



## Hawaii Application for Business Entity Insurance License/Registration (Please Print or Type)

**Check appropriate box for license requested.**

- Resident License  
 Non-Resident License

Identify Home State: \_\_\_\_\_

Identify Home State License #: \_\_\_\_\_

<b>Demographic Information</b>								
1. Business Entity Name				2. Incorporation/Formation Date		3. FEIN		
4. If assigned National Producer Number (NP#)			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 this business associated with a financial institution/bank? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>								
10. Business Address (Physical Street)			11. City		12. State	13. Zip Code	14. Foreign Country	
15. Business Phone Number (include extension)		16. Business Fax Number	17. Business Web Address			18. Business E-Mail Address		
19. Applicant's 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:

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, or members or managers of a limited liability company:

Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### DO NOT WRITE IN THIS BOX -- For State Use Only

Vendor ID: _____	130	\$	_____
License #: _____	108	\$	_____
Eff. Date: _____ PDB _____		\$	_____
Eff. Date: _____ Log _____		\$	_____

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<b>Type of License Requested</b>	
27. Check the license type and line(s) of authority for which you are applying.	
License Types (check <u>one</u> only):	Line of Authority
<input type="checkbox"/> Producer  <input type="checkbox"/> Managing General Agent  <input type="checkbox"/> Reinsurance Intermediary Broker  <input type="checkbox"/> Reinsurance Intermediary Manager  <input type="checkbox"/> Surplus Lines Broker (Must be licensed as a Hawaii Producer)	<input type="checkbox"/> Accident and Health or Sickness <input type="checkbox"/> Life <input type="checkbox"/> Variable Annuities - attach copy of CRD report showing that you are registered for securities in Hawaii with FINRA <input type="checkbox"/> Casualty <input type="checkbox"/> Marine <input type="checkbox"/> Property <input type="checkbox"/> Surety <input type="checkbox"/> Vehicle <input type="checkbox"/> Personal Lines <input type="checkbox"/> Title
<input type="checkbox"/> Limited Lines Motor Vehicle Rental Company Producer	<input type="checkbox"/> Emergency Sickness; Incidental Travel; Inland Marine Personal Effects: Liability; Personal Accident; Roadside Assistance; Underinsured Motorist; Uninsured Motorist and Vehicle Related Coverage
<input type="checkbox"/> Limited Lines Producer	<input type="checkbox"/> Travel Disability <input type="checkbox"/> Travel Baggage <input type="checkbox"/> Vending Machine - Travel Baggage <input type="checkbox"/> Vending Machine - Travel Disability <input type="checkbox"/> Newspaper Accident & Sickness <input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Disability <input type="checkbox"/> Credit Casualty <input type="checkbox"/> Credit Involuntary Unemployment <input type="checkbox"/> Credit Property <input type="checkbox"/> Credit Unemployment <input type="checkbox"/> Mortgage Life <input type="checkbox"/> Mortgage Guaranty <input type="checkbox"/> Mortgage Disability <input type="checkbox"/> Guaranteed Automobile Protection (GAP)

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### Background Information

39. 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. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing 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.

2. Has the business entity or any 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 explained 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, 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.

4. Has the business entity or any owner, partner, officer or director, or member or manager of limited liability company, 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. Have the business entity or any 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.

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**Applicant's Certification and Attestation**

30. On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 or limited liability company to civil or criminal penalties.
2. Where required by law, the business entity or limited liability company 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 or limited liability company 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, or member or manager of a limited liability company, 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.

**Must be signed by an officer, director, or partner of the  
business entity, or member or manager if a limited liability  
company:**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**Attachments**

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

1. Licensing fee. Payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.
2. Surplus Lines Broker: Copy of Hawaii Producer license.

**INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED**

Mail this application with applicable forms and documents to:

ATTN: Licensing Branch  
Hawaii Insurance Division  
335 Merchant Street - Room 213  
Honolulu, Hawaii 96813