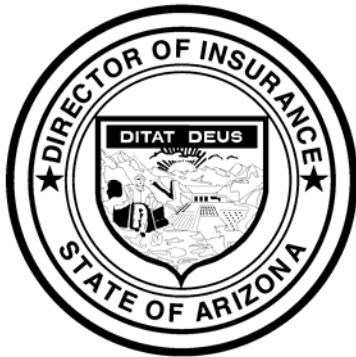


# FORM L-192

## License Renewal Application for a Business Entity

For licenses that expire on or before June 30, 2011

*\*Note: Application forms and instructions are subject to change without notice.  
Current versions of forms and instructions are available from  
the PRODUCERS page of the Department's Internet web site ([www.azinsurance.gov](http://www.azinsurance.gov)).*



### TIME SENSITIVE MATERIALS!!!

If the Department of Insurance does not receive your COMPLETE renewal application prior to your license expiration, your license will expire (you will be prohibited from engaging in insurance business), you will be subject to a late renewal fee, and you may be subject to additional license requirements.

- Carefully read instructions.** You may need to submit additional forms or documents with your application. If your application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be returned as deficient. If the Insurance Licensing Section does not receive your **complete** application and fees by or before your license expiration date, you shall lose the authority to transact insurance and you will be required to pay a \$100 late renewal fee to renew your license.
- Make sure you submit all three parts of the renewal application.** If you do not have all three parts of the application, download a blank one from the PRODUCERS page of our Internet web site ([www.azinsurance.gov](http://www.azinsurance.gov)).
- Clearly print in ink or type** all information and carefully review the application before submitting it. Remember to have the application signed and dated in the Applicant Certification section after Part II.
- Retain these instructions for your records.** Do not submit this instruction booklet with your license application.
- Organize your application materials** in the following manner before submitting them:
  - ◆ Remove any stubs from your payment (money order or check).
  - ◆ Staple your payment, made payable to **Insurance Licensing Section**, to the front of the application form at the location shown (immediately below Section C).
- The Department must receive your COMPLETE renewal application before your license expires.** If the Insurance Licensing Section has not received your fully completed application, any required accompanying materials and fees by or before the date of your license expiration, you will not be able to conduct insurance business unless and until we renew your license and you will be required to pay a \$100 late renewal fee to renew your license. Our address is:

**Insurance Licensing Section, 2910 N. 44<sup>th</sup> St # 210, Phoenix, Arizona 85018-7269**

**Late Renewal.** If your license expires, you may submit a renewal application after the expiration of the license if the Department receives the following within one year after the expiration date:

- a complete application and any other required documents;
- the license fee (described in Section D of the application); and
- the \$100 late renewal fee required by ARS § 20-289(E).

*If we receive your renewal application more than one year after the license expires, we will have to return it to you, you will need to submit an application for a new license (Form L-176) and you will need to fulfill all of requirements for obtaining a new license.*

**On-the-spot Service.** *In a hurry for your license?* We will review “on-the-spot” a license application that you deliver in person to the Insurance Department between **8 AM and 4 PM** Mondays through Fridays (except state-observed holidays). On-the-spot service enables us to answer any questions you have and describe, in person, any additional information that we need so we can render a licensing decision. Many (but not all) applicants are able to obtain their licenses before they leave our office. The last week of the month is especially busy. Avoid the rush and bring in your application during the first few weeks of the month.

**LICENSING FORMS** are available

- From the “**PRODUCERS**” Internet web page at [www.azinsurance.gov](http://www.azinsurance.gov),
- **In person** during “on-the-spot service” hours – see above.

**IF YOU HAVE QUESTIONS CONCERNING ANY LICENSING-RELATED ISSUE,**

- **visit our web site** at [www.azinsurance.gov](http://www.azinsurance.gov),
- **e-mail** us at [licensing@azinsurance.gov](mailto:licensing@azinsurance.gov), or
- **call** the Insurance Licensing Hotline at (602) 364-4457, or toll-free within Arizona but outside the Phoenix Area at 877-660-0964.

**PART I of the application.**

- **Section A:**
  - If the applicant has any other office locations, include Form L-LOC, available from our web site, with your renewal application.
  - If using a business name in conjunction with transactions under the license that is different than the true name of the business entity, review the **ASSUMED NAME (or D.B.A.)** section below.
- **Section B:** If you will be using a separate mailing address, please list it here.
- **Section C:**
  - You cannot add lines of authority to your license using this application (see Form L-176).
  - If you surrender license authority, you will not be able to reapply for the line of authority for one year. ARS 20-289(F).
  - If you do not qualify to renew a line of authority (because you do not have a designated responsible producer licensed for a line of authority), you must remove it from your license and reapply for the authority when you qualify (using Form L-176).

- **Section D:** Fees are non-refundable (ARS § 20-167). Make sure your application is accompanied by the correct amount of fees.
  - *Late Renewal Fee.* Include \$100 in your payment to renew your license for up to one year after it has expired. You cannot conduct business under an expired license. See “**Late Renewal**” section, above.
  - *Fingerprinting Fees.* Include \$24 in your payment for *each* fingerprint card you submit in response to PART III of the application.
  - *License Fees.*
    - Include \$1,120 in your payment if the license contains either the Surplus Lines Broker line of authority or Mexican Insurance Surplus Lines Broker authority (because you need to pay \$1,000 for the Surplus Lines Broker license plus \$120 for all other license authority); **OR**
    - Include \$120 in your payment if the licensee is not a Surplus Lines Broker or Mexican Insurance Surplus Lines Broker.

**PART II of the application.** If you answer “YES” to any question in PART II, you must submit the following for each person to whom the “Yes” answer applies:

- A SIGNED statement describing, **in detail**, all incidents including the names, dates and locations involved, the names and localities of any courts and/or administrative agencies involved, and the disposition or current status of each matter; **AND**
- Copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information that relates to each matter. If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.

**NOTE:** The Violent Crime Control and Law Enforcement Act of 1994 prohibits any person convicted of any criminal felony involving dishonesty, breach of trust or a violation of the Act from engaging in the business of insurance without the specific written consent of the appropriate state insurance regulatory official. 18 U.S.C. §1033. A person who does not obtain the specific written consent may be subject to federal criminal prosecution. There is no automatic waiver for an individual who may already possess a license. Further, the Act prohibits any person or entity from willfully permitting a prohibited person, as described above, from engaging in the business of insurance and the Act subjects such a person or entity to criminal sanctions. See the PRODUCERS page of the Department of Insurance web site for additional details about the “Section 1033” requirement.

### **PART III of the application.**

Follow the detailed instructions provided in Part III regardless of whether the applicant is a resident or nonresident. An Arizona-resident must also submit a fingerprint card and a \$24 FBI fingerprint card processing fee for each new principal.

### **ADDITIONAL REQUIRMENTS**

- **Assumed Name.** In accordance with ARS § 20-297, a licensee cannot use a name in insurance business matters other than the name stated on the license unless the Arizona Insurance Department approves the use of the other name. Use **Form L-193** to file the name. In addition, a licensee should consider “registering” an assumed name with the Arizona Secretary of State’s Office. Call (602) 542-6187 for information about applying for a “Trade Name Certificate.” By obtaining a Trade Name Certificate issued by the Arizona Secretary of State, a licensee will prevent an entity from subsequently using the same name as its genuine name, which could require a licensee to relinquish an assumed name.

- **Non-resident Applicant.**
  - *Home-state licensure.* The Arizona Department of Insurance will check the National Insurance Producer Registry (“NIPR”) or other state insurance department web sites to determine whether the applicant is licensed in good standing in its home state. If we are unable to verify via these methods, we will ask you to submit a letter of certification from your home state.
  - *Adjusters (nonresident only).* Complete **Form L-181** and submit it with your application.
- **Managing General Agent.** Have Form L-107 completed by an authorized official of the insurance company with which the applicant has a contract. Complete Form L-106. Submit the completed forms with the renewal application.
- **Surplus Lines Broker.** To act as a surplus lines broker in Arizona, each individual and each business entity must possess a Surplus Lines Broker license issued by the Arizona Department of Insurance. ARS § 20-411(A). The business entity must have, in each office where the entity transacts surplus lines insurance in Arizona, at least one individual who is licensed by the Arizona Department of Insurance as an insurance producer authorized for property or casualty insurance and as a surplus lines broker. ARS § 20-411(E).

**Organize your application materials and fee payment** in the manner described on the cover and send (without this instruction booklet) to the following address:

**INSURANCE LICENSING SECTION  
2910 N 44TH ST, # 210  
PHOENIX, AZ 85018-7269**

*The Department Of Insurance is an Equal Employment Opportunity agency that complies with the Americans with Disabilities Act ("ADA") of 1990. Persons with disabilities may request reasonable accommodation by contacting our ADA Coordinator at (602) 364-3471.*

- CAREFULLY READ THE ENCLOSED INSTRUCTION BOOKLET.** Application must be printed in ink or typed. **Incomplete or illegible applications will be returned which may cause you to have to pay a late renewal fee.**
- Complete PARTS I, II and III of this application and include all other requirements specified in the enclosed instruction booklet.
- Staple your application form and required attachments in the upper left corner. Remove stubs from your payment and staple your payment to the front of this page in the location indicated (immediately below Section C).
- Address the envelope containing your application materials **EXACTLY AS FOLLOWS:**

**ARIZONA DEPARTMENT OF INSURANCE ATTN: LICENSING SECTION, 2910 N. 44th St. # 210, Phoenix, AZ 85018-7269**

<b>SECTION A</b> Licensee Information	AZ Insurance License Number		FEIN (Federal Tax ID Number ##-#####)		
	Licensee Name (as shown on the insurance license)				
	Physical Street Address* (CANNOT be a P.O. Box or PMB)		City	State	Zip Code
	Area Code & Phone #:	Fax Number (optional):	E-mail Address (optional):		
<b>NOTE:</b> If licensee will conduct business at locations other than the address identified in Section A, complete and attach Form L-LOC available from our PRODUCERS web page ( <a href="http://www.azinsurance.gov">www.azinsurance.gov</a> )					
<b>SECTION B</b> Mailing Address	Mailing Address (P.O. Box or PMB is acceptable)		City	State	Zip Code
<b>SECTION C</b> Renewal	Check here <input type="checkbox"/> to renew all lines of authority on the license (and proceed to SECTION D) <b>OR</b>				
	Check here <input type="checkbox"/> to remove one or more lines of authority from the license. In the appropriate box below, identify the line(s) of authority for which you do not qualify or that you want to surrender.				
	In this box, list the line(s) of authority for which you do not qualify:				
In this box, list the line(s) of authority you want to surrender (for which you cannot reapply for one year):					

**{ ← HERE , PLEASE ALIGN TOP OF CHECK OR MONEY ORDER AND STAPLE ON LEFT SIDE (REMEMBER TO REMOVE ANY STUBS)**

<b>SECTION D</b> Renewal fees for licenses expiring on or before 6/30/2010\1	<ul style="list-style-type: none"> <li>Fees are nonrefundable per ARS § 20-167.</li> <li>The fee to renew a license that does not contain Surplus Lines Broker or Mexican Insurance Surplus Lines Broker is \$120* (regardless of the number of lines of authority on the license).</li> <li>The fee to renew a license that contains Surplus Lines Broker or Mexican Insurance Surplus Lines Broker authority is \$1,120* (regardless of the number of lines of authority on the license).</li> <li>Make your payment, made out to "INSURANCE LICENSING SECTION," by check, money order or (if paying in person) by cash. We do not accept credit/debit cards.</li> </ul>
	<b>*NOTE: If we do not RECEIVE your license fee and a complete application meeting all renewal requirements on or before your license expiration date, you must add \$100.00 to your payment for the late renewal fee required by ARS § 20-289(E).</b>

**SECTION E** (Designated Responsible Licensed Producer). Enter the FULL name and Arizona insurance license number of the individual who shall be responsible for the applicant's compliance with Arizona insurance laws. This person must work in the business address listed above. A license number not required for Title Agent or Managing General Agent licenses.

Name:	AZ License #:
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\*\*\* THE SPACE BELOW IS FOR DEPARTMENT OF INSURANCE USE \*\*\*

Renewed/Approved by:	TF#:	PDB Checked <input type="checkbox"/>
Late Renewal Date:	<input type="checkbox"/> 57 Quad Other (120.00) <input type="checkbox"/> 59 Quad SLB (1000.00) <input type="checkbox"/> 149 Late Renewal (100.00) <input type="checkbox"/> 66 Fingerprint(s) ( X \$24.00= \$ )	L-152 submitted <input type="checkbox"/>

**ADDITIONAL INFORMATION:** Carefully read and respond to each of the following questions. **You should answer "YES" even if you believe an incident was cleared from your record.** Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application.

For the purposes of this application, "**convicted**" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program.

**NOTE:** You must submit additional information if you respond "YES" to any of the following. See instructions for details.

A. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine/assessment/forfeiture etc imposed by any public authority that has not been previously disclosed in a written format by you to this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license that has not been previously disclosed in a written format by you to this agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license been convicted or found guilty of, had a judgment made against for, or admitted to, any of the following that has not been previously disclosed in a written format by you to this agency:	
1. A felony (of any kind)? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Forging another's name to any document related to an insurance transaction? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Withholding, misappropriating, converting or stealing money or property? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Committing an insurance unfair trade practice or fraud? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Transacting, or helping someone else transact, insurance without the required license authority? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Is any case currently pending against the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license in any jurisdiction accusing you of any issue listed in Question C?: .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. <i>If you are not applying for a bail bond agent license, answer "Not applicable."</i>	<input type="checkbox"/> Not applicable
<i>Otherwise, if you are renewing a bail bond agent license, has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license EVER been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor) that involved carrying, illegally using or possessing a deadly weapon or dangerous instrument that has not previously been disclosed to this agency in writing? .....</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Indicate with an "X" which of the following two statements is true:**

- The firm transacts business at locations other than that identified in Section A of PART I. Attach **Form L-LOC** listing the other locations and, for each location, listing the FULL name and Arizona insurance license number of the individual who shall be responsible for the applicant's compliance with Arizona insurance laws.
- The firm does not transact business at locations other than that identified in Section A of PART I.

**APPLICANT CERTIFICATION**

*(to be signed and dated by a principal listed in PART III or by the DRLP listed in PART I Section E)*

By my signature below, I hereby certify that the information recorded on all parts of this application and on all attachments and enclosures herewith, is true and correct to the best of my knowledge.

_____	_____	____/____/____
Signature	Printed Name	Date (mm/dd/yyyy)

