

Individual Application and Instructions

All individuals transacting insurance business in this state, or relative to a subject resident, located, or to be performed in this state, must be licensed unless exempt.

We encourage all applicants to electronically file the NAIC Individual application available at <http://www.nipr.com>. Residents seeking licensure for viatical settlement authority must file this application.

Application fees are NONREFUNDABLE (3 AAC 31.010).

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.040(f)

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

IN ADDITION TO THE REQUIREMENTS SET FORTH IN THE INSURANCE CODE, THE ISSUANCE OF THE REQUESTED LICENSE IS SUBJECT TO THE REQUIREMENTS OF AS 25.27.244 AND AS 14.43.148.

FORM FILING REQUIREMENTS

RESIDENT

- Application Form 08-240
- Application Fee plus the Fingerprint Card Evaluation Fee of \$48.25
- One Fingerprint Card
- Examination Results (valid one year from administration date)

NONRESIDENT

- Application Form 08-240

If you are applying for a resident license within 90 days of cancellation of your license in your prior home state, testing is waived.

REQUIREMENTS

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

Independent Adjuster applicants must have six (6) months' active working experience within the last two calendar years.

Residents only: Surplus Lines Broker applicants must be licensed as either an insurance producer or managing general agent for property and casualty authority.

Viatical Settlement applicants must hold an Alaska Insurance Producer license for life and variable authority.

Once licensed by the State of Alaska, you are required to notify the division by certified mail within 30 days of any of the following occurrences:

- Change in compliance officer
- Change in place of business
- Change in name as reflected on license
- Changes in electronic (e-mail) address
- Change in residence
- Change in telephone number
- Change in mailing address
- Disciplinary action by another state or jurisdiction or criminal prosecution

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY,
AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 WILLOUGHBY AVENUE, 9TH FLOOR
P.O. BOX 110805, JUNEAU, ALASKA 99811-0805
(907) 465-2515
FAX NUMBER: (907) 465-2816
www.insurance.alaska.gov

Division use only	
Batch # _____	\$ _____

INDIVIDUAL APPLICATION

Check appropriate box for license required:

- resident license
 nonresident license

• identify home state: _____

1. Social Security Number		2. If assigned National Producer Number (NPN)		3. If applicable, FINRA Individual Central Registration Depository (CRD) Number					
4. Last Name		JR./SR. etc.		5. First Name		6. Middle Name		7. Date of Birth	
								month _____ day _____ year _____	
8. Residence/Home Address (Physical Street)			9. P.O. Box	10. City		11. State	12. Zip Code	13. Foreign Country	
14. Home Phone Number			15. Gender (circle one)		16. Are you a Citizen of the United States (check one)				
			Male Female		Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?)				
14a. Individual Email Address					(If No and this is an application for a resident license, you must supply proof of eligibility to work in the U.S.)				
17. Business Entity Name									
18. Business Address (Physical Street)			19. P.O. Box	20. City		21. State	22. Zip Code	23. Foreign Country	
24. Business Phone Number		25. Business Fax Number		26. Business E-mail Address			27. Business Web Site Address		
28. Applicant's Mailing Address			29. P.O. Box	30. City		31. State	32. Zip Code	33. Foreign Country	
34. a) List any assumed, fictitious, alias, maiden, or trade names under which you have used in the past to do business, are currently doing business or intend to do business.									
b) List any trade names under which you are currently doing business or intend to do business.									
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 _____					
Employment History									
36. Account for all time for the past five years. Give all employment experience starting with your current employer working back five full years. Include full and part-time work, self-employment, military service, unemployment and full-time education, accounting for the full five years time without gaps . Attach a separate piece of paper, if necessary.									
				From		To		Position Held	
				Month	Year	Month	Year		
Name		City		State	Foreign Country				
Name		City		State	Foreign Country				
Name		City		State	Foreign Country				
Name		City		State	Foreign Country				
Name		City		State	Foreign Country				

BACKGROUND INFORMATION

Please 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 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. Have you 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. Have you 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. Have you 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) 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 a copy of the official document which demonstrates the resolution of the charges or any final judgment.

Certification

40. 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, either a) I have no child-support obligation, or 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 Application, 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).

Must be signed and dated by applicant.

Signature of Applicant

Type or Printed Name of Applicant

Month/Day/Year

Division Use Only