

APPLICATION FOR A LICENSE AS AN ADVISORY ORGANIZATION

Name of Entity: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

FEIN: _____

Telephone: _____

Point of Contact: _____

Email: _____

Check if you will allow TDI to share your email address in response to a public information request. (You are not required to share it.)

Company Website: _____

Specify type of insurance: _____

In compliance with Tex. Ins. Code §1805.051(b), please submit the following:

1. Copy of constitution and bylaws
2. Copy of articles of agreement or association or certificate of incorporation
3. Copy of rules governing activities as an advisory organization
4. A statement of qualifications to act as an advisory organization
5. \$100.00 license fee

STATEMENT OF APPLICANT

I know of no reason under the provisions of the Texas Insurance Code why this entity,
_____, is not entitled to a license as an Advisory Organization.

(date)

(Signature of authorized Officer or Designated Person)

(Printed Name)

Subscribed and sworn to before me, by the said _____
(Name and Title)

this _____ day of _____, 20_____, to certify which witness my hand and seal of office.

(Seal)

Notary Public (Signature)

(Printed Name)

My commission expires _____

Return completed application via:

Email:

CLRFilings@tdi.texas.gov

If you have any questions, please contact our office at 512-676-6365