



CORPORATE DATA FORM

SECTION I: ORGANIZATION INFORMATION

<i>Full Legal Name of Corporation</i>		<i>DBA Name(or any previous names)</i>		
<i>Business Physical Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Business Mailing Street Address (if different)</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>County of Domicile</i>		<i>Business Phone Number</i>		
		- -		
<i>Tax ID Number</i>	<i>State of Domicile</i>	<i>Business Fax Number</i>		
-		- -		
<i>Business E-mail Address</i>		<i>Business Website</i>		
<i>Organization Structure (Corp, LLC, Partnership, Sole Proprietorship)</i>		<i>Incorporation Date and Duration</i>		
		- - # of Years		
<i>Designated Responsible Producer</i>		<i>Social Security Number</i>		
		- -		

Is the Agency affiliated with a bank or financial institution? Yes No

COMPLETE THIS SECTION IF AGENCY IS A CORPORATION AND ATTACH A COPY OF YOUR ARTICLES OF INCORPORATION

<i>Number of shares</i>		<i>Class</i>	<i>Series</i>	<i>Par Value</i>
<i>Authorized:</i>	<i>Issued:</i>			
<i>Stated Capital</i>		<i>Assets</i>	<i>Liabilities</i>	
\$		\$	\$	
<i>Gross amount of business which will be transacted by it during such year, wherever transacted is:</i>				
<i>The value of all property to be owned by it during such year, wherever located, is:</i>			<i>Fiscal Year End:</i>	

COMPLETE THIS SECTION IF AGENCY IS AN LLC AND ATTACH A COPY OF YOUR ARTICLES OF ORGANIZATION

Is the LLC member managed or manager managed? Member Manager

List the name(s) of the person/people in whom management of the Company is vested:

SECTION II: OWNERS, DIRECTORS, MEMBERS, OFFICERS & PARTNERS

<i>Name</i>	<i>Title</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	
		- -	/ /	
<i>Resident Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Resident Phone Number</i>	<i>Date Took Office</i>	<i>% of Ownership</i>		
- -	/ /			

<i>Name</i>	<i>Title</i>	<i>Social Security Number</i>	<i>Date of Birth</i>	
		- -	/ /	
<i>Resident Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>County</i>
<i>Resident Phone Number</i>	<i>Date Took Office</i>	<i>% of Ownership</i>		
- -	/ /			

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<i>Resident Phone Number</i>	<i>Date Took Office</i>	<i>% of Ownership</i>		
- -	/ /			

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<i>Resident Phone Number</i>	<i>Date Took Office</i>	<i>% of Ownership</i>		
- -	/ /			

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<i>Resident Phone Number</i>	<i>Date Took Office</i>	<i>% of Ownership</i>		
- -	/ /			

SECTION III: REQUIRED SERVICES

New Licenses

License Maintenance

SECTION IV: REQUIRED LICENSES

You MUST hold the same lines that are being requested in your home state!

Please indicate states in which you wish to be licensed, NOT states where you already hold a license.

Lines of insurance required:

Life

Health

Property/Casualty

Title

Surplus Lines

Adjuster

States required:

AL

HI

MI

NC

UT

AK

ID

MN

ND

VT

AZ

IL

MS

OH

VA

AR

IN

MO

OK

WA

CA

IA

MT

OR

WV

CO

KS

NE

PA

WI

CT

KY

NV

RI

WY

DE

LA

NH

SC

DC

ME

NJ

SD

FL

MD

NM

TN

GA

MA

NY

TX

SECTION V: QUESTIONS

<p>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?</p> <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,c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>“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 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 certified copy of the Notice of Hearing or other document that states the charges and allegations, andc) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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? Do not include personal bankruptcies, unless they involve funds held on behalf of others.</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>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?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

SECTION V: QUESTIONS (CONTINUED)

5. Is the business entity or any owner, partner, officer or director 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 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.

SECTION VI: CERTIFICATION AND ATTESTATION:

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. 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.

I hereby certify that all of the information listed is true and complete. I authorize Supportive Insurance Services to submit electronic applications on our behalf. I authorize Supportive Insurance Services to send applications to us via email, USPS or overnight courier with the understanding that these applications may contain private personal information. I authorize Supportive Insurance Services to verify our license status via the NAIC's National Producer Database (PDB) at any time.

Privacy Policy: Your privacy is important to us. We do not sell or share any personal information contained in this document with any third parties, with exception of providing information to state or government agencies for the express use of obtaining licenses or licensing information. We reserve the right to disclose your personally identifiable information as required by law and/or to comply with a judicial proceeding, court order, or legal process served on our company. We shall not be held responsible for any personal information obtained illegally by a third party via fax, email, or other online transmittal.

An officer, director, member, principal or partner of the business must sign this document.

Original Signature

Full Legal Name (Printed or Typed)

Date / /