

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.licenseregistry.com](http://www.licenseregistry.com).



## Uniform Application for Individual Insurance Producer License

(Please Print or Type)

**Check appropriate box for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

### Demographic Information

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)			
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ___ (day) ___ (year) ___	
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City	⑫ State	⑬ Zip Code
⑭ Foreign Country	⑮ Home Phone Number ( ) -	⑯ Gender (Circle One) Male <input type="checkbox"/> Female <input type="checkbox"/>	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)		
⑱ Business Entity Name					
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City	㉒ State	㉓ Zip Code
㉔ Foreign Country	㉕ Business Phone Number (include extension) ( ) -	㉖ Business Fax Number ( ) -	㉗ Business E-Mail Address	㉘ Business Web Site Address	
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City	㉜ State	㉝ Zip Code
㉞ Foreign Country	㉟ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.				
					b. List any trade names under which you are currently doing business or intend to do business.

### Agency or Business Entity Affiliations

③⑥ 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 _____
FEIN _____	NPN _____	Name of Agency _____

### Employment History

③⑦ 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		Position Held
	Month	Year	Month	Year	
Name					
City					
State					
Name					
City					
State					
Name					
City					
State					
Name					
City					
State					

(State Use)

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.licenseregistry.com](http://www.licenseregistry.com).



## Uniform Application for Individual Insurance Producer License

### Jurisdiction and Type of License Requested

38 Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

**License Types:**      A – Agent                      B – Broker                      P – Producer                      SLP – Surplus Lines Producer

**Lines of Authority:**      V – Variable Life/Variable Annuity      L – Life                      H – Accident & Health or Sickness      P – Property      C – Casualty      PL – Personal Lines

**Limited Lines:**      Credit – Credit                      CR – Car Rental                      CROP – Crop                      T – Travel                      S – Surety                      O – Other: Specify Type

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
ME																
MI																
MN																
MO																
MS																
MT																
NC																
ND																
NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VI																
VA																
VT																
WA																
WI																
WV																
WY																



## Uniform Application for Individual Insurance Producer License

### Background Information

59) The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. 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 certified copy of the charging document,
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment, and
- d) charging document.

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 or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved 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 certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified 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? Only include bankruptcies that 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 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 certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified 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) certified 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 to a repayment agreement? Yes \_\_\_ No \_\_\_
- c) are you the subject of a child support related subpoena/warrant? Yes \_\_\_ No \_\_\_



Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.licenseregistry.com](http://www.licenseregistry.com).

**Resident Applicants for :**

- **LIFE;** must attach exam score report with school certificate verifying completion of approved NJ pre-licensing education, OR Waiver of Education letter from the Department and Exam Score Report, OR proof of having earned one of the following designations which shall include an official document or transcript issued by the organization conferring the designation: Certified Employee Benefits Specialist (CEBS); Chartered Financial Consultant (ChFC); Certified Insurance Counselor (CIC); Certified Financial Planner (CFP); Chartered Life Underwriter (CLU); Fellow, Life Management Institute (FLMI); or LUTC Fellow (LUTCF).
- **ACCIDENT HEALTH OR SICKNESS;** must attach exam score report with school certificate verifying completion of approved NJ pre-licensing education, OR Waiver of Education letter from the Department and Exam Score Report, OR proof of having earned one of the following designations which shall include an official document or transcript issued by the organization conferring the designation: Registered Health Underwriter (RHU); Certified Employee Benefits Specialist (CEBS); Registered Employee Benefits Consultant (REBC); Health Insurance Associate (HIA).
- **VARIBLE;** must have LIFE authority and NASD Individual Central Registration Depository registration.
- **SURPLUS;** Must attach exam score report and have PROPERTY and CASUALTY authority.
- **PROPERTY; CASUALTY; PERSONAL LINES;** must attach exam score report with school certificate verifying completion of approved NJ pre-licensing education, OR: Waiver of Education letter from the Department and Exam Score Report, OR: proof of having earned one of the following designations which shall include an official document or transcript issued by the organization conferring the designation: Accredited Adviser in Insurance (AAI); Associate in Risk Management (ARM); Certified Insurance Counselor (CIC); or Chartered Property & Casualty Underwriter (CPCU)
- **TITLE;** must attach exam score report with school certificate verifying completion of approved NJ pre-licensing education, OR: Waiver of Education letter from the Department and Exam Score Report.
- **BAIL BOND LIMITED LINE;** must attach Exam Score Report with school certificate verifying completion of approved NJ pre-licensing education.
- **Other Limited Lines;** Credit must attach proof of completion of approved program of instruction.

**New Jersey Department of Banking and Insurance  
FEES (paper application)**

License Type	Application Fee + \$40 processing fee
<b>Major Line Biennial License</b>	\$150 + \$40 = <b>\$ 190</b>
<b>Limited Line Producer Biennial License</b>	\$ 75 + \$40 = <b>\$ 115</b>

**Mailing address:**

State of New Jersey-Department of Banking and Insurance  
 Producer Licensing Unit  
 PO Box 327  
 20 West State Street  
 Trenton, New Jersey 08625-0327

**Make Check payable to: “State Treasurer of New Jersey”**