

<http://www.commerce.state.ak.us/insurance/>

Firm Application and Instructions

We will not accept any obsolete forms for processing due to the nature and the number of changes reflected in these forms. Please discard any licensing forms you have (revised prior to 08/2005) in order that you do not experience delays due to filing obsolete forms. Our forms are now available on the Internet at <http://www.commerce.state.ak.us/insurance>. Applicants may file the NAIC Business Entity Application available at <http://www.nipr.com>.

This application is for obtaining **ONLY** a firm insurance producer, independent adjuster, viatical settlement broker, viatical settlement representative, or limited lines license. If you determine that license authority for other than these classes of license is required, please contact the Division of Insurance for instructions and the correct application.

In general, a firm and all individuals transacting insurance business in this state or relative to a subject resident, located, or to be performed in this state, must be licensed.

Application fees are NONREFUNDABLE (3 AAC 31.010).

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.040(f).

IF YOU WISH TO WITHDRAW YOUR APPLICATION AT ANY TIME DURING THE APPLICATION PROCESS, PLEASE CONTACT THIS DIVISION.

If applicant submits a paper application when an application can be filed electronically, an additional processing fee of \$50 is required in addition to the application fee.

ELECTRONIC FILINGS	Residents	Nonresidents
Initial Application or License Reinstatement for Producers, Adjusters, Surplus Lines, Limited Lines Licensees; License Amendment to add lines, types or classes to a license	Electronic filing available at https://pdb.nipr.com/html/nrlWelcome.html	Electronic filing available at https://pdb.nipr.com/html/nrrWelcome.html
License Renewal for Producers, Adjusters, Surplus Liens, Limited Liens Licensees	Electronic filing available at https://pdb.nipr.com/html/erlWelcome.html	Electronic filing available at https://pdb.nipr.com/html/nrrWelcome.html
Address Change*	Electronic filing available at https://pdb.nipr.com/ACR/SignIn	Electronic filing available at https://pdb.nipr.com/ACR/SignIn
E-mail Address	http://www.commerce.alaska.gov/insurance/apps/EmailUpdate/Login.aspx	

*Except changing to a new resident (home) state or an address change filing for a firm.

FORM FILING REQUIREMENTS

RESIDENT

- Application Form 08-241
- Application Fee
- Individual Application is required for Designated Compliance Officer (file through www.nipr.com)
- Anti-Fraud Plan (required only for Viatical Settlement and Broker)

NONRESIDENT

- Application Form 08-241
- Application Fee
- Individual Application is required for Designated Person Compliance Officer (file through www.nipr.com)

Compliance Officer Information

Designated compliance officer is responsible for the actions of the firm and all representatives of the firm.

Once licensed by the State of Alaska, you are required to notify the division by certified mail within 30 days of any of the following occurrences:

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Change in compliance officer • Change in place of business • Change in name as reflected on license • Suspension revocation, or disciplinary of an insurance license by another state or jurisdiction | <ul style="list-style-type: none"> • Change in electronic (e-mail address) • Change in residence • Change in telephone number • Change in mailing address • Action by another state or jurisdiction or criminal prosecution |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Answers to Frequently Asked Questions (FAQs) are available at <http://www.commerce.state.ak.us/insurance>.

FEE SCHEDULE

Applications not completed within four months from the date filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.040(f).

If an applicant submits a paper application when the application may be filed electronically, an additional processing fee of \$50.00 is required in addition to the application fee.

ELECTRONIC FILINGS	Residents	Nonresidents
Initial Application or License Reinstatement for Producers, Adjusters, Surplus Lines, Limited Lines Licensees; License Amendment to add lines, types or classes to a license	Electronic filing available at https://pdb.nipr.com/html/nrlWelcome.html	Electronic filing available at https://pdb.nipr.com/html/nrrWelcome.html
License Renewal for Producers, Adjusters, Surplus Liens, Limited Liens Licensees	Electronic filing available at https://pdb.nipr.com/html/erlWelcome.html	Electronic filing available at https://pdb.nipr.com/html/nrrWelcome.html
Address Change*	Electronic filing available at https://pdb.nipr.com/ACR/SignIn	Electronic filing available at https://pdb.nipr.com/ACR/SignIn
E-mail Address	http://www.commerce.alaska.gov/insurance/apps/EmailUpdate/Login.aspx	

*Except changing to a new resident (home) state or an address change filing for a firm.

BIENNIAL LICENSE FEES

	Firm Resident or Nonresident
Insurance Producer (Any Line(s)), Independent Adjuster, Reinsurance Intermediary Manager/Broker, Managing General Agent, Trainee Independent Adjuster (not available to nonresidents), Bail Bond, Travel, Title (not available to nonresidents), Motor Vehicle Rental, Crop, Credit	\$ 75.00
1033 Consent Application Viatical Settlement Broker/Representative	\$100.00
Surplus Lines Broker	\$300.00
Third Party Administrator or Viatical Settlement Provider	\$300.00
Exempt Managing General Agent, Exempt Reinsurance Intermediary Broker, Exempt Reinsurance Intermediary Manager, Exempt Third Party Administrator	\$100.00
Unlicensed Nonresident Adjuster	\$ 0

STATE OF ALASKA
 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
 DIVISION OF INSURANCE
 333 WILLOUGHBY AVENUE, 9TH FLOOR
 P.O. BOX 110805, JUNEAU, ALASKA 99811-0805
 (907) 465-2515
 FAX NUMBER: (907) 465-2816
 Website: <http://www.commerce.state.ak.us/insurance>

Division use only
Batch # _____ \$ _____

FIRM APPLICATION

Check appropriate box for license requested:

- Resident License
 Nonresident License

Identify Home State: _____
 Identify Home State License: _____

1. Business Entity Name		2. Incorporation/Formation Date (month) ____ (day) ____ (year) ____		3. FEIN	
4. If assigned, National Producer Number (NPN)			5. If applicable, FINRA Individual 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Business Physical 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 LICENSEE (COMPLIANCE OFFICERS)

25. Identify the Designated/Responsible Licensed Producer (must submit individual application) responsible for the firm's compliance with insurance laws and regulations of this state

Name _____ SSN _____ Alaska License No. _____ Application Attached
 Name _____ SSN _____ Alaska License No. _____ Application Attached
 Name _____ SSN _____ Alaska License No. _____ Application Attached

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 _____ Owner: Yes No
 Name _____ Title _____ SSN _____ Owner: Yes No
 Name _____ Title _____ SSN _____ Owner: Yes No
 Name _____ Title _____ SSN _____ Owner: Yes No
 Name _____ Title _____ SSN _____ Owner: Yes No
 Name _____ Title _____ SSN _____ Owner: Yes No
 Name _____ Title _____ SSN _____ Owner: Yes No
 Name _____ Title _____ SSN _____ Owner: Yes No
 Name _____ Title _____ SSN _____ Owner: Yes No

CLASS OF LICENSE REQUESTED

27. Check the legal business type, license class(es) and line(s) of authority for which you are applying. Check the last column if you have been previously licensed in Alaska:

Legal Business Type	C – Corporation	P – Partnership	S – Sole Proprietorship
	LLC – Limited Liability Corporation	LLP – Limited Liability Partnership	
License Class	P – Producer	S – Surplus Lines Broker	I – Independent Adjuster
	L – Limited		VB – Viatical Settlement Broker
			VR – Viatical Settlement Representative
Lines of Authority	A – All Lines (L, H, P, C)	L – Life	H – Health
	V – Variable*	P – Property	
	C – Casualty	PL – Personal Lines	*You must complete #5 on page 1.
Limited Lines	B – Bail Bond	TR – Travel	Crop – Crop
	M – Motor Vehicle Rental	CR – Credit	O – Other: Specify type

Legal Business Type					License/Class					Lines of Authority						Limited Lines					Alaska Licensed?				
C	P	S	LLC	LLP	P	S	I	VB	VR	L	A	L	H	V	P	C	PL	B	TR	Crop	M	CR	O	YES	NO

BACKGROUND INFORMATION

28. VIATICAL SETTLEMENT BROKERS ONLY

1. Will you be using your own marketing material? Yes No

If Yes, please attach copies of marketing material used for transactions occurring in this state or for residents of this state.

If No, please identify the viatical settlement provider's marketing material your company will use.

_____ Alaska License No. _____

29. Please read the following very carefully and answer every question:

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 and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI), 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 no contest, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

Yes No

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.)

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

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

BACKGROUND INFORMATION (Continued)

2. Have you or the firm or any owner, officer, director or manager or member of a limited liability company ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration 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 sanctioned 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 or registration. "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 all parties involved (including their percentage of ownership, if any) 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 any demand been made or judgment rendered against you or the firm or any owner, partner, officer, or director or member or manager of a limited liability company for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they 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. Have you or the firm or any owner, officer, director or member or manager of a limited liability company 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. Are you or the firm or any owner, officer, director or member or manager of a limited liability company currently 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 copy of the Petition, Complaint, or other document that commenced the lawsuit, arbitration, or mediation proceedings, and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Have you or the firm or any owner, partner, officer, director or member or manager of a 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) copies of all relevant documents.

APPLICANT CERTIFICATION AND ATTESTATION

30. Please read the following thoroughly and sign the bottom of this page.

1. I hereby certify under penalty of perjury, that 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 to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Director of Insurance to be its agent for service of process regarding all insurance matters and agree that service upon the Alaska Director of Insurance is of the same legal force and validity as personal service upon the firm or myself.
3. I further certify that I grant permission to the Director of Insurance 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. I certify I a) do not have a current child support obligation, or b) I have a child support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the State of Alaska to give any information it may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska 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 am familiar with the Alaska insurance laws and regulations.
7. No representatives acting on behalf of this firm have been convicted of any felony involving dishonesty or breach of trust (18 USC 1033).
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 for the non-resident state.
9. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I'm/we're applying, certified copies of any documents attached to this application or requested by the jurisdiction.

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

Month/Day/Year

Signature

Type or Printed Name

Title

Social Security Number

Address

City, State, Zip

Division Use Only