Texas Department of Insurance
Agent and Adjuster Licensing: Mail Code 107-1A
P.O.Box 12069 Austin, Texas 78711-2069
512-322-3503 www.tdi.texas.gov

Application for Insurance Agency License

All applicants read the General Information beginning on page 10.

This application must be used by an entity to apply for a Texas insurance license. The application must be either typed or printed in ink. All requested information must be submitted with this application. 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 applicants

License Types: ***(please check only one per application)***

- ☐ General Lines-Life, Accident & Health
- ☐ General Lines-Property & Casualty
- ☐ Life Insurance Not Exceeding $25,000
- ☐ Funeral Prearrangement Life
- ☐ Life
- ☐ Life and Health Insurance Counselor
- ☐ Personal Lines Property and Casualty
- ☐ Limited Lines
- ☐ County Mutual
- ☐ Managing General Agent
- ☐ Surplus Lines
- ☐ Risk Manager
- ☐ Public Insurance Adjuster
- ☐ Adjuster All Lines
- ☐ Adjuster Property & Casualty
- ☐ Adjuster Workers' Compensation

License Fees: Fees are **$50.00** per license type. Make check or money order payable to the Texas Department of Insurance. All license fees are nonrefundable and nontransferable.

Applicants for a **Surplus Lines License** must hold a current Texas General Lines-Property & Casualty License or a current Texas Managing General Agent License (TIC § 981.203).

UNDERLYING LICENSE TYPE FOR SURPLUS LINES APPLICANT _____ TDI LICENSE NUMBER _____

Entity Type: *See descriptions on page 10, and check your entity type.*

☐ Corporation ☐ Partnership ☐ Depository Institution ☐ Farm Credit Administration ☐ Adjuster Business Entity

Applicant Information: *Please read carefully and provide all requested information.*

1 Applicant's Full Legal Name

PRINT FULL LEGAL NAME OF ENTITY (*THE NAME MUST BE THE SAME AS ON THE OFFICIAL FORMATION DOCUMENT*) _____

2 Applicant's Federal Employer Identification Number (FEIN) assigned by the U.S. Internal Revenue Service and Daytime Phone Number: This application cannot be processed without this information.

FEIN (*THE NUMBERS ASSIGNED BY THE TEXAS COMPTROLLER WILL NOT BE ACCEPTED*) _____ DAYTIME PHONE NUMBER _____ EXT _____

3 Official Mailing Address: This is the address of record with TDI.

STREET, PHYSICAL LOCATION, ROUTE OR P.O.BOX _____

CITY _____ STATE _____ ZIP CODE _____

4 Business Address: This address must be your primary office address where the applicant will maintain business records of Texas insurance transactions.

BUSINESS ADDRESS (*PHYSICAL LOCATION REQUIRED; P.O.BOX NOT ACCEPTED*) _____

CITY _____ STATE _____ ZIP CODE _____

5 Applicant's E-mail Address: E-mail will be used only as an option when corresponding with TDI.

E-MAIL ADDRESS _____

6 Resident Status: ☐ Texas Entity ☐ Nonresident Entity _____ STATE OF RESIDENCE

7 Does the entity currently hold a license in its state of residence that is the same, or similar as to the license being applied for in this application? ☐ No ☐ Yes

If yes, the Department will verify your active resident license status in the National Association of Insurance Commissioner's Producer Database (PDB). If you are not currently listed in the PDB, you must obtain and attach a Certificate of Good Standing from your resident state that is not more than 90 days old.

8 Is the applicant entity affiliated with a financial institution/bank? ☐ No ☐ Yes

This question is to facilitate requests for information from other regulators.

Part II–Part II–Biographical Information

Adjuster Business Entity applicants must refer to Part VI prior to completing this part.

Responsible Individual(s)/Entity(ies) and Fingerprint Requirement

Page 3 of 12 MUST be completed for responsible individuals with all applicable information described below.
Page 4 of 12 MUST be completed for responsible entities with all applicable information described below.

Responsible Individual(s)/Entity(ies): Identify and provide all required information for all executive officers, directors, or partners who administer the applicant entity's insurance operations in Texas and all individuals and entities "in control" of the applicant entity's insurance operations. Please see page 11 of 12 for the definition of "control" and other related information. At least one officer or active partner MUST hold the same license as the entity is applying for in this application. Limited partnerships must list a general partner who holds the same license type as that being applied for by the limited partnership.

For each individual listed on page 3, provide the individual's full legal name, title in relation to the applicant entity, complete mailing address, social security number, date of birth, fingerprint information and the Texas license number, if individual holds such license.

Fingerprints: Each individual listed on page 3 of 12 must provide a copy of a fingerprint receipt from L1 or Prometric evidencing the individual has had his/her fingerprints electronically submitted to the Texas Department of Public Safety. Please see page 11 of 12 for detailed information regarding fingerprinting.

The fingerprint receipt is waived for all except Public Insurance Adjuster applicants if one of the following applies.

1 The individual holds an active TDI license and has already submitted fingerprints to TDI with another license application or

2 The individual is a nonresident and meets this requirement by one of the following.

- a The individual holds a current similar license in good standing in the individual's home state as reflected on the National Association of Insurance Commissioner's Producer Database or
- b The individual provides with this application criminal history records obtained from the individual's resident **state's law enforcement agency** or
- c The individual provides with this application a current Certificate of Good Standing for a license similar to the license requested on this application from the individual's resident state's insurance department or

3 The applicant nonresident entity holds an active entity license that is similar to the license requested on this application in the resident state.

All nonresident individuals who do not hold a current insurance license in good standing in their resident state shall, through **the law enforcement agency of the state of residence**, submit a copy of the individual's criminal history records. If the resident state will not provide a criminal history record for licensing purposes, the individual must provide either

1 a receipt of electronic fingerprints or

2 a receipt from L1 Enrollment Services that confirms a fingerprint card and completed FAST Fingerprint Card Scan Authorization Form with a $44.20 check or money order payable to L1 was sent to L1 Enrollment Services. (see page 11 for complete fingerprinting instructions).

Individuals associated with Public Insurance Adjuster applicants must provide an electronic fingerprint receipt or a receipt from L1 Enrollment Services confirming an original fingerprint card and completed FAST Fingerprint Card Scan Authorization Form with a $44.20 check or money order payable to L1 was sent to L1 Enrollment Services.

For each entity listed on page 4, provide the entity's full legal name, complete mailing address, federal employee identification number (FEIN) and an attachment detailing the name and address of all individuals and entities that have controlling relationships affecting the applicant entity up to the ultimate controlling individual or entity. If an entity is a trust, also give the name and address of the trustee. The attachment may be in the form of an organization chart.

Fingerprints provided for 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 the applicable statutes.

Responsible Individuals

Please refer to page 2 of 12 for instructions to complete this page. Please feel free to make as many additional copies of this page as necessary.

INDIVIDUAL'S FULL LEGAL NAME _____ TITLE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____ TDI LICENSE NUMBER _____

STREET, PHYSICAL LOCATION, ROUTE OR P O BOX _____ CITY _____ STATE _____ ZIP CODE _____

- ☐ Fingerprint Receipt from L1 or Prometric (see page 11 for complete fingerprinting instructions) is attached, or
- ☐ Individual has active TDI License Number_____,and previously submitted fingerprints to TDI, or
- ☐ Individual is currently licensed in the individual's resident state with a license similar to the license applied for on this application (not applicable to Business Entity Insurance Adjuster applicants), or
- ☐ Individual is a nonresident and has attached criminal history records from individual's resident **state's law enforcement agency** (not applicable to Business Entity Insurance Adjuster applicants), or
- ☐ Applicant nonresident entity is currently licensed in resident state (not applicable to Business Entity Insurance Adjuster applicants).

INDIVIDUAL'S FULL LEGAL NAME _____ TITLE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____ TDI LICENSE NUMBER _____

STREET, PHYSICAL LOCATION, ROUTE OR P O BOX _____ CITY _____ STATE _____ ZIP CODE _____

- ☐ Fingerprint Receipt from L1 or Prometric (see page 11 for complete fingerprinting instructions) is attached, or
- ☐ Individual has active TDI License Number_____,and previously submitted fingerprints to TDI, or
- ☐ Individual is currently licensed in the individual's resident state with a license similar to the license applied for on this application (not applicable to Business Entity Insurance Adjuster applicants), or
- ☐ Individual is a nonresident and has attached criminal history records from individual's resident **state's law enforcement agency** (not applicable to Business Entity Insurance Adjuster applicants), or
- ☐ Applicant nonresident entity is currently licensed in resident state (not applicable to Business Entity Insurance Adjuster applicants).

INDIVIDUAL'S FULL LEGAL NAME _____ TITLE _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH (MM/DD/YYYY) _____ TDI LICENSE NUMBER _____

STREET, PHYSICAL LOCATION, ROUTE OR P O BOX _____ CITY _____ STATE _____ ZIP CODE _____

- ☐ Fingerprint Receipt from L1 or Prometric (see page 11 for complete fingerprinting instructions) is attached, or
- ☐ Individual has active TDI License Number_____,and previously submitted fingerprints to TDI, or
- ☐ Individual is currently licensed in the individual's resident state with a license similar to the license applied for on this application (not applicable to Business Entity Insurance Adjuster applicants), or
- ☐ Individual is a nonresident and has attached criminal history records from individual's resident **state's law enforcement agency** (not applicable to Business Entity Insurance Adjuster applicants), or
- ☐ Applicant nonresident entity is currently licensed in resident state (not applicable to Business Entity Insurance Adjuster applicants).

Fingerprints provided for 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 the applicable statutes.

Responsible Entities

Please refer to page 2 of 12 for instructions to complete this page. Please feel free to make as many additional copies of this page as necessary.

ENTITY'S FULL LEGAL NAME | FEIN

STREET, PHYSICAL LOCATION, ROUTE OR PO BOX | CITY | STATE | ZIP CODE

☐ Summary of control relationships affecting the applicant entity, including full names with mailing addresses is attached.

ENTITY'S FULL LEGAL NAME | FEIN

STREET, PHYSICAL LOCATION, ROUTE OR PO BOX | CITY | STATE | ZIP CODE

☐ Summary of control relationships affecting the applicant entity, including full names with mailing addresses is attached.

ENTITY'S FULL LEGAL NAME | FEIN

STREET, PHYSICAL LOCATION, ROUTE OR PO BOX | CITY | STATE | ZIP CODE

☐ Summary of control relationships affecting the applicant entity, including full names with mailing addresses is attached.

ENTITY'S FULL LEGAL NAME | FEIN

STREET, PHYSICAL LOCATION, ROUTE OR PO BOX | CITY | STATE | ZIP CODE

☐ Summary of control relationships affecting the applicant entity, including full names with mailing addresses is attached.

Part III–Texas Authorizations and Financial Responsibility

1 Business Authority: Entity applicants must be organized under the laws of Texas or of another state prior to obtaining an insurance license.

a All resident and nonresident corporations, limited liability companies, limited partnerships, limited liability partnerships, and agricultural cooperatives must provide a copy of their Charter, Certificate of Formation, or registration that was obtained from the Texas Secretary of State's office or other state's authorizing department (if non-resident entity). If the applicant entity was organized in a state other than Texas, then provide a copy of documentation that demonstrates the entity was organized under the laws of another state. Resident and nonresident entities may be required to register with the Texas Secretary of State. You may contact the Texas Secretary of State's office at www.sos.state.tx.us or call 512-463-5555.

b All banks and farm credit administration entities must provide a copy of the document issued by a federal or Texas state agency authorizing the entity to do business in Texas.

Have you attached a copy of your document, as required in **a** or **b,** that demonstrates the applicant entity is organized under the laws of this state or another state?

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

2 In your organization documents, is the entity authorized to engage in the business of insurance as an agent OR generally authorized to engage in any lawful business under a general business purpose clause? ☐ No ☐ Yes

3 Franchise Tax: Entities are not required to provide the Department a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller to obtain an agency license. However, your entity may still be a taxable entity subject to applicable Texas franchise tax. To determine if your entity is subject to Texas franchise tax, contact the Texas Comptroller of Public Accounts at www.cpa.state.tx.us or call 512-463-4600 or 1-800-252-1381.

I understand it is the entity's responsibility to contact the Texas Comptroller of Public Accounts to determine if it is a taxable entity and subject to Texas franchise tax. ☐ No ☐ Yes

4 Financial Responsibility: Proof of Financial Responsibility is required unless, with the exception of public insurance adjusters, the applicant is a nonresident holding a current similar license in their resident state as stated in response to Part I, question **6**. Applicants must provide one of the following:

a Public Insurance Adjuster applicants must provide a surety bond in the amount of not less than $10,000.

b Other agency applicants must provide either a surety bond in the amount of not less than $25,000 or an Errors & Omissions (E&O) Certificate of Insurance.

The E&O Certificate must list the applicant as the named insured and the policy must be in at least the sum of $250,000 with a deductible of not more than 10 percent of the full amount of the policy. The department will verify the nonresident entity license claimed in response to Part I, question 6 in the PDB system or by Letter of Certification from the resident state.

All bonds must be payable to the Texas Department of Insurance. The bond forms (LHL202 or LHL 256) are available from the department or at www.tdi.texas.gov/forms/form11.html.

Adjuster business entity applicants and Surplus Lines applicants are not required to provide financial responsibility.

Evidence of Financial Responsibility:

☐ Bond ☐ E&O Certificate of Insurance ☐ Hold a resident license in another state

☐ **Not required of an adjuster business entity or surplus lines applicant**

Part IV–Screening Questions

1 Has the applicant entity or any owner, partner, officer, director, or employee, ever applied for a letter of consent, as required under 18 U.S.C. 1033(e), from any insurance regulatory official from Texas or any other State? ☐ No ☐ Yes

Any individual who has been convicted of any criminal felony involving dishonesty or breach of trust, or who has been convicted of an offense under 18 U.S.C. 1033, must obtain written consent of any insurance regulatory official authorized to regulate the insurer in order to engage or participate in the business of insurance. Applicants must obtain a letter of consent prior to an application being processed.

If you answer "Yes," the application will not be processed until you provide full details of the outcome of that proceeding and all supporting documents to the department.

If you answer "No," and the applicant entity or any owner, partner, officer, director, or employee, have been convicted of any criminal felony involving dishonesty or breach of trust, or an offense under 18 U.S.C. 1033, the application will not be processed until a signed and notarized request for written consent with all supporting documentation is submitted to the department.

2 Has the applicant entity or any owner, partner, officer or director ever been convicted of, or is the applicant entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? ☐ No ☐ Yes

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:
a a written statement explaining the circumstances of each incident,
b a copy of the charging document, and
c a copy of the official document obtained from the court where you were charged which demonstrates the resolution of the charges or any final judgment.

3 Has the applicant entity or any owner, partner, officer or director 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, or been involved in an administrative proceeding regarding any professional or occupational license? ☐ No ☐ Yes

"Involved" means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:
a full details of the administrative or legal action,
b a written statement identifying the type of license, if any, and explaining the circumstances of each incident,
c a copy of the Notice of Hearing or other document that states the charges and allegations, and
d a copy of the official document which demonstrates the resolution of the charges or any final judgment.

4 Has the applicant entity or any owner, partner, officer or director ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement? ☐ No ☐ Yes

If you answer yes, identify the jurisdiction(s):

_____

5 Is the applicant entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? ☐ No ☐ Yes

If you answer yes, you must attach to this application:
a a written statement summarizing the details of each incident,
b a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6 Has the applicant entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ No ☐ Yes

If you answer yes, you must attach to this application:
a a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
b copies of all relevant documents.

7 Does the applicant entity understand that each assumed name and Texas location from which the entity will conduct an insurance business under the authority of the license issued with this application must be separately registered with the Department?

☐No ☐Yes

If the applicant will be conducting an insurance agency business in Texas in a name other than its full legal name or at an address other than those indicated on this application, a separate Texas Department of Insurance Form LDTL must be filed with the Department for each name and additional Texas branch office location. You may obtain the LDTL form (LHL 203) at **www.tdi.texas.gov/forms/form11.html**.

Part V–Public Insurance Adjusters Only

Public Insurance Adjuster entity applicants must complete this part.

1 **Criminal History Records:** Each nonresident Texas individual listed in Part II, must file with this application an original criminal-history record of the individual obtained from the state law enforcement agency of the applicant's state of residence.

Original criminal history records for each nonresident individual listed in Part II, is attached. ☐No ☐Yes

2 **Fingerprints:** Each resident and nonresident individual listed with your entity in Part II must provide an electronic fingerprint receipt or a receipt from L1 Enrollment Services confirming an original fingerprint card and completed FAST Fingerprint Card Scan Authorization Form with a $44.20 check or money order payable to L1 was sent to L1 Enrollment Services.

A fingerprint receipt for each individual listed in Part II, is attached. ☐No ☐Yes

3 **Agent for Service of Process:** All nonresident applicants for a public insurance adjuster license must provide the name and address of their agent for service of process in the State of Texas as required in Texas Insurance Code, § 4102.107.

_____

PRINT NAME OF TEXAS AGENT FOR SERVICE OF PROCESS

_____

PRINT TEXAS ADDRESS OF AGENT FOR SERVICE OF PROCESS CITY STATE ZIP CODE

Part VI–Business Entity Insurance Adjusters Only

Insurance Adjuster entity applicants must complete this part.

Demonstrate Eligibility to Designate Texas as Home State: An adjuster business entity may be either a Texas entity or a nonresident entity in a state that **does not** license adjusters. All applicant entities must have at least one licensed Texas adjuster that holds the same license authority as the applicant entity requests on this application. The designated Texas adjuster must have qualified for a license by meeting all Texas resident license requirements. These requirements include qualifying by examination or approved course, meeting fingerprint requirements and complying with Texas continuing education requirements. An adjuster that qualified for a Texas nonresident license by reciprocity, without the requirements outlined above, cannot be a designated Texas adjuster. The designated Texas adjuster(s) must be listed in **Part II starting on page 2 of 12**.

All nonresident applicants for an entity insurance adjuster license must demonstrate their eligibility to designate Texas as their home state. **A Texas licensed nonresident adjuster may designate Texas as his/her Home State by providing all of the following documents with this application.**

- **Fingerprint Receipt from L1 or Prometric, or if the individual has an active TDI license number and previously submitted fingerprints to TDI, provide the TDI license number.** Please see page 11 of 12 for detailed information regarding fingerprinting.
- **A course Certificate of Completion** certifying that within the past 12 months the nonresident adjuster has completed a **certified adjuster prelicensing education program and passed an examination**, or a **CPCU designation or Associate in Claims (AIC) certification,** or **Evidence of a passed Texas adjuster license qualifying examination**, and
- **A statement** from the nonresident adjuster who is designating Texas as the home state certifying that s/he will meet all Texas adjuster continuing education requirements.

1 I have completed **Part II, beginning on page 2 of 12**, by providing the required information for **all** executive officers, directors, or partners who administer the applicant entity's adjuster operations in Texas, at least one resident licensed Texas adjuster or nonresident licensed adjuster who has designated Texas as the Home State, and all individuals and entities "in control" of the applicant entity's adjuster operations.

☐ No ☐ Yes

2 The Texas Insurance Code §4101.053 requires that in order to qualify for a license under Chapter 4101, a business entity must present evidence satisfactory to the Department that the applicant has designated a licensed adjuster responsible for the business entity's compliance with the insurance laws of this state.

In accordance with this section, the applicant business entity adjuster understands that it must notify the Department, and the Department must approve of, any change to the designated licensed adjuster(s).

☐ No ☐ Yes

Part VII–Certification

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 nonrenewed.

I understand that fingerprints provided for 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 and I have advised all individuals submitting fingerprints for this application of this use.

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 or any individual associated with the entity who is required to file biographical information with the Department.

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

I further certify that each listed or named individual has to the best of my knowledge and belief, received a true and correct copy of the disclosure entitled **Notice About Certain Information Laws and Practices**.

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.

The entity hereby designates the Commissioner of Insurance as the agent for service of process in the manner provided by Section 804.201 of The Texas Insurance Code in a legal proceeding against a nonresident agent licensed to transact business in this state if: **1)** the nonresident agent fails to appoint or maintain an agent for service in this state; **2)** an agent for service is appointed but cannot with reasonable diligence be found; or **3)** the license of the nonresident agent is revoked.

_____
SIGNATURE OF OFFICER, OR PARTNER NAMED IN PART II, QUESTION 1

_____
PRINT FULL LEGAL NAME OF OFFICER, OR PARTNER

The State of _____ , County of _____,

Before me _____ ,on this day personally appeared
(PRINTED NOTARY'S NAME)

_____ , known to me (or proved to me
(PRINT NAME OF SIGNING INDIVIDUAL)

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 PUBLIC SIGNATURE

Notary Public, State of _____

(Notary Seal)

Part VIII–Notice of Appointment for General Lines, Limited Lines, Life Insurance not exceeding $25,000, Funeral Prearrangement Life, Life, Personal Lines Property and Casualty, County Mutual, and Managing General Agent License applicants.

To make a company appointment with this license application, this page must be signed in ink by an authorized appointing official of the appointing insurance company. The form will be rejected if it does not contain the title and original signature of the signing official. The applicant's officer or partner's signature will not be accepted. This form must include the date the form is signed. If a completed Notice of Appointment is not received with a license application, the license may be issued. However, not later than the 30th day after the effective date of the entity's appointment by an insurance company, a TDI Notice of Appointment with the $10 fee must be submitted to TDI.

A notice of Appointment does not apply to Surplus Lines, Adjuster Business Entity, Public Insurance Adjuster, Life and Health Insurance Counselor and Risk Manager license applicants.

PRINT APPLICANT'S LEGAL NAME (AS SHOWN IN PART I OF THIS APPLICATION)

PRINT APPOINTING INSURANCE COMPANY NAME NAIC COMPANY NUMBER

Managing General Agent Only: This section must be completed by an officer of the appointing company or carrier having personal knowledge that the applicant has had experience or instructions that would qualify the applicant as a managing general agent.

Will the above named managing general agent applicant have claim settlement authority for the company or carrier?

☐ No ☐ Yes

Does the claim settlement authority exceed $25,000 on any one claim?

☐ No ☐ Yes

Does the claim settlement authority include third-party liability other than property damage?

☐ No ☐ Yes

Are funds exceeding $100,000 customarily held by the managing general agent for the purpose of paying losses and loss adjustment expenses for the company or carrier?

☐ No ☐ Yes

The Appointing Official must read and sign the following statements:
This is to certify that the applicant entity named above is appointed to act as an agency 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 cancelled, the Department will be notified immediately 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 for the type of license applied for herein.

SIGNATURE OF APPOINTING OFFICIAL OF APPOINTING INSURANCE COMPANY

PRINT APPOINTING OFFICIAL'S LEGAL NAME AND TITLE DATE SIGNED

General Information

LICENSE TYPE	PART I	PART II	PART III	PART IV	PART V	PART VI	PART VII	PART VIII
General Lines–LAH (§ 4054.051)	•	•	•	•			•	X
General Lines–P&C (§ 4051.051)	•	•	•	•			•	X
Limited Lines (§ 4054.101 and § 4051.101)	•	•	•	•			•	X
Life Insurance Not Exceeding $25,000 (§ 4054.201)	•	•	•	•			•	X
Funeral Prearrangement Life (§ 4054.151)	•	•	•	•			•	X
Life (Chapter 4054)	•	•	•	•			•	X
Personal Lines Property and Casualty (Chapter 4051)	•	•	•	•			•	X
County Mutual (§ 4051.201)	•	•	•	•			•	X
Managing General Agent (Chapter 4053)	•	•	•	•			•	X
Surplus Lines Agent (Chapter 981)	•	•	•	•			•	
Public Insurance Adjuster (Chapter 4102)	•	•	•	•	•		•	
Life and Health Insurance Counselor (Chapter 4052)	•	•	•	•			•	
Risk Manager (Chapter 4153)	•	•	•	•			•	
Adjuster (Chapter 4101)	•	•	•	•		•	•	

- • Required parts
- **X** 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 agency's appointment by an insurance company, a Notice of Appointment with the $10 fee must be submitted to TDI, if the Notice of Appointment is not made on this application.

License type information and descriptions may be found at **www.tdi.texas.gov/licensing/agent/aglityp.html**.

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

Texas Department of Insurance
Agent and Adjuster Licensing,
Mail Code 107-1A
P.O.Box 149104
Austin TX 78711-9104

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 Legal and Regulatory Affairs Program at **AgencyCounsel@tdi.state.tx.us** or you may refer to the Corrections Procedure section on our websites.

Descriptions of Entity Types:

Corporation means a legal entity that is organized under the business corporation laws or limited liability company laws of Texas, another state, or a territory of the United States and that has as one of its purposes the authority to act as an insurance agent. Agricultural cooperatives organized under Chapter 51 or 52 of the *Agricultural Code* are also considered corporations.

Depository Institution means:

- **a** a bank or savings association as defined by 12 U.S.C. Section 1813, as amended;
- **b** a foreign bank that maintains a branch, agency, or commercial lending company in the United States;
- **c** a federal or state credit union as defined by 12 U.S.C. Section 1752, as amended;
- **d** a bank branch; or
- **e** a bank subsidiary, as defined by state or federal law.

Partnership means an association of two or more persons organized under the partnership laws or limited liability partnership laws of Texas, another state, or a territory of the United States. The term includes a general partnership, limited partnership, limited liability partnership, and limited liability limited partnership.

Farm Credit Administration means an entity chartered by the Federal Farm Credit Administration under the farm credit system established under 12 U.S.C. Section 2001 et seq., as amended.

Fees: 28 Texas Administrative Code §§ 19.801-19.802: All $50 application fees are nonrefundable and nontransferable as authorized by the Texas Insurance Code. Make check or money order payable to the Texas Department of Insurance.

Names: Applicants must apply for license in their full legal name as authorized on their official formation documents. If the applicant will be doing business under a name other than their "legal name", a separate Texas Department of Insurance form LDTL with the required $50 fee must be filed. Please refer to 28 Texas Administrative Code §19.902 for standards of approval of assumed names. You may obtain the LDTL form(LHL 203) at **www.tdi.texas.gov/forms/form11.html**.

A completed LDTL form (LHL 203) must also be submitted to the Texas Department of Insurance to notify the Department of a legal name change of the entity.

Addresses: The official mailing address provided in Part I must be the entity's permanent mailing address and is the address of record to which licenses, official correspondence, forms, notices and other information will be sent. Address changes must be reported to TDI as required in the Texas Insurance Code, § 4001.254. If the official mailing address changes, an officer or partner of the entity must notify TDI, in writing, either by fax to **512-322-3553** or by mail to

Texas Department of Insurance
Agent and Adjuster Licensing,
Mail Code 107-1A
P.O.Box 149104
Austin TX 78711-9104

You may obtain the Licensee Address Change Request Form at **www.tdi.texas.gov/forms/form11.html**. All address change requests must be dated and signed by an authorized officer or partner of the licensed entity.

Executive Officers, Directors, Partners and Individuals In Control: In Part II all executive officers, directors or partners who administer the applicant entity's insurance operations in Texas and all individuals in control of 10 percent or more of the entity's voting stock must be identified. The social security number, date of birth, complete mailing address and fingerprint information must be provided for each individual listed.

Control means the power to direct or cause the direction of the management and policies of a license holder, whether directly or indirectly. A person is considered to control:

a a corporate license holder 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 licenseholder; 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.

At least one officer or one active partner of the applicant entity must be individually licensed by the Texas Department of Insurance to act as an agent under the applicant entity. In the case of a limited partnership, an active partner must be a licensed general partner.

Once licensed, the entity shall notify the Texas Department of Insurance not later than the 30th day after the date of the addition or removal of an officer, director, partner, member or manager by submitting a completed form LHL238, Biographical Form and Certification of License Qualification Following a Change of Control. You may obtain this form at **www.tdi.texas.gov/forms/form11.html**.

Fingerprinting: The fingerprint requirement is authorized in Texas Insurance Code §801.056 and amended 28 TAC §1.501 and §§1.503–1.509. The complete text of the rule may be accessed at **www.tdi.texas.gov/rules/2006/1003e-059.html**.

The Texas Department of Insurance strongly encourages all resident 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.

Electronic Fingerprinting:

The general process for electronic fingerprinting is:

1 **Print and complete the FAST Pass form from TDI's website, www.tdi.texas.gov/forms/form11.html**. You will need information from the FAST Pass form to make your electronic fingerprint appointment.

2 **Schedule an appointment to be electronic fingerprinted.** You must schedule a fingerprint appointment by visiting **www.L1enrollment.com** or by calling 1-888-467-2080. Pursuant to DPS requirements on the vendor, you will be photographed as part of the fingerprint process. You must pay the $44.20 fee to the vendor in a manner that is acceptable to the vendor. All electronic fingerprint appointments must be made by DPS' vendor, L1. The vendor has 90+ Texas fingerprint locations, including the Prometric testing centers which administer the TDI agent/adjuster licensing examinations. See the FAST Pass form for complete instructions to obtain an electronic fingerprint appointment.

3 **Arrive at your scheduled appointment with your FAST Pass.** After your fingerprints and photograph are taken, the technician will give you a receipt stating that you were fingerprinted. Do not throw away the receipt. You will not get a printed fingerprint card. Your fingerprints will be sent electronically to DPS and the FBI.

4 **Attach a copy of the fingerprint receipt to your application.** A FAST Pass receipt must be attached for each individual required to provide fingerprints. Each individual must keep the original FAST Pass receipt for their records.

Exception to Electronic Fingerprinting:

When electronic fingerprinting is not available, the following process must be followed.

1 **Print and complete the FAST Fingerprint Card Scan Authorization Form from TDI's website, www.tdi.texas.gov/forms/form11.html**. ALL information requested on the FAST Fingerprint Card Scan Authorization Form MUST be provided. That includes sex, race, date of birth and place of birth, home address, etc. If the required information is not provided, the fingerprint card cannot be processed.

2 **Get fingerprinted by a criminal law enforcement agency on an original APPLICANT fingerprint card that includes Texas Department of Insurance ORI TX920540Z.** ALL requested information must be provided on the fingerprint card and the card must be signed by the person fingerprinted and the official taking the fingerprints. Blank cards may be obtained from TDI by calling 512-322-3503 or e-mail request to License at **www.tdi.texas.gov**. All fingerprints MUST be captured by a law enforcement agency.

3 **Make check for $44.20 payable to "L1 Enrollment Services".**

4 **Mail the completed Fingerprint Card Scan Authorization Form, original fingerprint card and check to:**

L1 Enrollment Services
1650 Wabash Avenue, Suite D
Springfield, IL 62704

5 Wait for a FAST receipt from L1 Enrollment Services. The FAST receipt must be attached to the completed Application for Insurance Agency License at the time it is mailed to the Texas Department of Insurance. The FAST receipt allows TDI to locate criminal history information on the individual.

Fingerprints provided for 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.

TDI cannot complete processing an entity application until it receives a criminal history report from DPS and FBI for each individual listed in Part II that is required to furnish a fingerprint receipt.

References: You may view the Texas Insurance Code at **http://www.statutes.legis.state.tx.us/?link=IN** and the Texas Administrative Code at **http://info.sos.state.tx.us/pls/pub/readtac$ext.ViewTAC?tac_view=3&ti=28&pt=1**.