



Hawaii Application for Individual Insurance License (Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License - (Not applicable to a Limited Lines Self-Service Storage Producer license applicants.)

Identify Home State: _____

Identify Home State License #: _____

Demographic Information					
Social Security Number	Last Name	First Name		Middle Name	Jr./Sr.
Date of Birth	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you a citizen of the United States? (Check One) If no, of which country are you a citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>*For a Resident License, you must supply proof of eligibility to work in the U.S.</small>			
Business Entity Name					
Business Address (Physical Street)					
City	State	Zip Code	Foreign Country	Business Phone	
Business E-Mail Address		Business Website Address		Business Fax	
Applicant's Mailing Address					
P.O. Box	City	State	Zip Code		
If assigned, National Producer Number (NPN)		If applicable, FINRA Individual Central Registration Depository (CRD) Number			
Are you affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No		Individual Applicant E-Mail Address			
Residence/Home Address (Physical Street)					Apartment
City	State	Zip Code	Foreign Country	Phone	
List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.					
Employment History					
Account for all time for the past five years . Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. (Attach additional sheets if needed.)					
Name	From		To		Position Held
	Month	Year	Month	Year	
City	State	Foreign Country			
Name	From		To		Position Held
	Month	Year	Month	Year	
City	State	Foreign Country			
Name	From		To		Position Held
	Month	Year	Month	Year	
City	State	Foreign Country			
DO NOT WRITE IN THIS BOX – For State Use Only					
Entity ID: _____	Effective: _____	PDB: _____	130	\$	_____
License #: _____	Expires: _____	FINRA: _____	108	\$	_____

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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):	Lines 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 Life and Variable Annuity – attach copy of CRD report showing that you registered for securities in Hawaii with FINRA <input type="checkbox"/> Casualty <input type="checkbox"/> Property <input type="checkbox"/> Surety Only <input type="checkbox"/> Personal Lines Only <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 Self-Service Storage Producer	<input type="checkbox"/> Self-Service Storage
<input type="checkbox"/> Independent Adjuster <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Workers Comp – Limited Adjuster <input type="checkbox"/> Crop – Limited Adjuster <input type="checkbox"/> Independent Bill Reviewer	

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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. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred or are you 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. Have you ever been convicted of a felony, had judgment withheld or deferred, or are you 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. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you 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 or a fine.

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

- a written statement explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you 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 of an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a limited liability company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

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

- a written statement identifying the type of license and explaining of the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations,
- 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 any business in which you are or were an 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? 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, and/or type and location of bankruptcy.

4. Have you 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 currently a party to, or have you ever been found liable in any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No

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

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings,
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

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6. Have you or any business in which you are or were an owner, partner, officer or 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 to any of these questions, 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,
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes No

If you answer yes,

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes No
- c) are you the subject of a child support related subpoena/warrant? Yes No

(If you answered yes, provide documentation showing proof of current payments or an approved plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one of 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 filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(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

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no current child-support obligation, 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 jurisdictions to which this application is made to give any information 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 will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
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 understand that my fingerprints will be retained by the HCJDC and the FBI for all purposes and uses authorized for fingerprint submissions, which may include participation in the state and national rap back program.

Original Applicant Signature

Full Legal Name (Printed or Typed)

Date Signed – Month/Day/Year

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. Crop - Limited Adjuster: Evidence of passing exam approved by federal Risk Management Agency.
3. Public Adjuster: Surety bond.
4. Independent Bill Reviewer: Evidence of holding credentials as a Certified Professional Coder granted by the American Academy of Professional Coders or American Health Information Management Association

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