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

Print Form

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? ☐ Yes ☐ 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 ☐ Yes ☐ No % of ownership interest ____

Name _____ Title _____ SSN/FEIN _____ D.O.B _____ Owner ☐ Yes ☐ No % of ownership interest ____

Name _____ Title _____ SSN/FEIN _____ D.O.B _____ Owner ☐ Yes ☐ No % of ownership interest ____

Name _____ Title _____ SSN/FEIN _____ D.O.B _____ Owner ☐ Yes ☐ No % of ownership interest ____

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

Entity ID: _____

License #: _____

Effective Date: _____ PDB _____

Exp. Date: _____ Log _____

I30 $ _____

I08 $ _____

$ _____

$ _____

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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 one only):	Line of Authority
☐ Producer ☐ Managing General Agent ☐ Reinsurance Intermediary Broker ☐ Reinsurance Intermediary Manager ☐ Surplus Lines Broker	☐ Accident and Health or Sickness ☐ Life ☐ Variable Annuities - attach copy of CRD report showing that you are registered for securities in Hawaii with FINRA ☐ Casualty ☐ Marine ☐ Property ☐ Surety ☐ Vehicle ☐ Personal Lines ☐ Title
☐ Limited Lines Motor Vehicle Rental Company Producer	☐ Emergency Sickness; Incidental Travel; Inland Marine Personal Effects: Liability; Personal Accident; Roadside Assistance; Underinsured Motorist; Uninsured Motorist and Vehicle Related Coverage
☐ Limited Lines Producer	☐ Travel Disability ☐ Travel Baggage ☐ Vending Machine - Travel Baggage ☐ Vending Machine - Travel Disability ☐ Newspaper Accident & Sickness ☐ Credit Life ☐ Credit Disability ☐ Credit Casualty ☐ Credit Involuntary Unemployment ☐ Credit Property ☐ Credit Unemployment ☐ Mortgage Life ☐ Mortgage Guaranty ☐ Mortgage Disability ☐ Guaranteed Automobile Protection (GAP)
☐ Limited Lines Portable Electronics Producer	☐ 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): _____

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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 of 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

_____
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 Applicant's 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

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