



INDIVIDUAL DATA FORM

SECTION I: PERSONAL INFORMATION

<i>Full Legal Name</i>				<i>Social Security Number</i>					
				- -					
<i>Resident Street Address</i>				<i>City</i>		<i>State</i>		<i>Zip Code</i>	
<i>Resident County</i>		<i>Resident Phone Number</i>		<i>Previous Names Used</i>			<i>Current or Future Trade Names</i>		
		- -							
<i>Date of Birth (mm/dd/yyyy)</i>			<i>Birthplace (City/State)</i>			<i>Birth Country</i>		<i>Citizenship</i>	
- -									
<i>Gender : Male</i> <input type="checkbox"/>		<i>Female</i> <input type="checkbox"/>							
<i>Business Name</i>				<i>Business Phone Number</i>			<i>Business County</i>		
				- -					
<i>Business Physical Street 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>Business Fax Number</i>		<i>Business Website</i>			<i>Business E-mail Address</i>				
<i>Preferred Mailing Address</i>									
<input type="checkbox"/> Resident		<input type="checkbox"/> Business		Are you affiliated with a bank or financial institution? Yes <input type="checkbox"/> No <input type="checkbox"/>					

SECTION II: EMPLOYMENT HISTORY (Continuous last five years history, in order from previous to earliest and include any periods of unemployment.)

<i>Employer Name</i>			<i>City</i>		<i>State</i>		<i>Zip Code</i>	
<i>Title</i>		<i>From</i>		<i>To</i>				
<i>Employer Name</i>			<i>City</i>		<i>State</i>		<i>Zip Code</i>	
<i>Title</i>		<i>From</i>		<i>To</i>				
<i>Employer Name</i>			<i>City</i>		<i>State</i>		<i>Zip Code</i>	
<i>Title</i>		<i>From</i>		<i>To</i>				
<i>Employer Name</i>			<i>City</i>		<i>State</i>		<i>Zip Code</i>	
<i>Title</i>		<i>From</i>		<i>To</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

States Required:

License me in all possible states

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> HI | <input type="checkbox"/> MI | <input type="checkbox"/> NC | <input type="checkbox"/> UT |
| <input type="checkbox"/> AK | <input type="checkbox"/> ID | <input type="checkbox"/> MN | <input type="checkbox"/> ND | <input type="checkbox"/> VT |
| <input type="checkbox"/> AZ | <input type="checkbox"/> IL | <input type="checkbox"/> MS | <input type="checkbox"/> OH | <input type="checkbox"/> VA |
| <input type="checkbox"/> AR | <input type="checkbox"/> IN | <input type="checkbox"/> MO | <input type="checkbox"/> OK | <input type="checkbox"/> WA |
| <input type="checkbox"/> CA | <input type="checkbox"/> IA | <input type="checkbox"/> MT | <input type="checkbox"/> OR | <input type="checkbox"/> WV |
| <input type="checkbox"/> CO | <input type="checkbox"/> KS | <input type="checkbox"/> NE | <input type="checkbox"/> PA | <input type="checkbox"/> WI |
| <input type="checkbox"/> CT | <input type="checkbox"/> KY | <input type="checkbox"/> NV | <input type="checkbox"/> RI | <input type="checkbox"/> WY |
| <input type="checkbox"/> DE | <input type="checkbox"/> LA | <input type="checkbox"/> NH | <input type="checkbox"/> SC | |
| <input type="checkbox"/> DC | <input type="checkbox"/> ME | <input type="checkbox"/> NJ | <input type="checkbox"/> SD | |
| <input type="checkbox"/> FL | <input type="checkbox"/> MD | <input type="checkbox"/> NM | <input type="checkbox"/> TN | |
| <input type="checkbox"/> GA | <input type="checkbox"/> MA | <input type="checkbox"/> NY | <input type="checkbox"/> TX | |

SECTION V: QUESTIONS *You must read the following carefully and answer every question. All written statements submitted must include an original signature.*

<p>1. Have you ever been convicted of 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 and juvenile offenses. 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: a) a written statement explaining the circumstances of each incident, b) a copy of the charging document, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</p> <p>If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ____ Yes ____ No ____</p> <p>If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ____ Yes ____ No ____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?</p> <p>“Involved means having a license censored, 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. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, 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.</p> <p>If you answer yes, you must attach to this application: 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 resolutions of the charges or any final judgment.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>

<p>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 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.</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>4. Have you 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 yes, identify the jurisdiction(s): _____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>5. Are you currently a party to, or have you 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?</p> <p>If yes, include:</p> <p>a) written statement summarizing the details of each incident,</p> <p>b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and</p> <p>c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>6. Have you or any business in which you are or were an owner, partner, officer or director, 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?</p> <p>If you answer yes, provide:</p> <p>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</p> <p>b) copies of all relevant documents.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>7. Do you have a child support obligation in arrearage?</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<p>If you answer yes,</p> <p>a) by how many months are you in arrearage? _____ Months</p> <p>b) are you currently subject to a repayment agreement? Yes _____ No _____</p> <p>c) are you the subject of a child support related subpoena/warrant? Yes _____ No _____</p> <p>(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p>	

SECTION VI: 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 are 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. Where required by law, 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, either a) I have no child-support obligation, or 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 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. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners (“NAIC”) as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant’s qualification for licensure. *(Applicable only to residents of Alaska)*

I hereby certify that all of the information listed is true and complete. I authorize Supportive Insurance Services to submit electronic applications on my behalf. I authorize Supportive Insurance Services to send applications to me via email, USPS or overnight courier with the understanding that these applications may contain private personal information. I authorize Supportive Insurance Services to verify my 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.

Original Signature

Full Legal Name (Printed or Typed)

Date / /