

# UTAH INSURANCE DEPARTMENT

STATE OFFICE BUILDING ROOM 3110

SALT LAKE CITY, UTAH 84114-6901

## INDIVIDUAL LICENSE APPLICATION (NO REFUND) APPLICATION MUST BE TYPED OR PRINTED LEGIBLY

<input type="checkbox"/> INITIAL LICENSE	<input type="checkbox"/> ADDITION TO CURRENT LICENSE/ ADD L.O.A.
<input type="checkbox"/> REINSTATEMENT	<input type="checkbox"/> NON-RESIDENT (STATE OF RESIDENCY)

1. Last Name	2. First Name	3. Middle Name
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4. Soc. Security Number	5. Date of Birth MM/DD/YY	6. Gender MALE FEMALE
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7. Residence Address
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8. City	9. State	10. Zip Code
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11. Business Address (PLEASE LIST BUSINESS NAME FIRST)
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12. City	13. State	14. Zip Code
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15. Mailing Address (BUSINESS ADDRESS PREFERRED)
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16. City	17. State	18. Zip Code
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19. Residence Phone ( ) \_\_\_\_\_

20. Business Phone ( ) \_\_\_\_\_ EXT \_\_\_\_\_

21. Fax Number ( ) \_\_\_\_\_

22. E-mail or web address \_\_\_\_\_

**License Class & Line(s) applying for**

**CLASS: PRODUCER**

LIFE <input type="checkbox"/>	ACCIDENT HEALTH <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	CASUALTY <input type="checkbox"/>
PERSONAL LINES <input type="checkbox"/>	WORKERS COMP <input type="checkbox"/>	VARIABLE CONTRACTS <input type="checkbox"/>	SURPLUS LINES <input type="checkbox"/>

**CLASS: TITLE PRODUCER (UTAH RESIDENTS ONLY)**

ESCROW <input type="checkbox"/>	SEARCH <input type="checkbox"/>	MARKETING <input type="checkbox"/>
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**CLASS: ADJUSTER**  **INDEPENDENT**  **PUBLIC**

ACCIDENT & HEALTH <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	CASUALTY <input type="checkbox"/>	PERSONAL LINES <input type="checkbox"/>
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**CLASS: LIMITED PRODUCER**

CREDIT LIFE <input type="checkbox"/>	CREDIT DISABILITY <input type="checkbox"/>	CREDIT PROPERTY <input type="checkbox"/>	INVOLUNTARY UNEMPLOYMENT <input type="checkbox"/>	BAIL BOND <input type="checkbox"/>
GAP <input type="checkbox"/>	TRAVEL <input type="checkbox"/>	MOTOR CLUB <input type="checkbox"/>	RENTAL CAR <input type="checkbox"/>	VIATICAL <input type="checkbox"/>

**CLASS: CUSTOMER SERVICE REP**  **(LIMITED LICENSE)**

LIFE <input type="checkbox"/>	ACCIDENT & HEALTH <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	CASUALTY <input type="checkbox"/>	PERSONAL LINES <input type="checkbox"/>
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**CLASS: CONSULTANT**

LIFE <input type="checkbox"/>	ACCIDENT & HEALTH <input type="checkbox"/>	PROPERTY <input type="checkbox"/>
CASUALTY <input type="checkbox"/>	PERSONAL LINES <input type="checkbox"/>	VARIABLE CONTRACTS <input type="checkbox"/>

**NOTE: When applying for variable line, Utah law requires that you supply evidence of Utah securities license. Attach a copy of your current U-4 or CRD status form indicating Utah Approved.**

**POWER OF ATTORNEY OF INDIVIDUAL NONRESIDENT LICENSEE**

KNOW ALL MEN BY THESE PRESENTS:

That \_\_\_\_\_, a nonresident individual licensee, desiring to transact business in the State of Utah in conformity with the laws thereof, does hereby make, constitute and appoint the Commissioner of Insurance in the Insurance Department or his successors in the State of Utah, his true and lawful attorney in and for the State of Utah, on whom all process of law, whether mesne or final, against him may be served in any action or special proceeding against him in the State of Utah and his said attorney is hereby authorized and empowered, as the agent of the undersigned nonresident individual licensee, to receive and accept service of process, mesne or final, and such service shall be taken and held as valid as if served upon the undersigned. This appointment is to continue in force for the period of time and in the manner provided by the statutes of the State of Utah.

IN WITNESS WHEREOF, the undersigned has to these presents caused his name to be subscribed

at the city of \_\_\_\_\_ in the state of \_\_\_\_\_

on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Individual Nonresident Licensee Signature

**License Qualification Information:**

**YES                  NO**

23. A) Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?

*"Crime" includes a misdemeanor, felony or a military offense. "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; and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

B) Have you, or any business in which you are or were an owner, partner, officer or director, ever been involved in an administrative proceeding regarding any professional or occupational license?

*"Involved" means having a license censured, suspended, revoked, canceled or terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action; being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license; or 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 answered 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.

If you answered "YES" to any of the above questions in #23, you must provide all pertinent court or agency documentation, as well as a dated and signed complete written explanation, and have your application reviewed by the Utah Insurance Department.

24 For **RESIDENT** full lines producers who are reinstating their license within twenty-four months of expiration date, you are required to complete a minimum of twelve hours of continuing education. Do you certify that all Continuing Education has been completed and certifications of completion are included with this application?

**I certify that all information I have supplied in this license application is complete, true and correct to the best of my knowledge. I certify that I will comply with all Utah Insurance statutes and regulations. I authorize the commissioner to make inquiry of any person or state or federal agency regarding myself as applicant for a Utah Individual Insurance License.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Producer Appointments or Designations:**

Before a Producer can sell an insurer's product, the producer, or the organization (agency) he/she represents, must be contracted with and appointed by that insurer. The producer may be personally contracted and appointed by an insurer or may be designated to an insurance agency. Insurer agent appointments or agency designations may be submitted with this application or submitted after the license is issued.

**UTAH INDIVIDUAL NEW LICENSE FEES: (Effective 11-01-03)**

Limited Producer License	\$52.00
Producer, Consultant, Adjuster,	\$77.00
Fee to add new line of authority to <u>existing license</u>	\$27.00
License <b>reinstatement</b> fee for <b>full lines</b> license (after 30 days)	\$197.00
License <b>reinstatement</b> fee for <b>Limited</b> license (after 30 days)	\$147.00

Each fee listed above is less \$2 until 11-01-03

**APPLICATION CHECK LIST:**

**Nonresident Applicants:**

1. Complete and sign power of attorney form
2. Attach current (current = not older than 90 days) letter of certification from resident state, or if relocating to Utah, a letter of clearance from former state, and proof of residency not older than 90 days. Please call if you have questions.

**Variable Contract Applicants:**

1. Attached evidence of Utah Securities License. We will accept a current (not older than 30 days) U-4 or CRD status form indicating Utah Approval.

**All Applicants:**

1. Sign and date the application.
2. Mail completed application with proper fees to the address on the first page of this form.

**Reinstatement Applicants**

1. Residents must include copies of continuing education certificates. All continuing education must be completed before license can be reinstated.

**METHOD OF PAYMENT**

CHECK       MONEY ORDER       CREDIT OR DEBIT CARD

CARD TYPE	CARD NUMBER	EXPIRATION DATE
NAME OF CARDHOLDER	SIGNATURE	BILLING ZIP CODE

If you have any questions about this application, you can contact the Producer Services Division of the Utah Insurance Department, Monday through Friday 8:00 A.M. to 5:00 P.M. (except holidays) by any of the following means:

**Telephone:**

**Toll Free inside of Utah** (800) 439-3805  
**Insurance Dept. Main number** (801) 538-3800  
**Producer Licensing Svcs. Division** (801) 538-3855  
**Fax:** (801) 538-3830

**E-mail** [licensing.uid@utah.gov](mailto:licensing.uid@utah.gov)  
**Web site** [www.insurance.utah.gov](http://www.insurance.utah.gov)

If you are a resident of Utah and need to take any of the insurance examinations, you will need to contact **EXPERIOR TESTING CORP.** to schedule your examination. They will be able to answer your questions about testing fees and available testing dates. They can be reached at:

**Phone:** (800) 697-8947  
**Fax** (800) 347-9242  
**Web site** [www.experioronline.com](http://www.experioronline.com)

Revised 09/17/2003

**\*Please note: Business and Mailing address information is considered public information and is supplied to various national websites. Do not use your home address and phone number as your mailing address unless you are willing to have it made available to the public. Home address, home phone number, birth date, and social security number are not public information and are not given out to anyone under any circumstance.**