

30	Type of License Requested										
Check the box next to the Legal Business Type:											
	Corporation		Partnership		Sole Proprietorship		Limited Liability Company		Limited Liability Partnership		
Note: The filed and approved Organization Papers need to be attached to this application. See item #33 for more details											
Check the box next to the license type(s) and box under the line(s) of authority for which you are applying.											
Lines of Authority Requested											
	Accident & Health	Life	Variable Annuities	Life Pre-need only	Property	Casualty	Personal Lines	Credit Products	Limited Lines Property Casualty	Title	
License Type											
Agency/Producer											
Surplus Lines Producer											
Background Information											
31 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.											
1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___											
<p>"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or 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 having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement explaining the circumstances of each incident, b) a certified copy of the charging document, and c) a certified 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, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license or registration? Yes ___ No ___											
<p>"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.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> 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 any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager if 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.											
4. Has the business entity or any owner, partner, officer or 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. Is the business entity or any owner, partner, officer or director, 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 ___											
<p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment. 											

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

7. Is this agency a "motor vehicle dealer-related agency"? Yes ___ No___

If yes, enter the name and FEIN of the dealership. Indicate Dealership by entering "Dealership" as the Title.

Applicants Certificate and Attestation

- 32 The undersigned owner, partner, officer or director of the business entity 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. Where required by law, 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 give any information they may have concerning me 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. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
 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 from the non-resident state.

Attachments

- 33 The following attachments must accompany the application otherwise the application may be returned unprocessed or be considered deficient.
- Corporations need to attach Articles of Incorporation.
- Partnerships, Limited Liability Partnerships and Sole Proprietorships need to attach Creation Papers.
- Limited Liability Companies need to attach Articles of Organization

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

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

Authorized by PA 218 of 1956 as amended. Failure to properly complete this application may result in a rejection of your application, or a compliance action including revocation, against any Michigan licenses issued to you by the Office of Financial and Insurance Regulation.



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Visit OFIR online at: www.michigan.gov/ofir Phone OFIR toll-free at: 1-877-999-6442

Fee Processing Card Instructions

Please read these instructions carefully. Complete and detach the bottom portion at the dotted line. Keep the top part for your records. Return the bottom part with your payment as instructed. Insurance forms may be downloaded from our website.

Attach this Fee Processing Card below (form FIS 0223) to your payment for applications for insurance license (using forms FIS 0202, FIS 0220, FIS 0221 and/or the NAIC Uniform Applications).

Please make your payment using a check or money order made payable to: State of Michigan.
Fees submitted are non-transferable and non-refundable.

Complete the Fee Processing Card, by typing or printing the applicant or licensee name and either your System ID Number if you are already licensed, OR Social Security Number (for individuals) / Employer I.D. Number (business entities) if you are a new applicant. Use the checkbox(es) to indicate the fee(s) you are paying.

Applications if an exam IS required: Submit your application form, form FIS 0223 Fee Payment Card, and payment at the exam site when taking your exam.

Applications if an exam IS NOT required: Submit your completed application, form FIS 0223 Fee Payment Card, and payment to the address at the right.

Mailing and delivery address

**Prometric/OFIR
1701 S Waverly Rd Ste 104
Lansing MI 48917-4300**



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

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Please cut form on this line. Retain top part for your records. Return bottom part with your payment. Please do not use staples.



FIS 0223 (4/08) Office of Financial & Insurance Regulation

Use a separate card for each application. If you have questions about this form, please phone us toll-free at 877-999-6442.

Make check or money order for full amount due, payable to "State of Michigan"

Fee Processing Card

Application and License Fees		Amount Due
<input type="checkbox"/>	Resident Producer/Agency 98-05-01	\$10.00
<input type="checkbox"/>	Non-Resident Producer/Agency 98-04-01	\$10.00
<input type="checkbox"/>	Solicitor 98-06-01	\$20.00
<input type="checkbox"/>	Counselor 98-02-01	\$20.00
<input type="checkbox"/>	Insurance Adjuster 98-03-01	\$15.00
<input type="checkbox"/>	Adjuster for the Insured 98-01-01	\$15.00
<input type="checkbox"/>	Surplus Lines Producer/Agency 98-07-13	\$110.00
<input type="checkbox"/>	Non-Resident Surplus Lines Producer/Agency 98-14-01	\$110.00

Name (Last, First Middle) or Business Entity name

If you are already licensed, enter your 7-digit System ID Number

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New Applicants: Enter Social Security Number (individuals) or Agency Employer ID Number

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Fees submitted are non-transferable and non-refundable.