

**VIRGINIA STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**
PO BOX 1157 RICHMOND, VIRGINIA 23218 804-371-9631
Overnight Mailing Address: 1300 E. Main St., Richmond, VA 23219

PIN 3701
OCT 2006

APPLICATION FOR INDIVIDUAL LICENSE → FEE = \$50 (FIFTY DOLLARS) PER LICENSE TYPE

THIS APPLICATION FORM IS USED WHEN APPLYING FOR THE **ORIGINAL** LICENSE AND THE **RENEWAL** OF THE LICENSE.

The fee is paid on an annual basis, and the license must be renewed prior to June 1 of each calendar year. No matter when during the year that your license is issued, it expires on June 30.

VIRGINIA RESIDENT APPLICANTS MUST ATTACH TO THIS APPLICATION A CRIMINAL HISTORY RECORD REPORT WHICH MAY BE OBTAINED BY CONTACTING THE VIRGINIA STATE POLICE AND REQUESTING THE INFORMATION. IF YOU FAIL TO PROVIDE A CURRENT (NO MORE THAN 90 DAYS OLD) CRIMINAL HISTORY RECORD REPORT, THE BUREAU WILL REFUSE TO ISSUE A LICENSE TO YOU. (§§ 38.2-1820 AND 38.2-1831 OF THE CODE OF VIRGINIA.) IF YOU HAVE RESIDED IN VIRGINIA FOR LESS THAN SIX MONTHS AND YOU WERE NOT LICENSED IN YOUR PREVIOUS STATE OF RESIDENCE WITHIN THE LAST 90 DAYS, YOU MUST SUBMIT A CURRENT CRIMINAL HISTORY RECORD REPORT FROM YOUR PREVIOUS STATE OF RESIDENCE.

THE NONREFUNDABLE APPLICATION PROCESSING FEE MUST BE PAID BY CERTIFIED CHECK, BANK OR TELLER'S CHECK, COMPANY CHECK, OR MONEY ORDER MADE PAYABLE TO THE STATE CORPORATION COMMISSION. No personal checks will be accepted unless certified, and no cash will be accepted.

Social Security Number *		First Name*	Middle Name (Initial or None)*	Last Name*
Residence/Home Address (Physical Street)*				Birth Date*
City*	State*	Zip*	<input checked="" type="checkbox"/> box for license type requested: <input type="checkbox"/> 58 - Property and Casualty Consultant <input type="checkbox"/> 59 - Life and Health Consultant <input type="checkbox"/> 64 - Viatical Settlement Broker	
Mailing Address		P.O. Box		
City	State	Zip	Assumed or Fictitious Name (If transacting under a name other than your own)	
Home Phone Number*	Business Phone Number*		CLU Exam for License Type 59 will be waived if box is checked and required proof is attached. <input type="checkbox"/>	
Business Fax Number	Business E-Mail Address		CPCU Exam for License Type 58 will be waived if box is checked and required proof is attached. <input type="checkbox"/>	
Business Name and Address (Physical Street)*		P.O. Box*	City, State, Zip*	

PART 1 – APPLICANT’S CERTIFICATION AND ATTESTATION

I hereby certify, under penalty of perjury, that all of the information submitted in this application and attachments thereto 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 denial of this application or future license revocation if the license applied for is issued, and that I may also be subject to civil or criminal penalties.

Signature of Applicant

Date

PLEASE COMPLETE BOTH PAGES OF THIS FORM. FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED. IF NOT APPLICABLE, MARK "N/A."

Name: _____ Social Security Number: _____

PART 2

1. Have you ever been the subject of an administrative proceeding or disciplinary action of any kind regarding any insurance or other professional or occupational license, including: revocation or suspension of a license; refusal to issue or renew a license; fine or penalty; settlement or consent order; or agreement to voluntarily surrender a license as the result of a complaint or investigation?
 Yes No *If so, and you have not previously filed this information with this Bureau, attach a copy of the official document which demonstrates the charges and final judgment and a detailed explanation.*

2. Have you ever been convicted of (or pled guilty or nolo contendere to) a violation of law, other than minor traffic violations?
 Yes No **VIRGINIA RESIDENTS:** Whether you check Yes or No, you MUST attach a current (no more than 90 days old) copy of the Criminal History Record from the Virginia State Police. If you have resided in Virginia for less than six months and you were not licensed in your previous state of residence within the last 90 days, you must submit a current criminal history record report from your previous state of residence.

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

ALL APPLICANTS: If you answered "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) if applicable, a letter from the federal or state probation and parole office outlining your performance or satisfactory completion of your probationary period.

3. **If currently or previously appointed as an insurance agent,** are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account?
 Yes No Not Applicable *If so, and you have not previously filed this information with this Bureau, attach a sheet with a complete explanation.*

PART 3 - RENEWAL NOTICE

A criminal history record is **not** required in order to renew the license.

PART 4 - NEW RESIDENTS OF VIRGINIA ONLY

Attach a clearance letter from the insurance department in the state in which you previously resided.

PART 5 - IMPORTANT NOTICE

Sections 38.2-1842 and 38.2-1865.5. of the Code of Virginia require each agent to report to the Commission and to every insurer that he represents any change in his residence address or name within thirty days of the change, and to immediately notify the Commission upon adoption of an assumed or fictitious name (trade name). Virginia resident agents must notify the Commission and surrender all licenses and appointments for cancellation immediately upon moving their legal residence from Virginia.

Pursuant to Virginia Code §§ 38.2-1842 and 38.2-1865.5, once this license has been issued, you must report to the Bureau of Insurance within 30 days the facts and circumstances regarding a conviction of or pleading guilty or nolo contendere to any felony offense.

In accordance with Virginia Code §§ 38.2-1838.B.3 and 38.2-1865.1 E, by signing this application, except where prohibited by state or federal law, you hereby appoint the Clerk of the State Corporation Commission of Virginia as the agent for the service of process in any action or proceeding arising in this Commonwealth out of or in connection with the exercise of this license.

By applying for this license, you are agreeing that personal information relevant to your status as a licensed insurance agent in Virginia, including but not limited to your name, residence address, social security number, date of birth, license and appointment status, and investigation or disciplinary action summary data may be reported to the National Association of Insurance Commissioners and to other state insurance regulatory authorities or other interested parties. By applying for licensure in the Commonwealth, you are acknowledging that you are familiar with and agree to comply with the Insurance and Related Laws of Virginia.

Continuing Education (CE) is required by Virginia law.

For a CE Handbook or information about CE, contact Thomson Prometric at 1-800-482-2366, or visit its website at www.prometric.com/CE/vaceprod.htm. A Viatical Settlement Broker is exempt from Virginia's CE requirements.

PLEASE ANSWER EVERY QUESTION BY CHECKING THE APPROPRIATE BLOCK.