



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 #: _____

Demographic Information							
Business Entity Name				Incorporation/Formation Date		FEIN	
If assigned National Producer Number (NP#)			If applicable, FINRA Firm Central Registration Depository (CRD)				
List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.				State of Domicile		Country of Domicile	
Is this business associated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Business Address (Physical Street)			City		State	Zip Code	Foreign Country
Business Phone Number (include extension)		Business Fax Number	Business Web Address			Business E-Mail Address	
Applicant's Mailing Address			P.O. Box	City	State	Zip Code	Foreign Country
Designated/Responsible Licensed Producer							
Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state: (Does NOT apply to Limited Lines Portable Electronic Applicants) (Attach additional sheets if necessary)							
Name _____		SSN _____					
Name _____		SSN _____					
Name _____		SSN _____					
Designated Responsible Person for Portable Electronic Applicant's ONLY:							
Name and Title _____							
Resident Address _____							
Phone Number _____							
E-Mail Address _____							
Owners, Partners, Officers and Directors							
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: (Attach additional sheet if necessary)							
Name _____		Title _____	SSN/FEIN _____	D.O.B _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	% of ownership interest _____	
Name _____		Title _____	SSN/FEIN _____	D.O.B _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	% of ownership interest _____	
Name _____		Title _____	SSN/FEIN _____	D.O.B _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	% of ownership interest _____	
Name _____		Title _____	SSN/FEIN _____	D.O.B _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No	% of ownership interest _____	
DO NOT WRITE IN THIS BOX -- For State Use Only							
Entity ID: _____				130 \$ _____			
License #: _____				108 \$ _____			
Effective Date: _____		PDB _____		\$ _____			
Exp. Date: _____		Log _____		\$ _____			

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Type of License Requested	
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	<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)
<input type="checkbox"/> Limited Lines Portable Electronics Producer	<input type="checkbox"/> Portable Electronics

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Background Information

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 1a. 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 a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer, or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court)

- 1b. 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 a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes No

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? n/a Yes No

If so, was consent granted? (Attach copy of 1033 consent approved by home state) n/a Yes No

- 1c. Has the business entity or any owner, partner, or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes No

NOTE: For Questions 1a, 1b, and 1c "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 of a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) explaining the circumstances of each incident
- b) a copy of the charging document,
- c) a 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 of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a 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 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 of the business entity, or member or manager of 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): _____

Hawaii Application for Business Entity Insurance License/Registration

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment

6. Has the business entity or any owner, partner, officer or director of the business entity, 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) copies of all relevant documents.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? n/a Yes No

If you answer yes:

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes No

NOTE: If you have previously submitted documents to the Attachments Warehouse that are intended to be file with this application, you must go to the Attachments Warehouse and associate (link) the supporting documents(s) to this application based upon the particular background question number you have answered yes to on the application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

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Applicant's Certification and Attestation

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. Unless provided otherwise by law or regulation of the jurisdiction, 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 which this application is made to give any information they may have concerning me, as permitted by law, 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. 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.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the 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

Original Applicant Signature

Typed or Printed Name

Title

Address

City

State

Zip

Attachments

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. Portable Electronic Applicants ONLY - Letter from an Officer stating that the Designated Responsible Person is an Officer or an Employee of the Business Entity with the Name and Title, Resident Address, Phone Number, E-Mail Address
3. Surplus Lines Broker Applicants ONLY - A list of licensed surplus lines brokers (name and license number) within the business entity

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