Consultant**
  - [ ] Life Consultant
  - [ ] Variable Contracts Consultant
  - [ ] Accident/Health Consultant

- **Managing General Agent (MGA)**
  - [ ] Life MGA
  - [ ] Variable Contracts MGA
  - [ ] Accident/Health MGA

- **Reinsurance Intermediary**
  - [ ] Life Reins Int
  - [ ] Variable Contracts Reins Int
  - [ ] Accident/Health Reins Int

- **Third Party Administrator**
  - [ ] None
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Background Information

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. Have you ever been convicted of 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 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.

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

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

2. Have you 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 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 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, arbitration 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, and
   b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation and
   c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of 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? ___ Months
   b) are you currently subject and in compliance with any repayment agreement? Yes ____ No ____
   c) are you the subject of a child support related subpoena/warrant? 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.)
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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 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 documents attached to this application or requested by the jurisdiction(s).

9. For Resident Individual Producer License Applications, I certify that to the extent applicable, I am in compliance with the Errors & Omissions insurance coverage requirement identified in Utah Code Annotated Section 31A-23a-203.5, and that I will maintain compliance with that requirement during the period for which the license is issued or renewed.

_________________________________________________________________
Month/Day/Year

_________________________________________________________________
Original Producer Signature

_________________________________________________________________
Full Legal Name (Printed or Typed)

Attachments

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.