



# TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Agent and Adjuster Licensing Office (107-1A)  
333 Guadalupe, Austin, Texas 78701 ★ PO Box 12069, Austin, Texas 78711-2069  
(512) 676-6500 | F: (512) 490-1052 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

## APPLICATION FOR A SPECIALTY INSURANCE LICENSE

FEE \$50.00 PER LICENSE AUTHORITY

Please select authority/authorities:

- Credit
- Rental Car Company
- Portable Electronic Vendor
- Travel
- Self-Service Storage Facility

This application is to be used by an applicant that intends to sell specialty insurance products pursuant to the provisions of *Texas Insurance Code*, Chapter 4055.

Your application will not be processed unless all required information is provided. **Please read the instructions beginning on page 6 before completing this form. The application must be typed or printed in ink. Please return with the appropriate license fee(s).**

### A. Demographic Information

1. \_\_\_\_\_  
FULL LEGAL NAME OF SPECIALTY LICENSE APPLICANT

- Individual
- Corporation
- Partnership
- Depository Institution

2. \_\_\_\_\_  
BUSINESS OR ASSUMED NAME, IF ANY.

3. \_\_\_\_\_  
FEDERAL EMPLOYER IDENTIFICATION NUMBER (F.E.I. NUMBER) OR IF INDIVIDUAL, SOCIAL SECURITY NUMBER

4. \_\_\_\_\_  
MAILING ADDRESS: STREET, PHYSICAL LOCATION, ROUTE, OR P.O.BOX

\_\_\_\_\_

CITY	STATE	ZIP
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5. \_\_\_\_\_  
PHYSICAL BUSINESS ADDRESS

\_\_\_\_\_

CITY	STATE	ZIP
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6. \_\_\_\_\_  
10-DIGIT DAYTIME PHONE NUMBER

7. \_\_\_\_\_  
APPLICANT E-MAIL ADDRESS (REQUIRED – will be used only as option to correspond with TDI)

## B. Screening Questions

**NOTE:** If you answer “Yes” to questions 1–3, you must provide full information with dates and complete details on a separate sheet of paper. Application processing will be suspended until the details are received, and a review is completed.

1. Excluding traffic violations and first offense DWI, does applicant or applicant’s officers or directors or owners, individually or through connection with a partnership, corporation or other legal entity:
  - a) have any pending misdemeanor or felony charges (by indictment, information, or any other instrument) filed against the applicant or any of its officers or directors or owners in Texas, any other state, or by the federal government?  
 No     Yes    **If “Yes”, attach original certified documentation of the offense.**
  - b) have convictions of any misdemeanor or felony offense in Texas, any other state, or by the federal government?  
 No     Yes    **If “Yes”, attach original certified documentation of the offense.**
  - c) ever had adjudication deferred on any misdemeanor or felony charge or offense in Texas, any other state, or by the federal government?  
 No     Yes    **If “Yes”, attach original certified documentation of the offense.**
  - d) ever served any period of probation for any misdemeanor or felony offense in Texas, any other state, or by the federal government?  
 No     Yes    **If “Yes”, attach original certified documentation of the offense.**
2. Has applicant or any of its officers or directors or owners, individually or through connection with a corporation, partnership, association or firm ever been the subject of an administrative or legal action filed by Texas or any other insurance department or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that have not been previously reported to the Texas Department of Insurance?  
 No     Yes    **If “Yes”, provide details on a separate page.**
3. Has applicant or any of its officers or directors or owners, individually or through connection with a partnership, corporation or other legal entity:
  - a) been charged in any capacity whatsoever by an insurer, society, employer or other with irregularities in money or any other transaction?  
 No     Yes    **If “Yes”, provide details on a separate page.**
  - b) compromised liabilities with creditors, been insolvent, or adjudged bankrupt?  
 No     Yes    **If “Yes”, provide details on a separate page.**
4. Are you fully aware that no individual may act under the license applied for herewith until that individual has successfully completed a training program approved by the Texas Department of Insurance?  
 No     Yes
5. Are you fully aware that every office location where insurance sales will be conducted under the specialty insurance license must prominently display and make readily available brochures or other written material that:
  - summarize, clearly and correctly, the material terms of insurance coverage offered to consumers and identify the insurer;
  - disclose that the policies offered may duplicate coverage already provided by a consumer’s personal auto policy, homeowner’s policy, personal liability policy or other coverage;
  - state that, except as specifically provided by another law of this state or the United States, the purchase by the consumer of the kinds of insurance specified in Texas Insurance Code, Chapter 4055 is not required to complete the associated consumer transaction; and
  - describe the process for filing a claim should the coverage be purchased and a claim arise? No     Yes    Credit o    @    applicant exempt by Texas Insurance Code, §4055.105

6. Most entity applicants must provide a copy of the document issued by the Texas Secretary of State or a federal or Texas state agency authorizing the entity to do business in Texas. Have you attached a copy of the document that authorizes the applicant to do business in Texas?

No, not applicable (i.e. general partnership)  Yes

7. All entities that are subject to franchise tax are required to provide a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller. Even new and nonresident entities must submit one of these documents. To determine if your entity is subject to Texas franchise tax and to obtain either the Franchise Tax Certificate of Good Standing or the No Nexus Letter, contact the Texas Comptroller of Public Accounts at [www.cpa.state.tx.us](http://www.cpa.state.tx.us) or call **512-463-4600** or **1-800-252-1381**. Have you attached your current Texas Franchise Tax Certificate of Good Standing or No Nexus Letter?

No, this entity is not subject to Texas franchise tax because

**Explanation:**

\_\_\_\_\_

\_\_\_\_\_

Yes, the current Texas Franchise Tax Certificate of Good Standing or No Nexus Letter is attached.

**C. Additional Information**

1. You must provide an LDTL form for each additional location or a single list containing the physical address for each additional location where insurance sales will be conducted under the specialty license. You must attach a \$50.00 fee for each additional location. Have you attached a completed LDTL form(s) or list and fee for each additional location other than the location listed in section A5?

No  Yes If yes, \_\_\_\_\_  
NUMBER OF ADDITIONAL LOCATIONS

2. Provide the full legal name, business title, date of birth, social security number, and address of the sole proprietor or of all officers, directors, members, managers, partners or any person who has the right or ability to control the specialty license holder. A person is considered to control: (A) a corporate specialty license holder if the person is an officer or director of the corporation or if the person, individually or acting with others, directly or indirectly, holds with the power to vote, owns, or controls, or holds proxies representing, at least 10 percent of the voting stock or voting rights of the corporate specialty license holder; or (B) a partnership if the person through a right to vote or through any other right or power exercises rights in the management, direction, or conduct of the business of the partnership. Attach additional sheets as needed.

_____	_____	_____	_____
FULL LEGAL NAME	BUSINESS TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

MAILING ADDRESS \_\_\_\_\_

_____	_____	_____
CITY	STATE	ZIP CODE

_____	_____	_____	_____
FULL LEGAL NAME	BUSINESS TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

MAILING ADDRESS \_\_\_\_\_

_____	_____	_____
CITY	STATE	ZIP CODE

_____	_____	_____	_____
FULL LEGAL NAME	BUSINESS TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

MAILING ADDRESS \_\_\_\_\_

_____	_____	_____
CITY	STATE	ZIP CODE

**D. Acknowledgement**

I hereby certify that I have personally and completely answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief, and that I have attached to this application all information requested. 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.

I acknowledge and understand that the applicant has the duty to inform the commissioner of insurance within thirty (30) days of any disciplinary action taken against it in any other state.

I further acknowledge that the applicant has the duty to update the information contained in this application including a change in address, and that failure to do so may constitute grounds for revocation or suspension of its insurance license.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL OWNER/OFFICER/PARTNER

\_\_\_\_\_  
FULL LEGAL NAME OF INDIVIDUAL OWNER/OFFICER/PARTNER (PRINT OR TYPE)

The State of \_\_\_\_\_, §

County of \_\_\_\_\_, §

Before me, \_\_\_\_\_, on this day personally appeared  
(PRINTED NAME OF NOTARY PUBLIC)

\_\_\_\_\_, known to me (or proved to me)  
(PRINTED FULL LEGAL NAME OF APPLICANT)

on the oath of \_\_\_\_\_ or through \_\_\_\_\_  
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC) (DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
(NOTARY PUBLIC SIGNATURE)  
Notary Public, State of \_\_\_\_\_

**E. Notice of Appointment–Specialty Insurance License**

This section must be completed by an officer of an insurer authorized to transact insurance business in the state of Texas.

**1** \_\_\_\_\_  
PRINT OR TYPE FULL LEGAL NAME OF SPECIALTY LICENSE APPLICANT

**2** \_\_\_\_\_  
PRINT OR TYPE SPONSORING INSURANCE COMPANY NAME

**3** \_\_\_\_\_  
NAIC COMPANY NUMBER

**4** This is to certify that the applicant named above is appointed to act as a specialty licensee to write limited insurance coverages relating to an associated consumer transaction for this company in the state of Texas subject to the applicant’s qualifying for a license. If and when this appointment is terminated or canceled, the department will be notified of such termination.

This applicant meets the requirements as set out in the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance and the insurer named above has satisfied itself that the applicant is trustworthy and competent to write coverages authorized under the specialty insurance license. This company has provided the applicant with materials for the training program as required by Texas Insurance Code, §4055.012.

Under the penalties of perjury, I affirm that the statements made in the foregoing certification are true and hereby subscribe thereto.

\_\_\_\_\_  
ORIGINAL SIGNATURE OF APPOINTING OFFICER

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
PRINT OR TYPE SIGNING OFFICER’S FULL LEGAL NAME

\_\_\_\_\_  
PRINT OR TYPE SIGNING OFFICER’S TITLE

**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](http://www.tdi.texas.gov).*

## Instructions

The license fee is \$50.00 per license authority. Make checks payable to the Texas Department of Insurance. **All fees are non-refundable and nontransferable as authorized by the Texas Insurance Code.**

Mail the completed application form, with attachment(s) and fee(s) to:

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

### Please select authority/authorities:

The specialty insurance license is a license with five separate license authorities. Please select the authority or authorities representing the finance or retail business in which you are actively engaged and also intend to offer insurance. *(Include a Section E, Notice of Appointment, and \$50.00 fee for each license authority selected)*

### A. Demographic Information

The specialty insurance license will be issued to the individual or entity named in item 1 of Section A who is actively engaged in a finance or retail business with the primary purpose of providing goods or services other than insurance to residents of this state.

#### 1 Full Legal Name of Specialty License Applicant

Print the full legal name of the individual or entity that will be conducting business under the specialty insurance license. The applicant may be an individual, corporation, partnership, or depository institution. Please indicate individual or entity type. The name of an entity must be listed the same as it is on the authorizing documents in the State of Texas.

#### 2 Business or Assumed Name, if any

If the business conducted under the specialty insurance license will be done in a name other than your full legal name or the applicant entity's full legal name, print the business or assumed name. A copy of an assumed name certificate that has been filed with the County Clerk's office of the county in which the assumed name is utilized must be submitted with this application if any of the following apply.

- a in the case of an individual, a name that does not include the surname of the individual;
- b in the case of a partnership, a name that does not include the surname or other legal name of each partner;
- c in the case of an individual or a partnership, a name, including a surname, that suggests the existence of additional owners by including words such as "Company", "& Company", "& Son", "& Sons", "& Associates", "Brothers" and the like, but not words that merely describe the business or professional service being conducted or rendered; or
- d in the case of a corporation, any name other than the name stated in its Articles of Incorporation. A corporation may file a copy of assumed name certificate that has been filed with the Texas Secretary of State rather than the County Clerk. Only one business or assumed name may be entered on this application. If additional business or assumed names are used, a separate Texas Department of Insurance form LDTL, FIN528 and \$50.00 fee must be submitted for each.

#### 3 Federal Employer Identification Number (F.E.I.N) or, if individual applicant, SSN

If entity applicant, print the F.E.I.N. This number is sometimes referred to as the Federal Tax I.D. Number. If individual applicant, print your SSN. Disclosure of your SSN is required by Texas Family Code §231.302. It will be maintained as a part of your license file. The application cannot be processed without the applicable F.E.I.N or SSN.

#### 4 Official Mailing Address

Enter applicant's permanent mailing address. This address is the address of record to which the license, correspondence, forms, notices, and other information will be sent. This address can be either a P.O. BOX or a street address. This same official mailing address must be used for all registered business or assumed names for this applicant. If this official mailing address changes, the applicant must notify the Texas Department of Insurance.

## 5 Physical Business Address

Enter the physical location or street address of the business or office location where insurance sales will be conducted under the specialty insurance license. A P.O. BOX address will not be accepted. If you will have additional office locations, see Section C1 of these instructions.

## 6 Daytime Phone Number

Provide the area code and telephone number where the individual owner, or an officer or partner of the applicant entity can be reached between 8 a.m. and 5 p.m.

## B. Screening Questions

This section must be completed by all applicants. If this section is not completed, your application will be rejected. The questions listed in this section concern your eligibility to be licensed in Texas. If you answer “Yes” to questions 1–3, you must submit full information with dates and complete details on a separate sheet of paper. Application processing will be suspended until the details are received and a review is completed.

- 1 If you answer “Yes”, a license **will not** be issued until full details have been provided to the Texas Department of Insurance. You must include certified documents of the indictment or charging document, conviction, judgment, and conditions of probation from the appropriate jurisdiction, for each and every crime or offense. Processing of the application for licensure will be suspended until the details are received and a review has been made.
- 2 If you answer “Yes”, a license **will not** be issued until full details of the administrative or legal action have been provided to the Texas Department of Insurance. Processing of the application for licensure will be suspended until the details are received and a review has been made.
- 3 If you answer “Yes”, a license **will not** be issued until full details have been provided to the Texas Department of Insurance. Processing of the application for licensure will be suspended until the details are received and a review has been made.
- 4 If you answer “No”, a license **will not** be issued. Each individual that will act as an agent under the specialty insurance license must successfully complete an approved training program before selling any insurance. The licensee must train its employees who actually will be offering insurance in connection with an associated consumer transaction.
- 5 If you answer “No”, a license **will not** be issued. Each office location where insurance sales will be conducted under the specialty insurance license must prominently display and make available brochures or other written material which clearly and accurately explain the insurance coverage being offered, including the insurer’s name and information on how to file a claim. This information must also disclose that the insurance is not mandatory and that the insurance may duplicate coverage already provided by the consumer’s own insurance policies. Credit Specialty License applicants are exempt by Texas Insurance Code §4055.105, provided all other disclosure requirements are met.
- 6 **Business Authority in Texas:** Most entities are required to register to do business in this state prior to obtaining an insurance license.
  - a All resident and nonresident corporations, limited liability companies, limited partnerships, and limited liability partnerships must provide evidence of authority to do business in the state of Texas by providing a copy of their Charter, Certificate of Authority, or registration that was obtained from the Texas Secretary of State’s office. You may contact the Texas Secretary of State’s office at [www.sos.state.tx.us](http://www.sos.state.tx.us) or call **512-463-5555**.
  - b All depository institutions (i.e. banks, credit unions, etc.) must provide a copy of the document issued by a federal or Texas state agency authorizing the entity to do business in Texas.
- 7 **Franchise Tax:** All entities that are subject to franchise tax are required to provide a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller. Even new and nonresident entities must submit one of these documents. To determine if your entity is subject to Texas franchise tax and to obtain either the Franchise Tax Certificate of Good Standing or the No Nexus Letter, contact the Texas Comptroller of Public Accounts at [www.cpa.state.tx.us](http://www.cpa.state.tx.us) or call **512-463-4600** or **1-800-252-1381**.

### C. Additional Information

- 1 The specialty insurance license issued in conjunction with this application will authorize you to do business at the location entered in A5. A [Registration of Assumed Name/Branch Locations/Entity Name Change](#) (aka LDTL form) TDI Form FIN528 is required to add additional locations. If more than one additional location, ONLY one TDI Form FIN528, along with a list containing the physical business addresses of the other additional locations, where insurance sales will be conducted under the specialty insurance license must be submitted with the application to identify and register these additional locations. A **\$50.00** fee must be attached for each additional office location identified on the TDI Form FIN528 or attached listing. If you answer “**Yes**”, please indicate the number of additional locations included with this application filing. You may combine the application fee and the additional location fee(s) into one check. If you add additional locations during the license term, you must submit a [Registration of Assumed Name/Branch Locations/Entity Name Change](#) (aka LDTL form) TDI Form FIN528 with the **\$50.00** fee to register the new location or locations. You may obtain the [Registration of Assumed Name/Branch Locations/Entity Name Change](#) (aka LDTL form) TDI Form FIN528 at [www.tdi.state.tx.us/forms/form11.html](http://www.tdi.state.tx.us/forms/form11.html).
- 2 The full legal name, business title, date of birth, social security number, and address of the sole proprietor or of all officers, directors, members, managers, partners or any person who has the right or ability to control the specialty license holder must be provided. A person is considered to control: (A) a corporate specialty license holder if the person is an officer or director of the corporation or if the person, individually or acting with others, directly or indirectly, holds power to vote, owns, or controls, or holds proxies representing, at least 10 percent of the voting stock or voting rights of the corporate specialty license holder; or (B) a partnership if the person through a right to vote or through any other right or power exercises rights in the management, direction, or conduct of the business of the partnership. Attach additional sheets as needed.

### D. Applicant Must Read and Execute Below

Carefully read this section. A license application may be denied or a license revoked if you give a false answer to any question on this application. This application form must be signed in ink by the individual applicant, an officer, or a partner of the applicant who is listed in C2. This application form must be completed by a notary.

### E. Notice of Appointment–Specialty Insurance License

All applicants for a specialty insurance license must have an officer of an insurer authorized to transact insurance business in the state of Texas complete this section of the application. A completed Notice of Appointment is required for each authority selected on this application.

**This section must be completed in ink.**

- 1 Print or type the full legal name of the applicant. Assumed names **will not** be accepted.
- 2 Print or type the exact name of the appointing insurance company. A company “group” name **will not** be accepted.
- 3 Enter the NAIC company number of the appointing company.
- 4 This appointment notice must be signed and dated by an officer of the appointing insurance company. The application will be rejected if it does not contain an original signature, date, printed name, and title of signing officer of the appointing company.