NONRESIDENT INSURANCE AGENT LICENSE APPLICATION

Ref: Sections 628.04, 601.72, and 601.73, Wis. Stat.
Section Ins 6.59, Wis. Adm. Code
Section 466(a) [42 U.S.C.666(a)]

State of Wisconsin
Office of the Commissioner of Insurance
Agent Licensing Section
P.O. Box 7872
Madison, WI 53707-7872
(608) 266-8699
E-mail: ociagentlicensing@wisconsin.gov
Web Address: oci.wi.gov/agentlic.htm

Check appropriate box for license requested.

☐ New Application ☐ Additional Line of Authority

INSTRUCTIONS: Print or type all required information. Send this form, any documentation required, and a check for fees made payable to the Office of the Commissioner of Insurance to the above address. To expedite the process, submit an electronic application on Sircon at www.sircon.com or NIPR at www.nipr.com instead of the paper application. To obtain a permanent nonresident license, completion of this form is required pursuant to s. 628.04, Wis. Stat. Personally identifiable information on this form will be matched with information from other states, agencies, and law enforcement agencies. A letter of certification, license copy, PDB print screen or CRD reports are **NOT** required.

Last Name and Suffix (Sr., Jr.)	First Name	Middle Name	Date of Birth (Mo./Day/Yr.)	Social Security Number

Select Lines of Authority for Licensing *(Note: Each box represents a separate line of authority—see fee schedule below)*

Major Lines

☐ Property ☐ Casualty ☐ Personal Lines P&C ☐ Accident & Health

☐ Life ☐ Variable Life/Variable Annuity - FINRA CRD# _____

Limited Lines

☐ Credit ☐ Legal Expense

☐ Travel ☐ Title ☐ Crop ☐ Surety

Residence/Home Address		
City	State	Zip Code
Mailing Address		PO Box
City	State	Zip Code

List any other assumed, fictitious, alias, or trade name under which you are doing business or intend to do business

Business Address		
City	State	Zip Code

Home Telephone Number	BusinessTelephone Number	Applicant E-mail Address	Business E-mail Address

Are you a citizen of the US? (check one) ☐ Yes ☐ No If no, of which country are you a citizen? _____
If no, proof of eligibility to work in the US is required.

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.

	From		To		
	Month	Year	Month	Year	Position Held
Name:					
City: State: Foreign Country:					
Name:					
City: State: Foreign Country:					
Name:					
City: State: Foreign Country:					
Name:					
City: State: Foreign Country:					

Fee Schedule:

One line of authority	$ 75.00
Two lines of authority	150.00
Three lines of authority	225.00
Four lines of authority	300.00
Five lines of authority	375.00

FEE IS NONREFUNDABLE

Background Questions

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, and
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 for any delinquent tax obligation that is not the subject of a repayment agreement?

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 document, which demonstrates the resolution of the charges or any final judgment.

Background Questions (continued)

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? ☐ 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.

8. In response to a "yes" answer to one or more of the Background Information 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.

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 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 is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner 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 jurisdiction 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 jurisdiction 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 jurisdiction to which I am applying for licensure.
7. For Nonresident 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 nonresident state.
8. I hereby certify that upon request I will furnish the jurisdiction to which I am applying certified copies of any documents attached to this application or requested by the jurisdiction.

_____
Month/Day/Year

_____
Original Applicant Signature

_____
Full Legal Name (Printed or Typed)