

NEW MEXICO PUBLIC REGULATION COMMISSION

OVERNIGHT MAIL ADDRESS:

AGENTS LICENSING SECTION
1120 PASEO DE PERALTA, PERA BLDG, RM 434
SANTA FE, NEW MEXICO 87501
(505) 827-4551

STANDARD MAIL ADDRESS:

AGENTS LICENSING SECTION
P.O. BOX 1269 PERA BLDG, RM 434
SANTA FE, NEW MEXICO, 87504-1269
WWW.NMPRC.STATE.NM.US

INSTRUCTIONS FOR REQUEST FOR BUSINESS ENTITY APPLICATION

1. License FEE is \$30.00. (With the exception of the 1st individual; a \$30.00 fee is required for each additional individual named on line 25)
2. Personal checks are accepted. Fees can also be paid with a company check, money order, or cashier's check. Cash, temporary checks, or credit cards, will be accepted. **Applications and checks received older than 6 months will not be accepted and will be returned.**
3. **Duplicate license**, and name change-complete Form 203 and a \$30.00 fee. Name changes require supporting legal documentation. (Article of Amendment)
4. **Address change**-(computer update only) requires completed Form 203; no fee required.
5. All Business Entities **MUST** register with the New Mexico Corporations Bureau.
Corporations Bureau Telephone: (505) 827-4508.

NOTE: The license will expire April 30th of every year. Notice of Continuation will be mailed to the business entity in March of every year.

ALL APPLICATIONS SUBMITTED INCOMPLETE, INCORRECTLY, OR ILLEGIBLY WILL BE RETURNED.

ALL FEES ARE DEEMED EARNED WHEN PAID AND SHALL NOT BE REFUNDED.

(Article 6-1 of New Mexico Statutes)

IMPORTANT NOTICE

Any person who is engaged in the business of insurance and knowingly makes a false entry of material fact in any statement with intent to deceive any person, including any insurance regulatory official, shall be subject to a civil penalty of not more than \$50,000, or imprisoned not more than 10 years, or both, pursuant to 18 USC 1034 (1997).



Uniform Application for Business Entity Insurance License/Registration

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____

PLEASE PRINT LEGIBLY OR TYPE

| | | | | |
|--|-------------------------------|--|------------------------------|-----------------------------------|
| 1 Business Entity Name | | 2 Incorporation/Formation Date | 3 FEIN - | |
| 4 If assigned, National Producer Number (NPN#) | | 5 If applicable, NASD Firm Central Registration Depository (CRD) Number | | |
| 6 List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business. | | 7 State of Domicile | 8 Country of Domicile | |
| 9 Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| 10 Business Address | | 11 City | 12 State | 13 Zip Code |
| 14 Foreign Country | | | | |
| 15 Phone Number () - | 16 Fax Number () - | 17 Business Web Site Address | | 18 Business E-Mail Address |
| 19 Mailing Address | 20 P.O. Box | 21 City | 22 State | 23 Zip Code |
| 24 Foreign Country | | | | |

Designated/Responsible Licensed Producer

25 Identify at least one Designated/Responsible Licensed Producer: (See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)

| | | | |
|------------|-----------|---|---|
| Name _____ | SSN _____ | - | - |
| Name _____ | SSN _____ | - | - |
| Name _____ | SSN _____ | - | - |
| Name _____ | SSN _____ | - | - |

Owners, Partners, Officers and Directors

26 Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity:

| | | | | | |
|------------|-------------|----------------|---|---|-----------------|
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | Owner: Yes / No |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | Owner: Yes / No |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | Owner: Yes / No |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | Owner: Yes / No |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | Owner: Yes / No |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | Owner: Yes / No |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | Owner: Yes / No |
| Name _____ | Title _____ | SSN/FEIN _____ | - | - | Owner: Yes / No |

Background Information

Please 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. Has the business entity or any owner, partner, officer, or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? 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 the business entity or any owner, partner, officer, or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer, or director ever 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. Is the business entity or any owner, partner, officer, or director a party to, or 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. Has the business entity or any owner, partner, officer, or director 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.

Jurisdiction and License Type Requested

Please check the business type and lines of authority for which you are applying:

TYPE: () Corporation () Partnership () Sole Proprietorship () Limited Liability Company () Limited Liability Partnership

LINE OF AUTHORITY:

- () Life, Accident and Health (01) () Casualty and Surety (18) () Variable Contracts (06)
- () Life (02) () Property (23) () Mortgage Guarantee (22)
- () Accident and Health (03) () Vehicle (27) () Crop Hail (24)

30 Applicants Certification and Attestation

The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made, to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. 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.

31 Attachments

The following attachments must accompany the application; otherwise, the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

Must be signed by an officer, director, principal, or partner of the business entity:

Month _____ Day _____ Year _____

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

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AFFILIATION ADDITIONS/DELETIONS TO BUSINESS ENTITY

FIRM NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

FEDERAL I.D NUMBER _____ LICENSE NUMBER _____

CONTACT PERSON _____ TELEPHONE NUMBER _____

ADDITIONS TO THE BUSINESS ENTITY LICENSE REQUIRE A \$30.00 FEE FOR EACH INDIVIDUAL. NO FEE IS REQUIRED FOR DELETIONS

The foregoing individual(s) are to be added/deleted from the above referenced license.

| Name | Social Security Number | Lines of Business | Add or Delete |
|------|------------------------|-------------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Must be signed by an officer, director, principal, or partner of the business entity:

Month _____ Day _____ Year _____

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

STATE OF _____)

COUNTY OF _____)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20____

NOTARY PUBLIC

COMMISSION EXPIRES