



Texas Department of Insurance

Applications Section: Mail Code 107-1A
P.O.Box 12069 Austin, Texas 78711-2069
512-322-3503 www.tdi.state.tx.us

Application For Insurance Agency License

This application must be used by an entity to apply for a Texas insurance license. The application must be either typed or printed in ink. All requested information must be submitted with this application.

All applicants refer to page 8 for General Information.

Part I—To be completed by all applicants

License Types: (please check only one per application)

- General Lines-Life, Accident & Health
- General Lines-Property & Casualty
- Life Insurance Not Exceeding \$15,000
- Funeral Prearrangement Life
- Limited Lines
- County Mutual
- Managing General Agent
- Surplus Lines Agent
- Public Insurance Adjuster
- Life and Health Insurance Counselor
- Risk Manager

License Fees: Fees are **\$50.00** per license type. Make check or money order payable to the Texas Department of Insurance. All license fees are nonrefundable and non-transferable.

Applicants for a **Surplus Lines License** must hold a current Texas General Lines-Property and Casualty License or a current Texas Managing General Agent License (TIC § 981.203).

UNDERLYING LICENSE TYPE FOR SURPLUS LINES APPLICANT

TDI LICENSE NUMBER

Entity Type: Please select applicant's entity type. See descriptions on page 8.

- Corporation
- Partnership
- Depository Institution
- Farm Credit Administration

Applicant Information: Please read carefully and provide all requested information.

1 Applicant's Full Legal Name

PRINT FULL LEGAL NAME OF ENTITY

2 Applicant's Federal Employer Identification Number (FEIN) and Daytime Phone Number: This application cannot be processed without this information.

FEIN

DAYTIME PHONE NUMBER

3 Official Mailing Address: This is the address of record with TDI.

STREET, PHYSICAL LOCATION, ROUTE OR P.O.BOX

CITY

STATE

ZIP CODE

4 Business Address: This address must be your primary office address where the applicant will maintain business records of Texas insurance transactions.

BUSINESS ADDRESS (PHYSICAL LOCATION REQUIRED; P.O.BOX NOT ACCEPTED)

CITY

STATE

ZIP CODE

5 Resident Status: Texas Entity Nonresident Entity

STATE OF RESIDENCE

6 Does the entity currently hold a license in its state of residence that is the same, or similar as to the license being applied for in this application?

- No
- Yes

If yes, the Department will verify your active resident license status in the National Insurance Producer Registry (NIPR) Producer Database (PDB) system. If you are not currently listed in the PDB, you must obtain and attach a Certificate of Good Standing from your resident state that is not more than 90 days old.

7 Is the applicant entity affiliated with a financial institution/bank?

- No
- Yes *This question is to facilitate requests for information from other regulators.*

Part II—Biographical Information

1 Responsible Individual(s) /Entity(ies): Identify all executive officers, directors, or partners who administer the applicant entity's insurance operations in Texas and all individuals and entities in control of the applicant entity's insurance operations. Please see page 9 for the definition of control and other related information. At least one identified officer or partner must hold the same license as the entity is applying for in this application. Limited partnerships must list a general partner who holds the same license type as that being applied for by the limited partnership.

INDIVIDUAL /ENTITY'S FULL LEGAL NAME	TITLE
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SOCIAL SECURITY NUMBER /FEIN	DATE OF BIRTH	TDI LICENSE NUMBER
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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INDIVIDUAL /ENTITY'S FULL LEGAL NAME	TITLE
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MAILING ADDRESS	CITY	STATE	ZIP CODE
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2 For each entity listed in response to Part II, question 1, provide an attachment detailing the name and address of all individuals and entities that have control relationships affecting the applicant entity up to the ultimate controlling individual or entity. If an entity is a trust, also give the name and address of the trustee. This attachment may be in the form of an organization chart.

3 Fingerprint Card Requirement: Entity applicant must provide a complete and legible fingerprint card for each of the following individuals listed in Part II, question 1, unless, the individual has previously provided an acceptable fingerprint card to the Department:

- a** Public Insurance Adjuster applicants must provide a fingerprint card for each individual listed, both resident and nonresident individuals.
- b** All other license type applicants must provide a fingerprint card for each individual Texas resident listed.

All required fingerprint card(s) are attached.

No Yes

Fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

Part III–Texas Authorizations and Financial Responsibility

1 Business Authority in Texas: Most entities are required to register to do business in this state prior to obtaining an insurance license.

- a** All resident and nonresident corporations, limited liability companies, limited partnerships, limited liability partnerships, and agricultural cooperatives must provide evidence of authority to do business in the State of Texas by providing a copy of their Charter, Certificate of Authority, or registration that was obtained from the Texas Secretary of State's office. You may contact the Texas Secretary of State's office at www.sos.state.tx.us or call 512-463-5701.
- b** All banks and farm credit administration entities must provide a copy of the document issued by a federal or Texas state agency authorizing the entity to do business in Texas.

Have you attached a copy of your document that authorizes the applicant to do business in Texas?

No, not applicable (i.e. general partnership) Yes

2 In your organization documents, is the entity authorized to engage in the business of insurance as an agent OR generally authorized to engage in any lawful business under a general business purpose clause?

No Yes

3 Franchise Tax: All entities that are subject to franchise tax are required to provide a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller. Even new and nonresident entities must submit one of these documents. To determine if your entity is subject to Texas franchise tax and to obtain either the Franchise Tax Certificate of Good Standing or the No Nexus Letter, contact the Texas Comptroller of Public Accounts at www.cpa.state.tx.us or call 512-463-3620 or 1-800-252-1386.

Have you attached your current Texas Franchise Tax Certificate of Good Standing or No Nexus Letter?

No, this entity is not subject to Texas franchise tax because (*please explain below*)

EXPLANATION

Yes

4 Financial Responsibility: Proof of Financial Responsibility is required unless, with the exception of public insurance adjusters, the applicant is a nonresident holding a current similar license in their resident state as stated in response to Part I, question 6. Applicants must provide one of the following:

- a** Public Insurance Adjuster applicants must provide a surety bond in the amount of not less than \$10,000.
- b** Other agency applicants must provide either a surety bond in the amount of not less than \$25,000 or an Errors & Omissions (E&O) Certificate of Insurance. The E&O Certificate must list the applicant as the named insured and the policy must be in at least the sum of \$250,000 with a deductible of not more than 10 percent of the full amount of the policy.

The department will verify the nonresident entity license claimed in response to Part I, question 6 in the PDB system or by Letter of Certification from the resident state.

All bonds must be payable to the Texas Department of Insurance. The bond forms are available from the department or at www.tdi.state.tx.us/general/forms/agentforms.html.

Surplus Lines applicants are not required to provide financial responsibility.

Evidence of Financial Responsibility:

Bond E&O Certificate of Insurance Hold a resident license in another state

Part IV—Screening Questions

- 1** Has the applicant entity or any owner, partner, officer or director ever been convicted of, or is the applicant entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?

No Yes

“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 copy of the charging document, and
- c** a copy of the official document obtained from the court where you were charged which demonstrates the resolution of the charges or any final judgement.

- 2** Has the applicant entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

No Yes

“Involved” means having a license censured, suspended, revoked, canceled, terminated or, being assessed a fine, 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 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.

- 3** Has the applicant entity or any owner, partner, officer or director ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement?

No Yes

If you answer yes, identify the jurisdiction(s): _____

- 4** Is the applicant 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?

No Yes

If you answer yes, you must attach to this application:

- a** a written statement summarizing the details of each incident,
- b** a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c** a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- 5** Has the applicant 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?

No Yes

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** copies of all relevant documents.

- 6** Does the applicant entity understand that each assumed name and Texas location from which the entity will conduct an insurance business under the authority of the license issued with this application must be separately registered with the Department?

No Yes

If the applicant will be conducting an insurance agency business in Texas in a name other than its full legal name or at an address other than those indicated on this application, a separate Texas Department of Insurance Form LDTL must be filed with the Department for each name and additional Texas branch office location. You may obtain the LDTL form at **www.tdi.state.tx.us/agent/forms/agentforms.html**.

Part V—Public Insurance Adjusters Only *Public Insurance Adjuster entity applicants must complete this part.*

1 Criminal History Records: Each nonresident Texas individual listed in Part II, question 1 must file with this application an original criminal history record of the individual obtained from the state law enforcement agency of the applicant's state of residence.

Original criminal history records for each nonresident individual listed in Part II, question 1 is attached.

No Yes

2 Agent for Service of Process: All nonresident applicants for a public insurance adjuster license must provide the name and address of their agent for service of process in the State of Texas as required in *Texas Insurance Code*, § 4102.107.

PRINT NAME OF TEXAS AGENT FOR SERVICE OF PROCESS

PRINT TEXAS ADDRESS OF AGENT FOR SERVICE OF PROCESS

CITY

STATE

ZIP CODE

Part VI—Certification

I hereby certify that I have personally and completely answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief, and that I have attached to this application all information requested. I further certify that I am aware of the provisions of the *Texas Insurance Code* and the rules and regulations promulgated by the Texas Department of Insurance, which relate to the issuance of the license for which I am applying and the grounds under which such license may be denied, suspended, revoked or nonrenewed.

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes and I have advised all individuals submitting fingerprints with this application of this use.

I acknowledge and understand that the applicant has the duty to inform the Commissioner of Insurance within thirty (30) days of any disciplinary action taken against it or any individual associated with the entity who is required to file biographical information with the Department.

I further acknowledge that the applicant has the duty to update the information contained on this application including a change in address, and that failure to do so may constitute grounds for revocation, or suspension of its insurance license(s).

I further certify that each listed or named individual has to the best of my knowledge and belief, received a true and correct copy of the disclosure entitled **Notice About Certain Information Laws and Practices**.

The entity hereby designates the Commissioner of Insurance as the agent for service of process in the manner provided by Section 804.201 of The *Texas Insurance Code* in a legal proceeding against a nonresident agent licensed to transact business in this state if: **1)** the nonresident agent fails to appoint or maintain an agent for service in this state; **2)** an agent for service is appointed but cannot with reasonable diligence be found; or **3)** the license of the nonresident agent is revoked.

SIGNATURE OF OFFICER, OR PARTNER NAMED IN PART II, QUESTION 1

PRINT FULL LEGAL NAME OF OFFICER, OR PARTNER

The State of _____ §

County of _____ §

Before me, _____, a notary public in and for the State of _____,
PRINTED NOTARY'S NAME

on this day personally appeared _____, known to me
PRINT NAME OF SIGNING INDIVIDUAL

[or proved to me on the oath of _____ or through
PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC

DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT]

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this _____ day of _____, A.D., _____.

NOTARY PUBLIC

(NOTARY SEAL)

IN AND FOR (COUNTY AND STATE)

Part VII—Notice of Appointment

This part does not apply to Surplus Lines, Public Insurance Adjuster, Life and Health Insurance Counselor and Risk Manager license applicants. If a completed Notice of Appointment is not received with a general lines, limited lines or managing general agent license application, the license may be issued. However, not later than the 30th day after the effective date of the entity's appointment by an insurance company, a TDI Notice of Appointment with the \$10 fee must be submitted to TDI. This form must be signed in ink by an authorized appointing official of the appointing insurance company. The form will be rejected if it does not contain the signature and title of the signing representative. The applicant's officer or partner's signature will not be accepted.

PRINT APPLICANT'S LEGAL NAME (AS SHOWN IN PART I OF THIS APPLICATION)

PRINT APPOINTING INSURANCE COMPANY NAME

NAIC COMPANY NUMBER

Managing General Agent Only: This section must be completed by an officer of the appointing company or carrier having personal knowledge that the applicant has had experience or instructions that would qualify the applicant as a managing general agent. Will the above named managing general agent applicant have claim settlement authority for the company or carrier?

No Yes

Does the claim settlement authority exceed \$25,000 on any one claim?

No Yes

Does the claim settlement authority include third-party liability other than property damage?

No Yes

Are funds exceeding \$100,000 customarily held by the managing general agent for the purpose of paying losses and loss adjustment expenses for the company or carrier?

No Yes

The Appointing Official must read and sign the following statements: This is to certify that the applicant named above is appointed to act as an agency for this company in the State of Texas, subject to the applicant's qualifying for a license. If and when this appointment is terminated or cancelled, the Department will be notified immediately of such termination.

This applicant meets the requirements as set out in the *Texas Insurance Code* and the rules and regulations promulgated by the Texas Department of Insurance for the type of license applied for herein.

SIGNATURE OF APPOINTING OFFICIAL OF APPOINTING INSURANCE COMPANY

PRINT APPOINTING OFFICIAL'S LEGAL NAME AND TITLE

DATE

General Information

License Type	Part I	Part II	Part III	Part IV	Part V	Part VI	Part VII
General Lines-LAH (§ 4054.051)	•	•	•	•		•	X
General Lines-P&C (§ 4051.051)	•	•	•	•		•	X
Limited Lines (§ 4054.101 and § 4051.101)	•	•	•	•		•	X
Life Insurance Not Exceeding \$15,000 (§ 4054.201)	•	•	•	•		•	•
Funeral Prearrangement Life (§ 4054.151)	•	•	•	•		•	•
County Mutual (§ 4051.201)	•	•	•	•		•	•
Managing General Agent (Chapter 4053)	•	•	•	•		•	X
Surplus Lines Agent (Chapter 981)	•	•	•	•		•	
Public Insurance Adjuster (Chapter 4102)	•	•	•	•	•	•	
Life and Health Insurance Counselor (Chapter 4052)	•	•	•	•		•	
Risk Manager (Chapter 4153)	•	•	•	•		•	

• Required parts

X Notice of Appointment is optional for these types on an original application. However, not later than the 30th day after the effective date of the agency's appointment by an insurance company, a Notice of Appointment with the \$10. fee must be submitted to TDI, if the Notice of Appointment is not made on this application.

License type information and descriptions may be found at www.tdi.state.tx.us/agent/aglityp.html

This application with fee and required attachments must be mailed to:

Texas Department of Insurance, MC 107-1A
P.O.Box 12069
Austin, TX 78711-2069

Notice About Certain Information Laws and Practices

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under Sections 552.021 and 552.023 of the *Texas Government Code*, you have the right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the *Texas Government Code*, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's Legal & Compliance Division at **(512) 475-1757** or visit the Corrections Procedure Section of TDI's Web site at www.tdi.state.tx.us

Descriptions of Entity Types:

Corporation means a legal entity that is organized under the business corporation laws or limited liability company laws of Texas, another state, or a territory of the United States and that has as one of its purposes the authority to act as an insurance agent. Agricultural cooperatives organized under Chapter 51 or 52 of the *Agricultural Code* are also considered corporations.

Depository Institution means:

- a a bank or savings association as defined by 12 U.S.C. Section 1813, as amended;
- b a foreign bank that maintains a branch, agency, or commercial lending company in the United States;
- c a federal or state credit union as defined by 12 U.S.C. Section 1752, as amended;
- d a bank branch; or
- e a bank subsidiary, as defined by state or federal law.

Partnership means an association of two or more persons organized under the partnership laws or limited liability partnership laws of Texas, another state, or a territory of the United States. The term includes a general partnership, limited partnership, limited liability partnership, and limited liability limited partnership.

Farm Credit Administration means an entity chartered by the Federal Farm Credit Administration under the farm credit system established under 12 U.S.C. Section 2001 et seq., as amended.

Fees: 28 *Texas Administrative Code* §§ 19-801-19.803: All \$50 application fees are nonrefundable and nontransferable as authorized by the *Texas Insurance Code*. Make check or money order payable to the Texas Department of Insurance.

Names: Applicants must apply for license in their full legal name as authorized on their official formation documents. If the applicant will be doing business under a name other than their "legal name", a separate Texas Department of Insurance form LDTL

with the required \$50 fee must be filed. Please refer to 28 *Texas Administrative Code* §19.902 for standards of approval of assumed names. You may obtain the LDTL form at www.tdi.state.tx.us/general/forms/agentforms.html.

A completed LDTL form must also be submitted to the Texas Department of Insurance to notify the Department of a legal name change of the entity.

Addresses: The official mailing address provided in Part I must be the entity's permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. Address changes must be reported to TDI as required in the *Texas Insurance Code*, § 4001.254. If this official mailing address changes, an officer or partner of the entity must notify TDI, in writing, either by fax to **512-322-3553** or by mail to

Texas Department of Insurance, Mail Code 107-1A

Licensing

P.O.Box 149104

Austin TX 78711-9104

You may obtain the Licensee Address Change Request Form at www.tdi.state.tx.us/agent/forms/addrchg.html. All address change requests must be dated and signed by an authorized officer or partner of the licensed entity.

Executive Officers, Directors, Partners and Individuals In Control: In Part II all executive officers, directors or partners who administer the applicant entity's insurance operations in Texas and all individuals in control of 10 percent or more of the entity's voting stock must be identified. The social security number, date of birth and mailing address must be provided for each individual listed.

Control means the power to direct or cause the direction of the management and policies of a license holder, whether directly or indirectly. A person is considered to control:

- a** a corporate license holder if the person, individually or acting with others, directly or indirectly, holds with the power to vote, owns, or controls, or holds proxies representing, at least 10 percent of the voting stock or voting rights of the corporate license holder; or
- b** a partnership if the person through a right to vote or through any other right or power exercises rights in the management, direction, or conduct of the business of the partnership.

At least one officer or one active partner of the applicant entity must be individually licensed by the Texas Department of Insurance to act as an agent under the applicant entity. In the case of a limited partnership, an active partner must be a licensed general partner.

Once licensed, the entity shall notify the Texas Department of Insurance not later than the 30th day after the date of the addition or removal of an officer, director, partner, member or manager by submitting a completed form LHL238, Biographical Form and Certification of License Qualification Following a Change of Control. You may obtain this form at <http://www.tdi.state.tx.us/general/forms/agentforms.html>.

Fingerprints: All individuals listed in Part II, number 1 must have their fingerprints taken by a law enforcement agency or by Thomson Prometric. Thomson Prometric offers fingerprinting services at its testing centers for a fee. You may call **Thomson Prometric** at **866-267-0455** to make a reservation. Fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes. Nonresident individuals, except if the applicant is applying for a public insurance adjuster license, and individuals who have previously submitted a fingerprint card to TDI, are not required to submit fingerprints with this application.

You may view the *Texas Insurance Code* at www.capitol.state.tx.us/statutes/intoc.html and the *Texas Administrative Code* at [http://info.sos.state.tx.us/pls/pub/readtac\\$ext.ViewTAC?tac_view=3&ti=28&pt=1](http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=28&pt=1).