



ARIZONA DEPARTMENT OF INSURANCE
PUBLIC RECORDS REQUEST FORM

Sequence
Number

If mailing your
order, please return
this form to:

Arizona Department of Insurance
Attn: Insurance Licensing Section
2910 North 44th Street, Suite 210
Phoenix, Arizona 85018-7269
Phone: (602) DOI-4-ILS (364-4457) Fax: (602) 364-4460

Your Name (print):

Telephone () -

Business Name

Street Address:

City

State

Zip Code

Mail your order? Yes No

Please list the complete name of the record(s) you wish to inspect, and/or have copied. If you are ordering a paper listing of licensees, you must also complete "Licensee List Request Form" to clarify your order.

Request is for: Record Inspection Only (stop here – no other information needed)

Photocopies*

Certified Copies*

CD-ROM of
Licensee Information*

Paper Listing of
Records**

*Remainder of this form must be completed **This form & Licensee List Request form must be completed

Please read the following statement and check "Yes" or "No" to Questions 1-5.

Do you or does anyone for whom you are acting as an agent intend to do any of the following with the public document(s) you are requesting:

Yes (✓) No (✓)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sell or resell the public document? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Sell or resell any of the information contained in the public document? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Use any of the information contained in the public document to produce a document for sale? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Use any of the names or other information from the public document for the purpose of solicitation? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you anticipate that you will receive MONETARY GAIN*** from either the direct or indirect use of the public document? |

*** "MONETARY GAIN" does NOT include money collected as compensation for injuries or for violations of law.

NOTE: If you answered "YES" to any of the above, the document request is deemed to be for "COMMERCIAL PURPOSES." If the request is for "COMMERCIAL PURPOSES," please provide, in the space provided below, a brief description of the specific commercial purpose.

CONTINUED ON THE REVERSE SIDE



**ARIZONA DEPARTMENT OF INSURANCE
PUBLIC RECORDS REQUEST FORM**

**Continued from
the Reverse Side**

A.R.S. § 39-121.03. Request for copies, printouts or photographs; statement of purpose; commercial purpose as abuse of public record; determination by governor; civil penalty; definition

A. A person requesting copies, printouts or photographs of public records for a commercial purpose shall, upon making such a request, provide a certified statement setting forth the commercial purpose for which the copies, printouts or photographs will be used. Upon being furnished the verified statement the custodian of such records may furnish reproductions, the charge for which shall include the following:

1. A portion of the cost to the state for obtaining the original or copies of the documents, printouts or photographs.
2. A reasonable fee for the cost of time, equipment and personnel in producing such reproduction.
3. The value of the reproduction on the commercial market.

B. If the custodian of a public record determines that the commercial purpose stated in the verified statement is a misuse of public records or is an abuse of the right to receive public records, the custodian may apply to the governor requesting that the governor by executive order prohibit the furnishing of copies, printouts or photographs for such commercial purpose. The governor, upon application from a custodian of public records, shall determine whether the commercial purpose is a misuse or an abuse of the public record. If the governor determines that the public record shall not be provided for such commercial purpose he shall issue an executive order prohibiting the providing of such public records for such commercial purpose. If no order is issued within thirty days of the date of application, the custodian of public records shall provide such copies, printouts or photographs upon being paid the fee determined pursuant to subsection A of this section.

C. A person who obtains public records for a commercial purpose without indicating the commercial purpose or who obtains a public record for a non-commercial purpose and uses or knowingly allows the use of such public record for a commercial purpose or who obtains a public record for a commercial purpose and uses or knowingly allows the use of such public record for a different commercial purpose or who obtains a public record from anyone other than the custodian of such records and uses them for a commercial purpose shall in addition to other penalties be liable to the state or the political subdivision from which the public record was obtained for damages in the amount of three times the amount which would have been charged for the public record had the commercial purpose been stated plus costs and reasonable attorneys' fees or shall be liable to the state or the political subdivision for the amount of three times the actual damages if it can be shown that the public record would not have been provided had the commercial purpose of actual use been stated at the time of obtaining the records.

D. As used in this section "commercial purpose" means the use of a public record for the purpose of sale or resale or for the purpose of producing a document containing all or part of the copy, printout or photograph for sale or the obtaining of names and addresses from such public records for the purpose of solicitation or the sale of such names and addresses to another for the purpose of solicitation or for any purpose in which the purchaser can reasonably anticipate the receipt of monetary gain from the direct or indirect use of such public record. Commercial purpose does not mean the use of a public record as evidence or as research for evidence in an action in a judicial or quasi-judicial body of this state or a political subdivision of this state.

I, _____, the requesting party, hereby certify that I have read A.R.S. § 39-121.03 cited above and understand the contents therein. I further certify that the foregoing is true and correct. I understand a person who knowingly certifies or files a false or forged instrument is guilty of a class 6 felony in accordance with A.R.S. § 39-161.

Signature of Requesting Party

Date

The space below is for Department of Insurance Use

Type of Document Request (✓): <input type="checkbox"/> Commercial Purposes <input type="checkbox"/> Non-commercial Purposes		
Cost of record reproduction/certification/list (fees effective through 7/1/2008):		
Non-commercial purpose photocopies	@ \$ 0.60 ea.	\$.
Commercial purpose photocopies	@ \$ 1.55 ea.	\$.
Certificate of director under seal	@ \$ 3.00 ea.	\$.
Non-commercial purpose non-filed copies	@ \$.25 ea.	\$.
Licensee list \$40.00 – add \$.04 per name if more than 1,000. Lists are printed on 8 ½ x 11 paper only and may be customized if desired.	Total number of records:	\$.
CD-ROM (all records only) For <i>Commercial</i> Purposes	@ \$500.00 per CD	\$.
CD-ROM (all records only) For <i>Non-commercial</i> Purposes	@ \$ 75.00 per CD	\$.
Total Payment (payable to "Department of Insurance")		\$.

Completed by: _____ on ____/____/____



ARIZONA DEPARTMENT OF INSURANCE
LICENSEE LIST REQUEST FORM

Name (print): _____

If you are requesting a paper listing of Arizona insurance licensees, please indicate the information you want included in your list by writing an "X" to the left of each of the boxes which apply.

I. DOMICILE TYPE - select (✓) one or both:	
<input type="checkbox"/> Resident Licensees	<input type="checkbox"/> Non-resident Licensees
II. LICENSEE TYPE - select (✓) one or both:	
<input type="checkbox"/> Individuals	<input type="checkbox"/> Firms
III. LICENSE TYPE - select (✓) one or more:	
<input type="checkbox"/> ADJUSTERS	<input type="checkbox"/> RISK MANAGEMENT CONSULTANTS
<input type="checkbox"/> BAIL BOND AGENTS	<input type="checkbox"/> SURPLUS LINES BROKERS
<input type="checkbox"/> BROKERS (Property & Casualty)	<input type="checkbox"/> CREDIT LIFE & DISABILITY AGENTS
<input type="checkbox"/> DISABILITY ONLY AGENTS	<input type="checkbox"/> LIFE ONLY AGENTS
<input type="checkbox"/> LIFE AND DISABILITY AGENTS	<input type="checkbox"/> SERVICE REPRESENTATIVES
<input type="checkbox"/> MANAGING GENERAL AGENTS (Property and Casualty)	<input type="checkbox"/> MANAGING GENERAL AGENTS (Life and Disability/A&H)
<input type="checkbox"/> PROPERTY AND CASUALTY AGENTS	<input type="checkbox"/> TITLE AGENTS (corporations only)
<input type="checkbox"/> VARIABLE CONTRACTS AGENTS	<input type="checkbox"/> TRAVEL AGENTS (Limited)

Lists printed on paper to be limited to the following:

cities _____
_____ (limit is 10 cities)

preferred dates of licensure (if any) _____

choices above are not applicable to my order

Please sort my list by (select one): Licensee Name License Number.
