APPLICATION FOR INDIVIDUAL AGENT LICENSE

Applicant General Information Guide begins on Page 13.

This application form is to be used by individuals *not* required to pass a qualifying examination through Pearson VUE and for all provisional permits. It must be typed or printed in ink. Those applicants required to take a qualifying examination must contact Pearson VUE at 888-754-7667 or at www.pearsonvue.com/tx/insurance for application information and examination reservations.

All applications are subject to further review. Any affirmative response to a screening question may extend processing times. Failure to disclose criminal history information may result in denial of license.

Part I-To be completed by all individual applicants

Applicants must *choose only one* license type. Those who wish to apply for more than one license type must submit a separate application and fee for each type. **Adjusters should read PART II of this application before continuing**.

The license types with a "p" symbol below can be applied for as a provisional permit [Texas Insurance Code (TIC), Subchapter H, §4001.351]

Licer	nse Types - NOTE (ONLY check only ON	AF ROX	v ber abblication submissio	11/1.		
	General Lines–Life, Accident & Health þ		Limited Lines		Adjuster–All Lines	
	General Lines–Property & Casualty þ		County Mutual þ		Adjuster– Property &	Casualty
	Life		Insurance Service Representati	ve 🗌	Adjuster - Workers' Co	ompensation
	Life Insurance Not Exceeding \$25,000 þ		Managing General Agent		Adjuster–Trainee (no	fee)
	Funeral Prearrangement Life β		Surplus Lines		Adjuster– Emergency	(\$20 fee)
	Life & Health Insurance Counselor		Risk Manager		Adjuster–All Lines Des State Texas	signated Home
	Full-Time Home Office Salaried Employee		Public Insurance Adjuster		Adjuster P&C (DHS) To	exas
	Personal Lines Property and Casualty				Adjuster–Workers' Co Designated Home Sta	•
s are	n one year (TIC §4003.007). Make chece nonrefundable and nontransferable on the Information - Please read carefully a you requesting a provisional permit.	e. (TIC §	§4001.006) rovide all requested inform	nation.	partment of Insura	nce. All licens
olica Ar	nonrefundable and nontransferable	e. (TIC § r and p (þ) for	(4001.006) rovide all requested inform the license type selected all	nation. bove?	partment of Insura	nce. All licens
olica Ar	e nonrefundable and nontransferable nt Information - Please read carefully e you requesting a provisional permit No Yes	e. (TIC §	(4001.006) rovide all requested inform the license type selected all	nation. bove?		
Ap	e nonrefundable and nontransferable nt Information - Please read carefully e you requesting a provisional permit No Yes plicant's Full Legal Name—nicknames	e. (TIC § and p (p) for and ab	rovide all requested inform the license type selected all breviations are not accepta	nation. bove? ble. MIDDLE N	IAME SUFF	-IX be processed
Ap Ap Ap Ap Ap Ap Ap Ap Ap	e nonrefundable and nontransferable nt Information - Please read carefully e you requesting a provisional permit No Yes plicant's Full Legal Name—nicknames a AST NAME pplicant's Social Security Number, Date	e. (TIC § and p (b) for and ab FIRS e of Bio	rovide all requested inform the license type selected all breviations are not accepta	nation. bove? bble. MIDDLE N imber—The	IAME SUFF	-IX be processed
Ap Ap Ap Ap SO	e nonrefundable and nontransferable Int Information - Please read carefully is you requesting a provisional permit INO Yes Inplicant's Full Legal Name—nicknames a AST NAME Inplicant's Social Security Number, Date Ithout this information. Disclosure of Social Security Number, Date Ithout this information.	e. (TIC § and p (b) for and ab FIRS e of Bio	rovide all requested inform the license type selected all breviations are not acceptant T NAME rth, and Daytime Phone Nucleurity Number is required by	nation. bove? bble. MIDDLE N imber—The	IAME SUFF e application cannot amily Code §231.30	FIX be processed 2 .
Ap Ap Wir	e nonrefundable and nontransferable Int Information - Please read carefully is you requesting a provisional permit INO Yes Inplicant's Full Legal Name—nicknames a INST NAME Inplicant's Social Security Number, Date Include thout this information. Disclosure of Social Security Number	e. (TIC § and p (b) for and ab FIRS e of Bio cocial Se DAT	rovide all requested inform the license type selected all breviations are not acceptant T NAME rth, and Daytime Phone Nucleurity Number is required by	nation. bove? bble. MIDDLE N imber—The	IAME SUFF e application cannot amily Code §231.30	be processed 2. EXT

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX		APT, STE, ETC.
CITY	STATE	ZIP CODE
Official Business Address (required) —This must be records of Texas insurance transactions.	be your primary office address	where you will maintain business
STREET (P.O. BOX NOT ACCEPTED)		APT, STE, ETC.
CITY	STATE	ZIP CODE
Applicant's E-mail Address (required)—E-mail wi	ill be used only as option when	corresponding with TDI.
E-MAIL ADDRESS Applications will not be processed until proper All applications are subject to further review. Any affit to disclose criminal history information may result in Excluding traffic violations and first offense DW a. Do you currently have any pending misdement other instrument) filed against you in Texas	rmative response to a screening q denial of license. /I: eanor or felony charges (by inc	dictment, information, or any
 No Yes Have you ever been convicted of any misde government? No Yes Have you ever had adjudication deferred or other state or by the federal government? No Yes 	meanor or felony offense in T	exas, in any other state or by the federal
d. Have you ever served any period of probati by the federal government? No Yes If you answer " Yes " to any of questions 8 a-d, y information, or any other charging document, order terminating probation, community superv states they no longer have the records, please h were arrested only and not prosecuted, please disposition. You must submit a statement describ times of the offenses. You may provide letters of criminal past.	you must submit original certified judgment of conviction, and/or vision and/or parole certificate fo ave the court provide us with a lest provide a records search from bing the circumstances leading to frecommendations from any pers	I copies of the charging document, indictment deferred adjudication order, probation order each and every crime or offense. If the courter on their letterhead stating that fact. If you the appropriate jurisdiction indicating a finathe offenses. You must include your age at the cons in contact with you that are aware of you
Have you ever applied for a letter of consent, a	•	S.C. 1033(e), from any insurance
regulatory official from Texas or any other state No Yes If you answer "Yes", the application will not be passupporting documents to the department. If you answer "No", and you have been convict under section 18 U.S.C. 1033, the application with consent with all supporting documentation to the Have you or has any corporation, partnership, manager, member or partner, ever been the string insurance department, or financial regulatory at the federal government based on alleged violations.	processed until you provide full de sed of any criminal felony involvir ill not be processed until you sub e department. association or firm in which y ubject of an administrative or agency, or of an action filed or ions of state or federal insuran	ong dishonesty or breach of trust, or an offense mit a signed and notarized request for written ou were a director, officer, shareholder, relegal action filed by Texas or any other a behalf of Texas or any other state or by ace, securities or financial regulatory laws
that you have not previously reported to the Te	•	

11	Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions
	retained, or have any claims or judgments been filed against you for retaining premiums or commissions?
	No Yes If you answer " Yes ", a license will not be issued until full details of the indebtedness are provided.
12	Have you ever had an agency contract or company appointment cancelled for cause (e.g., misrepresentation,
12	misappropriation, etc.)?
	No Yes
	If you answer "Yes", a license will not be issued until full details are provided. Cancellation for cause does not include
	cancellations due to license expiration (nonrenewal).
13	During the last 6 months, have you applied for or received a temporary license of the type for which you are now
	applying?
	☐ No ☐ Yes
	If you answer "Yes", a temporary license will not be issued. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant.
14	Do you currently hold any insurance agent license, adjuster or public insurance adjuster license in any state other than
	Texas or have you held any insurance agent license, adjuster or public insurance adjuster license in any state other
	than Texas within the last five years?
	☐ No ☐ Yes
	If you answer "Yes", you must provide the following:
	Applicants who have held a resident license in another state within the previous five years from the date of this
	application must attach a Clearance Letter from the Insurance Commission in the states in which the applicant was previously licensed. A NIPR Producer Database printout showing the termination of the license in the applicant's
	previously licensed. A NIFK Producer Database printout showing the termination of the license in the applicant s previous resident states can take the place of a Clearance Letter.
	Applicants holding a current resident license in another state must attach an original Certificate of Good Standing
	from the Insurance Commission in the applicant's state of residence. The Certificate of Good Standing must be dated
	within 90 days of receipt of the completed application. A NIPR Producer Database print out showing that a current
	license is held in the applicant's resident state with the same license type that you are applying for can take the
	place of a Letter of Certification.
15	This application is for a license I previously held that is expired for more than 90 days but less than one year. I will
	attach the required \$75 license fee. (TIC §4003.007)
	No Yes Previous License Number
16	Do you qualify as any of the following?
	a. "Military service member" – means a person who is currently serving in the armed forces of the United States, or in
	a reserve component of the armed forces including the National Guard, or in a state military service of any state.
	□ No □ Yes
	b. "Military spouse" – means a person who is married to a military service member who is currently on active duty.
	□ No □ Yes
	c. "Military veteran" – means a person who has served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of
	the United States, or in an auxiliary service of one of those branches of the armed forces.
	No Yes
	NOTE: If you answer "Yes" to a, b, or c in question 16, please mark the top of Page 1 of this application with a highlighted "M".

Part II-Adjusters, Adjuster Trainees and Emergency Adjusters (Public Insurance Adjusters use Part III)

(All Lines Adjusters, Property & Casualty Adjusters, and Workers' Compensation Adjusters Only)

Adjusters may add additional qualifications without completing a new application by submitting to TDI a copy of the existing adjuster license along with a copy of the approved course certificate, or by passing the Texas examination provided by Pearson VUE. The Certificate of Completion must show that within the past 12 months the adjuster has completed a certified adjuster pre-licensing education program and passed an examination.

if self-employed, with the applicant's name.	
NAME OF FIRM OR INSURER (OR APPLICANT NAME, IF SELF-EMPLOYE	D)
2. I have qualified for the adjuster license selected on Page 1 a (Applies to Texas resident/nonresident reciprocal adjuster applicants of the contract of the	
 attached a course Certificate of Completion certifying adjuster pre-licensing education program and passed its 	•
in good standing in the state of	attached Letter of Certification from the licensing state, or
3. Nonresident Adjuster Designated Home State Texas Applications license adjusters for the line of authority sought. I reside in that state, and I request that Texas be the designated home §4101). I have qualified for the Texas adjuster designated home	a state that permits residents of Texas to act as an adjuster be state of the adjuster license for which I am applying (TIC
attached a course Certificate of Completion certify a Texas certified adjuster pre-licensing education programatical attached my CPCU designation or Associate in Claims	•
I understand that by designating Texas as the home state and compliance with Texas' adjuster continuing education §4101.059, §4001.103 and 28 TAC §§19.1001-19.1020).	n and fingerprinting requirements (TIC §4101.054,
4. Adjuster Trainee Registration: An Adjuster Trainee is require the direction and supervision of a licensed sponsoring adju- exceed 12 months. The Adjuster Trainee registration may no- licensed adjuster.	ster. Authorization to act as an Adjuster Trainee may not
The sponsoring licensed adjuster must complete the following	ng certification:
This is to certify that the applicant will undergo educat supervision as required in TIC §4101.003 .	ion and training as an adjuster under my direction and
SIGNATURE OF SPONSORING LICENSED ADJUSTER	DATE SIGNED (MM /DD/YY)

5. Emergency Adjuster: An Emergency Adjuster License may be issued to an individual to adjust losses as a result of a catastrophe or emergency. The sponsoring licensed adjuster or insurance company must provide specific details of the catastrophe requiring the issuance of an Emergency Adjuster License. The details must include the date, location, type of catastrophe, and a copy of official notice or other similar third party notices of the catastrophe or emergency. An Emergency Adjuster must be sponsored by either a licensed adjuster or a licensed and approved insurance company.

The mailing address of the Emergency Adjuster sponsor must be provided. Emergency Adjuster licenses are issued for 90 days. Emergency Adjuster applicants are not required to provide fingerprints.

		Provide locations and details of the	he catastrophe that the applicant named o	n Page 1	intends to work.
	6.	catastrophe claims at the above	fuster: This is to certify that the applicant locations resulting from the catastrophe nation or claims practices of the Emergency Adjuster.	amed in t	he attached official notice. I
			JUSTER OR SPONSORING COMPANY OFFICIAL data and sponsoring adjuster or company official and sponsoring and spons	ng compa	DATE SIGNED (MM/DD/YY) ny:
	NAME	E	TDI LICENSE # OF SPONSORING A	DJUSTER	SPONSORING COMPANY NAIC #
	MAIL	ING ADDRESS OF SPONSORING ADJUS	STER OR SPONSORING INSURANCE COMPANY	BUSINE	SS PHONE NUMBER (10 DIGIT)
	CITY		STATE	-	ZIP CODE
L		nsed Sponsor or Applicant - Provio ployed as a PIA, or if self-employed	de the name of the currently licensed firm o I, enter your name.	r person	for whom you will be
	NAM	ME OF EMPLOYER (OR APPLICANT NAM	ME, IF SELF-EMPLOYED) EMPLO	OYER'S TEX	KAS PIA LICENSE NUMBER
2	sure Dep	ety bond executed with the applic partment of Insurance on a bond	A license applicant must demonstrate practical as sole principal in the amount of not form available at www.tdi.texas.gov/forward must be attached to this application.	less than	\$10,000 payable to the Texas
	I ha	ve attached my original PIA Bond.	☐ No ☐ Yes		
3	I d e	ther application and the applicant application and the applicant application regarding finger. Fingerprint receipt from Iden Instructions for complete fing I hold active TDI license number.	er, and pre	were profingerpried Instruction (see Fingerviously su	eviously submitted to TDI for nt receipt is not required. For stions. erprint Requirements and submitted fingerprints to TDI.
			application will be used to check criminal hand the Federal Bureau of Investigation in	-	

1

2

3

4	Criminal History Record – Each nonresident PTA license applicant must file with this application an original criminal history record of the applicant obtained from the state law enforcement agency of the applicant's state of residence. I have attached my original criminal history records. No, I am a resident of Texas. Yes, the record is attached.
5	PIA Contract Requirements – Effective January 1, 2014, contract requirements under amended TAC §19.701, §19.708 and §19.713 apply to all applicants for a PIA license. The contract you propose to use must be submitted with the original PIA license application. Please review your contract to ensure compliance with all contract requirements as outlined in the TAC. TDI has developed the Public Insurance Adjuster Contract (TDI Form FIN535) that contains the required standard contract language. This form may be viewed at www.tdi.texas.gov/forms/form11.html . The failure by a PIA to use a properly authorized and approved contract may result in suspension, nonrenewal, revocation of the PIA's license, or other administrative penalty (TAC §19.708(f)).
	 a. I have reviewed the Public Insurance Adjuster Contract (TDI Form FIN535), and I will be using that contract form with my clients once licensed. No If no, answer 5b below Yes b. I have developed my own contract form that meets all requirements as outlined in TAC §19.701 and §19.708. I have attached a copy of my proposed contract form for TDI's review and approval. No Yes Note: Your application for a PIA license cannot be approved until you have registered an approved contract with TDI.
6	Agent for Service of Process – All nonresident applicants for a PIA license must provide the name and address of their agent for service of process in the state of Texas as required in TIC §4102.107 .
	NAME OF TEXAS AGENT FOR SERVICE OF PROCESS
	TEXAS ADDRESS OF AGENT FOR SERVICE OF PROCESS
	CITY STATE ZIP CODE

Part IV-Surplus	Lines Agents	(Surplus Lines	s Agents Only
Part IV-Surbius	Lines Agents	(Surplus Lines	s Aaents Oniv

or a current Texas Managing Gen	eral Agent License (TIC	C §981.203).	s General Lines-Property and Casualty License
Provide your underlying license ty	pe and current rexas	ncense number:	
UNDERLYING LICENSE TYPE			TDI LICENSE NUMBER
Part V-Insurance Service Represe	•		
		•	he appointing licensed General Lines—Proper
and Casualty Agent, or Personal Line Property and Casualty Agency or Pers		-	officer or partner of a licensed General Line
Toperty and Casualty Agency of Fers	onal Lines r roperty an	id Casualty Agenc	у.
CERT	IFICATE FOR INSURAN	ICE SERVICE REPR	ESENTATIVES
This is to certify that the above-mer	tioned applicant is ap	pointed to act as	an Insurance Service Representative (ISR) for
this General Lines-Property and Ca	sualty Agent/Agency	or Personal Lines	Property and Casualty Agent/Agency in the
state of Texas, subject to the applica	int's qualifying for a lic	cense. If and wher	n this appointment is terminated or canceled
the TDI must be notified immedi	ately of such termina	ation. Notificatio	on should be made using the Insurance
Representative (ISR) Transfer/Can	cel Employment (TDI	l Form FIN529), v	which can be accessed from our Information
Update forms web page at http://ww	vw.tdi.texas.gov/forms	s/form11update.h	ntml.
Appointing General Lines-Property	and Casualty or Perso	onal Lines Propert	ty and Casualty AGENT:
., , ,	•	•	,
SIGNATURE OF SPONSORING AGENT	PRINT OR TYPE SPONSOI	RING AGENT'S LEGA	AL NAME AGENT'S TDI LICENSE NUMBER (AS APPEARS ON THE CURRENT LICENSE)
DATE SIGNED (MM/DD/YY)			
Appointing General Lines-Property	and Casualty or Perso	onal Lines Propert	ty and Casualty AGENCY:
	-		
SIGNATURE OF AGENCY OFFICER OR PA	RTNER		SIGNING OFFICER'S OR PARTNER'S NAME
SPONSORING AGENCY'S LEGAL NAME			AGENCY'S TDI LICENSE NUMBER
(AS IT APPEARS ON THE CURRENT LICEN	SE)		

DATE SIGNED (MM/DD/YY)

Part VI–Notice of Appointment (appointments for provisional permits, see Part VII)

To be completed by a sponsor on behalf of those applying for a General Lines Agent's [GL], Life Agent's [LAGT], Limited Lines Agent's [LL], Funeral Pre-arrangement Life Agent's [PN], Life Insurance Not Exceeding \$25,000 Agent's [LI], County Mutual Agent's [CM], Managing General Agent's [MGA], Personal Lines Property and Casualty Agent's [PLPC] licenses or a Full-Time Home Office Salaried Employee's [HOSE] registration only.

Notice of Appointment. To make a company or subagent appointment with the license application, the Notice of Appointment form on **Page 9** must be signed in ink by **an authorized appointing official** of the appointing INSURANCE COMPANY, AN EXECUTIVE OFFICER OR PARTNER OF THE SPONSORING AGENCY, OR THE SPONSORING INDIVIDUAL AGENT. The form will be rejected if it does not contain the title and original signature of the signing representative. The applicant's signature will not be accepted. The Notice of Appointment must include the date the form is signed. A Notice of Appointment does not apply to Insurance Adjuster, Public Insurance Adjuster, Risk Manager, Surplus Lines, Insurance Service Representative, or Life and Health Insurance Counselor Licenses.

Temporary License. Only applicants for a Funeral Prearrangement Life Agent, Life Insurance Not Exceeding \$25,000 Agent, or County Mutual Agent license may apply for a temporary license with this application. If a temporary license is requested by the appointing company and if the company and applicant are eligible, TDI will issue such a license for a period of 90 days, without examination. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant. **A temporary license application must include a completed Notice of Appointment**. The temporary licensee must provide to TDI a certification by the appointing insurance company that the temporary agent has completed the required course of study and passed the written examination with a copy of the temporary license within one year of the temporary license's issue date in order to obtain the permanent license without a new application.

An application to register a Full-Time Home Office Salaried Employee must include a completed Notice of Appointment.

Insurance Company Appointments. If a completed Notice of Appointment is not received with a General Lines Agent, Life Agent, Limited Lines Agent, Funeral Prearrangement Life Agent, Life Insurance Not Exceeding \$25,000 Agent, County Mutual Agent, Managing General Agent or Personal Lines Property and Casualty Agent license application, the license may be issued. However, not later than the 30th day after the effective date of the agent's appointment by the insurance company, a TDI Notice of Appointment with the \$10.00 fee must be submitted to TDI.

Subagent Appointments. ONLY GENERAL LINES AGENTS, PERSONAL LINES PROPERTY AND CASUALTY AGENTS AND LIFE AGENTS MAY APPOINT SUBAGENTS OR BE APPOINTED AS SUBAGENTS.

- A General Lines Life, Accident and Health Agent may appoint a General Lines Life Accident and Health Agent or a Life Agent.
- A Life Agent may appoint a General Lines Life Accident and Health Agent or a Life Agent.
- A General Lines Property and Casualty Agent may appoint a General Lines Property and Casualty Agent or a Personal Lines Property and Casualty Agent.
- A Personal Lines Property and Casualty Agent may appoint a General Lines Property and Casualty Agent or a Personal Lines Property and Casualty Agent.

Applicants for a Limited Lines, Funeral Prearrangement Life, Life Insurance Not Exceeding \$25,000, County Mutual, Managing General Agent License, or a Full-Time Home Office Salaried Employee Registration cannot be appointed by an agency or agent.

NOTICE OF APPOINTMENT FORM FOLLOWS ON THE NEXT PAGE

Part VI-Notice of Appointment - Continued

PLEASE FOLLOW INSTRUCTIONS ON PREVIOUS PAGE NOTICE OF APPOINTMENT FOR GL, LAGT, LL, PN, LI, CM, MGA, PLPC AND HOSE APPLICANTS

FULL LEGAL NAME OF APPLICANT (PRINT OR TYPE) LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Only ONE sponsor per application. Enter company, agency o		WII 5 5 2 2 W WII 2	331111
Name of Insurance Company appointing a GL, LAGT, LL, PN, L		E applicant:	
APPOINTING COMPANY NAME (GROUP NAMES NOT ACCEPTABLE)	NAIC NUMBER OF A	APPOINTING COM	PANY
OR—Name of Agency sponsoring a GL as a Subagent:			
SPONSORING AGENCY NAME (AS IT APPEARS ON THE CURRENT AGENCY LICENSE)	AGENCY T	AX ID NUMBER	
OR—Name of Individual Agent sponsoring a GL as a Subage	nt:		
SPONSORING AGENT NAME (AS IT APPEARS ON THE CURRENT AGENT LICENSE)	SSN OF SP	PONSORING INDIVI	DUAL
Temporary License: (for PN, LI, or CM license types only): Does this company want the above named applicant to rein accordance with the provisions of TIC §4001 , subchapter I If " Yes ", please provide the telephone number of the office where the	D ?	e to act as a ful Yes	l-time agent
 Managing General Agent: This section must be completed by having personal knowledge that the applicant has had experient managing general agent. Will the above managing general agent applicant have company or carrier? Does the claim settlement authority exceed \$25,000 on Does the claim settlement authority include third-party Are funds exceeding \$100,000 customarily held by the management purpose of paying losses and loss adjustment expenses for the purpose of paying losses and loss adjus	ence or instruction that we claim settlement authoring any one claim? It is ability other than propertionanging general agent for	rould qualify the a ity for the ty damage?	
The Appointing Official must read and sign the following start This is to certify that the applicant named on Page 1 and a OR a subagent for my agency, OR a subagent for me in the license. If and when this appointment is terminated or contermination.	bove is appointed to act e state of Texas subject to	o the applicant q	ualifying for
This applicant meets the requirements as set out in the the TDI for the type of license applied for herein. I acknowledge my responsibility for ensuring that the applications are the set of the set			
(SIGNATURE REQUIRED) SIGNATURE OF APPOINTING OFFICIAL FOR APPOINTING COMPANY, OR SIGNATURE OF OFFICIAL FOR SPONSORING AGENCY, OR SIGNATURE OF SPONSORING INDIVIDUAL AGENT	(PRINT OR TYPE) APPOINTING OFFICIAL'S OFFICER'S OR PARTNER SPONSORING INDIVIDU	'S FULL LEGAL NAME	AND TITLE, OR
DATE SIGNED (MM/DD/YY)			

Part VII-Provisional Permit Appointment (Appointments for provisional permits only)

Pursuant to TIC 4001, Subchapter H, this part must be completed by all provisional permit applicants and authorized by an appointing official of the sponsoring company or by a sponsoring agent (TIC §4001.354). Addresses provided in Part VII of the application, will only be used for the purpose of communication regarding this application for provisional authority. FULL LEGAL NAME OF APPLICANT (PRINT OR TYPE) LAST NAME **FIRST NAME** MIDDLE NAME **SUFFIX** Enter sponsoring company, sponsoring agency or sponsoring agent information. Name of sponsoring insurance company appointing a GL, LI, CM, PN applicant: APPOINTING COMPANY NAME (GROUP NAMES NOT ACCEPTABLE) NAIC NUMBER OF APPOINTING COMPANY APPOINTING COMPANY MAILING ADDRESS APPOINTING COMPANY EMAIL ADDRESS OR—Name of sponsoring agency sponsoring a GL, as a subagent: SPONSORING AGENCY NAME AGENCY TAX ID NUMBER (AS IT APPEARS ON THE CURRENT AGENCY LICENSE) SPONSORING AGENCY MAILING ADDRESS SPONSORING AGENCY EMAIL ADDRESS OR—Name of sponsoring individual agent sponsoring a GL, as a subagent: SPONSORING INDIVIDUAL AGENT'S NAME SSN OF SPONSORING INDIVIDUAL AGENT (AS IT APPEARS ON THE CURRENT AGENT LICENSE) SPONSORING INDIVIDUAL AGENT'S MAILING ADDRESS SPONSORING INDIVIDUAL AGENT'S EMAIL ADDRESS The Appointing Official must read and sign the following statements: This is to certify that the applicant named on Page 1 and above is appointed to act as an agent for this company, OR a subagent for my agency, OR a subagent for me in the state of Texas subject to the applicant qualifying for a license. If and when this appointment is terminated or canceled, the department will be notified immediately of such termination. This applicant meets the requirements as set out in the TIC and the rules and regulations promulgated by the TDI for the type of permit applied for herein. I acknowledge my responsibility for ensuring that the applicant has completed training, and passed the examination as required by the TIC. I acknowledge my responsibility for ensuring that a background check on the applicant has been completed that shows that the applicant has not been convicted of: (i) a **felony**; or (ii) an act that requires the applicant to receive written consent under 18 U.S.C. Section 1033 to engage in the business of insurance. (SIGNATURE REQUIRED) (PRINT OR TYPE) SIGNATURE OF APPOINTING OFFICIAL FOR APPOINTING COMPANY, OR APPOINTING OFFICIAL'S FULL LEGAL NAME AND TITLE, OR SIGNATURE OF OFFICIAL FOR SPONSORING AGENCY, OR OFFICER'S OR PARTNER'S FULL LEGAL NAME AND TITLE, OR SIGNATURE OF SPONSORING INDIVIDUAL AGENT SPONSORING INDIVIDUAL AGENT'S FULL LEGAL NAME

DATE SIGNED (MM/DD/YY)

Part VIII-Background Information and Fingerprints

This part must be completed by all applicants except Emergency Adjuster, Full-Time Home Office Salaried Employee, and PIA. PIA license applicants must complete **Part III** and skip this part.

1	I am a resident of Texas and:	
a	a. 🔲 I have attached a copy of my fingerprint receipt from Idento 🤆	o by MorphoTrust USA evidencing that my fingerprints
	have been submitted to the Texas Department of Public Safety	(see Fingerprint Requirements and Instructions for
	complete fingerprinting instructions) or,	
	b. I have an active TDI agent/adjuster license and I have already	
C	c. I have an active TDI license or registration, other than an ag	ent/adjuster license, and I have already submitted my
	fingerprints to TDI with a:	
		, on
	TYPE OF APPLICATION OR FILING	DATE FINGERPRINTS SUBMITTED TO TDI (MM/DD/YY)
ľ	Resident applicants must include a copy of their fingerprint receipment receipment and (2) submitted fingerprints to TDI with another licer check criminal history records of the Texas Department of Publaccordance with applicable statutes.	se application or TDI filing. Fingerprints will be used to
2	I am a nonresident of Texas, and I meet the background informati	on requirement as follows:
	(Adjuster Designated Home State applicants skip to #3.)	
ā	a. I hold an active license in good standing in my resident state	as reflected on the National Association of Insurance
L	Commissioner's Producer Database or,	
r.	 I am not a PIA applicant and have attached my criminal histor law enforcement agency or, 	y records that I have acquired from my resident state's
c	. I have attached a current Certificate of Good Standing from	my resident state or.
	d. I have attached a copy of my fingerprint receipt from Idento	
	have been submitted to the Texas Department of Public Safety.	
e	e. \square I hold a designated home state license in good standing in the	ne following state:
	All nonresident license applicants, except PIAs, who do not hold applicant's state of residence shall, through the law enforceme the applicant's criminal history records. If the resident state we purposes, the applicant must provide a fingerprint receipt from fingerprints have been submitted to the Texas Department of the Instructions for complete fingerprinting instructions).	nt agency of the state of residence, submit a copy of ill not provide a criminal history record for licensing om IdentoGo by MorphoTrust USA evidencing that
	I am a nonresident of Texas applying for a Designated Home State	-
	that does not license adjusters for the line of authority sought on Pa	ge 1 . I meet the Texas fingerprint requirement by either
	 a, or b, or c, as I have indicated below. I have attached a copy of my fingerprint receipt from IdentoG 	a by Maraha Trust IISA avidancing that my fingararints
c	have been submitted to the Texas Department of Public Safet	
	complete fingerprinting instructions) or,	y (see <u>Imgerprine nequirements and instructions</u> for
k	b. I have an active TDI agent/adjuster license and I have alread	y submitted fingerprints to TDI or,
C	c. $\overline{\square}$ I have an active TDI license or registration, other than an ag	
	fingerprints to TDI with a:	
		, on
	TYPE OF APPLICATION OR FILING	DATE FINGERPRINTS SUBMITTED TO TDI
		(MM/DD/YY)

3

Part IX-Individual Applicant Signature Page (to be completed by all applicants)

All Applicants must read, sign, and have this section notarized before submitting the license application.

I hereby certify that I have personally answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance which relate to the issuance of the license for which I am applying and the grounds under which such license may be denied, suspended, revoked or non-renewed, and that I meet the requirements for the license type applied for herein. I further acknowledge that I am subject to both disciplinary action and criminal prosecution if my application contains a false, fictitious, or fraudulent statement or entry with regard to any material fact.

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

I acknowledge and understand that I have the duty to inform the commissioner of insurance of any disciplinary action taken against me in any other state in which I may be licensed within thirty (30) days of the happening of such disciplinary action.

I further acknowledge that I have the duty to update the information contained on this application, including a change of my address, and that failure to do so may constitute grounds for revocation or suspension of my insurance licenses.

I understand all applications are subject to further review. Any affirmative response to a screening question may extend processing times. Failure to disclose criminal history information may result in denial of license.

SIGNATURE OF APPLICANT				
SIGNATURE OF AFTERCANT	(PRINT OR TYP	E BELOW)		
FULL LEGAL NAME OF APPLICANT LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
The State of,	County of			
Before me,			, on this day perso	nally appeared
(PRINTED NAME OF NOTARY PU	,		l	
(PRINTED FULL LEGAL NAME OF APPLICANT)			known to me (or proved t	o me
on the oath of		or through		
(PRINTED NAME OF WITNESS KNOV	WN TO NOTARY PUE	BLIC) (DESCRIPTION	OF IDENTITY CARD OR OTHER	R DOCUMENT)
to be the person whose name is subscribed to executed the same for the purposes and con			owledged to me that he or	she
Given under my hand and seal of office this _	day of _		, A.D. 20	
(NOTARY SEAL)				
		(NOTARY PUBLIC SI	GNATURE)	
		Notary Public, St	ate of	

Send completed application, any other required documents, and a check or money order made payable to the **Texas Department of Insurance**, to:

Texas Department of Insurance
Agent and Adjuster Licensing, MC 107-1A
P.O. BOX 12069
Austin, TX 78711--2069

General Information Guide

LICENSE TYPE	PART I	PART II	PART III	PART IV	PART V	PART VI	PART VII	PART VIII	PART IX
General Lines–LAH (§§ 4054.051) ₽	•					*	Ъ	•	•
General Lines-P&C (§§ 4051.051) ₽	•					♦	Ъ	•	•
Life Agent (Chapter 4054)	•					*		•	•
Life Insurance Not Exceeding \$25,000 (§§ 4054.201) * P	•					**	P	•	•
Funeral Prearrangement Life (§§ 4054.151) * P	•					**	P	•	•
Life & Health Insurance Counselor (Chapter 4052)	•							•	•
Full-Time Home Office Salaried Employee (§§ 4051.301)	•					•			•
Personal Lines Property and Casualty (Chapter 4051)	•					•		•	•
Limited Lines (§§ 4054.101 and §§ 4051.101)	•					•		•	•
County Mutual (§§ 4051.201) * ₽	•					**	P	•	•
Insurance Service Representative (§§ 4051.151)	•				•			•	•
Managing General Agent (Chapter 4053)	•					•		•	•
Surplus Lines Agent (Chapter 981)	•			•				•	•
Risk Manager (Chapter 4153)	•							•	•
Public Insurance Adjuster (Chapter 4102)	•		•						•
Adjuster-All Lines (Chapter 4101)	•	•						•	•
Adjuster-P&C (Chapter 4101)	•	•						•	•
Adjuster-Workers' Comp (Chapter 4101)	•	•						•	•
Adjuster-Trainee (§§ 4101.003)	•	•						•	•
Adjuster-Emergency (§§ 4101.101)	•	•							•
Adjuster–All Lines Designated Home State Texas (Chapter 4101)	•	•						•	•
Adjuster-P&C Designated Home State Texas (Chapter 4101)	•	•						•	•
Adjuster–Workers' Comp Designated Home State (Chapter 4101)	•	•						•	•

- Required parts
- * A temporary license is available for this license type. Part VI, Notice of Appointment is required for a temporary license, otherwise the Notice of Appointment is optional on this original application.
- P A provisional permit is available for this license type. Part VII, is required for a provisional permit.
- Notice of Appointment is optional for these types on an original application. However, not later than the 30th day after the effective date of the agent's appointment by an insurance company, or subagent's appointment by a General Lines agent/agency, a Notice of Appointment with the \$10 fee must be submitted to TDI, if the Notice of Appointment is not made on this application.
- ♦♦ If Notice of Appointment is not submitted, then company certification must be provided certifying the applicant has (1) completed a course of study and instructions and (2) passed without aid a written examination administered by the insurer as required in the TIC.

License type information and descriptions, including examination requirements and exemptions, may be found at www.tdi.texas.gov/licensing/agent/aglity.

This application with fee and required attachments **must** be mailed to:

Texas Department of Insurance, MC 107-1A Agent and Adjuster Licensing P O Box 12069 Austin, TX 78711-2069

Obtaining a Printed License: A printed Texas Department of Insurance license may be obtained for free, **within 30 days** from when an application is approved and a license issued, if you applied through Compliance Express or if you have obtained a no cost ProducerEDGE account at: www.sircon.com/Texas. **After 30 days**, a **\$5.00** fee will be required, unless you maintain a no cost ProducerEDGE account. You will need your license number to access a printable license; your license number may be obtained via a search at: https://txapps.texas.gov/NASApp/tdi/TdiARManager.

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.

Fees: 28 TAC §§ 19.801–19.802: All **\$50** application, **\$150** temporary license application, or **\$100** provisional permit fees are nonrefundable and nontransferable as authorized by the Texas Insurance Code. Make check or money order payable to the **Texas Department of Insurance**.

Applicants with Expired Licenses: If a person's license has been expired for more than 90 days but less than one year, the person may not renew the license, but is entitled to a new license without taking the applicable examination if the person submits to TDI a new application, the license fee, and an additional fee equal to one-half of the license fee. If a person's license has been expired for one year or more, the person may obtain a new license by submitting to reexamination, if examination is required for original issuance of the license, and by complying with the requirements and procedures for obtaining an original license.

Temporary License Applicants: Only applicants applying for a Funeral Prearrangement Life License, Life Insurance Not Exceeding \$25,000 License, or County Mutual License may apply for a temporary license with this application. All other temporary license applicants must submit a Pearson VUE application form to DataStream Technologies, 18568 Forty Six Pkwy, Suite 2001, Spring Branch, TX 78070. The temporary license application must include a completed Notice of Appointment, Part VI, signed by the appointing company. The temporary license is valid for 90 days after the date of issuance.

A temporary license holder must submit to TDI a certification by the appointing insurance company that the temporary agent has completed the course of study and examination as required by the Texas Insurance Code (TIC) with a copy of the temporary license to obtain a permanent Funeral Prearrangement Life License, Life Insurance Not Exceeding \$25,000 License, or the County Mutual License.

A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant.

Nonresident Adjuster Designating Texas as Resident State: Some states do not license adjusters. A resident of one of those states may obtain a Texas adjuster license by meeting all Texas resident license requirements and then designating Texas as the home state for the adjuster license only. Nonresident Adjuster Designating Texas as Resident State must comply with the continuing education requirements as outlined in **TIC §4101** and **28 TAC §§19.1001-19.1020**.

Names: Applicants must provide their full legal name, and not a nickname. For instance, a "Christopher" may not apply as "Chris".

Addresses: The mailing address provided in Part I, number 4 must be your permanent mailing address and is the address of record to which licenses, official correspondence, forms, notices and other information will be sent. The applicant/agent's current mailing address is presumed to be the address on the most recent license renewal or license application form, whichever is latest. This address will be considered the applicant/agent's last known address for the purposes of notice to the applicant/agent by TDI. The legal resident address is the address where you currently live. The resident address is used to determine the state of residence for licensing purposes.

Address Changes:

Address changes must be reported to TDI as required in the TIC §4001.252 and §4003.009. If the mailing, legal resident, or official business address changes, the applicant/agent is responsible for notifying TDI within 30 days either by fax to 512-490-1029, or in writing by mail to:

Texas Department of Insurance, Mail Code 107-1A Agent and Adjuster Licensing P O Box 149104 Austin TX, 78714-9104

You may obtain the Licensee Name/Address Change Request (TDI Form FIN533), at

www.tdi.texas.gov/forms/form11.html.

Nonresident Individuals Changing Residency to Texas:

Processing a change from a nonresident licensee status to a resident licensee status requires a completed Application for Residency Change to Texas (TDI Form FIN594).

You may obtain the Application for Residency Change to Texas (TDI Form FIN594), at

www.tdi.texas.gov/forms/form11.html.

All address change request forms MUST be dated and signed by the license holder; and MUST include any of the required

items listed in the appropriate form.

Public Insurance Adjuster Contracts: Effective January 1, 2014, contract requirements under amended **TAC §19.701**, **§19.708** and **§19.713** apply to licensure of PIAs. PIA contracts must be submitted to TDI's Agent and Adjuster Licensing office for approval with an original application for license or application for renewal of PIA license. Also, contracts with any modifications or amendment of terms or conditions must be submitted to TDI between license renewals. A PIA license may not be issued or renewed until the applicant confirms that either a form FIN535, Public Insurance Adjuster Contract, or another approved contract form will be used once licensed. The contract you propose to use, once licensed, must be submitted with the original PIA license application.

The failure by a Public Insurance Adjuster to use a properly authorized and approved contract may result in suspension, nonrenewal, revocation of the Public Insurance Adjuster's license, or other administrative penalty (ref. TAC§19.708(f)).

Fingerprint Requirements and Instructions:

Fingerprinting: The fingerprint requirement is authorized in TIC §801.056, §4001.103, and by 28 TAC §1.501 and §§1.503 – 1.509.

Applicants claiming exemption from the fingerprint requirement based on **28 TAC §1.504(b)** must provide information on the type of license application or TDI filing with which the fingerprints were submitted and the date the fingerprints were submitted to TDI.

The department strongly encourages applicants to utilize electronic fingerprinting through approved vendors, as authorized under the rule. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.

Fingerprint cards are no longer accepted by TDI.

For detailed information about fee requirements and about <u>Fingerprint Requirements and Instructions</u>, please click on the link here or visit: http://www.tdi.texas.gov/licensing/agent/documents/fpinstructions.pdf

TDI cannot complete processing an application until it receives a criminal history report from the DPS and the FBI for applicants required to provide a fingerprint receipt.

References: You may view the Texas Insurance Code at http://www.statutes.legis.state.tx.us/ and the Texas Administrative Code at http://texreg.sos.state.tx.us/public/readtac\$ext.viewtac.