

For Non-Resident applications

<https://www.sircon.com/index.jsp>

The screenshot shows the Sircon website homepage. At the top, there is a navigation menu with links for Solutions, Services, Resources, and About Us. A blue callout bubble with the word "SELECT" in white capital letters is positioned on the left side, with an arrow pointing to the "Apply for a License" button. The main content area features the headline "Complete. Connected. Compliant." followed by a sub-headline: "Sircon helps you save money, reduce compliance risk, and accelerate time-to-revenue by getting and keeping agents / advisors authorized to sell." Below this, there are six orange buttons arranged in two rows: "Apply for a License", "Renew or Reinstatement a License", "Check Application / Renewal Status", "Print a License", "Look up Courses or Transcript", and "View a list of all services". At the bottom, there is a text box with the prompt "Tell us about yourself, and we'll help you find the best Sircon solution for you!" and a label "TELL US WHO YOU ARE:".

Select **"Apply for a License"**

License Applications | Sirco... x

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McAfee

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## License Applications

**i** If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

### NEW INSURANCE LICENSES

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

### NEW ADJUSTER LICENSES

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

### OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

*You'll be able to select a license type on following screens*

Select "**Other Licenses**"

Browser address bar: <https://uat.sircon.com/ComplianceExpress/LicenseApplication>

### License Applications

**i** If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

### NEW INSURANCE LICENSES

Start an application for a new license or add new lines of authority to an existing license [New Insurance License](#)

Is this a Resident or Non-Resident license?	<input type="radio"/> Resident	<input checked="" type="radio"/> Non-Resident
Are you an individual or a firm?	<input type="radio"/> Individual	<input checked="" type="radio"/> Firm

[Cancel](#) [Continue](#)

### NEW ADJUSTER LICENSES

Start an application for a new adjuster license or add new lines of authority to an existing license [New Adjuster License](#)

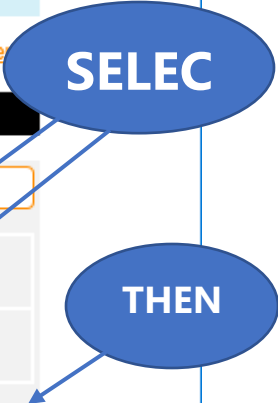
### OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

*You'll be able to select a license type on following screens*

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Select **“Non-Resident”**, then select **“Firm”**, and then **“Continue”**.

Browser window showing the "Firm Non-Resident License Application" page. The "Resident State" dropdown menu is open, listing states from Alabama to Nevada. A blue callout box with the text "Select your State of Residency" has an arrow pointing to the dropdown menu.

Browser address bar: <https://uat.sircon.com/ComplianceExpress/LicenseApplications/sel>

Page Title: Firm Non-Resident License Application

Resident State: \* Required [I do not have a resident license](#)

Dropdown Menu Options:

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- District of Columbia
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada

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Select your **State of Residency**.

### Firm Non-Resident License Application

**Resident State**  \* Required *I do not have a resident license*

**EIN**  \* Required

**Resident License Number**  \* Required

**Agency Type**  \* Required

**Preparer**  Applicant  Authorized Submitter \* Required

Complete the information required

### States

Some states will accept license applications submitted electronically, while other states will accept only paper applications. If you are applying to a state or states accepting electronic applications, Sircon will collect your information and submit your application electronically. For paper only states, you must print paper copies of the forms and mail them to the appropriate state offices.

- Show states accepting electronic applications
- Show all states

Not all license types are available in all states. Click on a state name below to view the license types available in that state. If the type you seek is not available, do not continue for that state. Instead you will need to contact the state to find out their requirements for application.

**GEORGIA** - Principal and Branch Agency Requirements: An agency must have at least one Georgia Principal Agency license prior to obtaining Branch Agency licenses. The Principal Agency license can either be a resident or nonresident location. Before submitting a Branch Agency application, confirm that an active Principal Agency license exists for the EIN that will be used on the Branch Agency application.

**CALIFORNIA** - Sole proprietorship may not apply electronically using the business entity uniform application, they must apply as an individual.

**CALIFORNIA** - Business Entities applying as a Limited Liability Company (LLC's): LLC's are required to provide proof of satisfying the security requirements of Section 1647.5 of the California Insurance Code when applying for an insurance license and once licensed, must also file with the Commissioner an annual confirmation of coverage demonstrating continued compliance with the financial security requirements. Additional LLC application filing information, annual certification of coverage information, and links to forms that can be used as proof of fulfilling the security requirements, please go to the following link for Business Entity Limited Liability Company Requirements (<http://www.insurance.ca.gov/0200-industry/0020-apply-license/0300-business-license/business-entity-limited-liability.cfm>)

**Attention Georgia Applicants:** You are required to submit Citizenship Affidavit Form GID-276-EN with your application. Please copy and paste the following link into your browser to get the Citizenship Affidavit form: <https://oci.georgia.gov/citizenship-affidavit>.

Browser address bar: <https://uat.sircon.com/ComplianceExpress/LicenseApplications/sel>

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<input type="checkbox"/> <a href="#">Alabama</a>	<input type="checkbox"/> <a href="#">Indiana</a>	<input type="checkbox"/> <a href="#">Nebraska</a>	<input type="checkbox"/> <a href="#">Rhode Island</a>
<input type="checkbox"/> <a href="#">Alaska</a>	<input type="checkbox"/> <a href="#">Iowa</a>	<input type="checkbox"/> <a href="#">Nevada</a>	<input type="checkbox"/> <a href="#">South Carolina</a>
<input type="checkbox"/> <a href="#">Arizona</a>	<input type="checkbox"/> <a href="#">Kansas</a>	<input type="checkbox"/> <a href="#">New Hampshire</a>	<input type="checkbox"/> <a href="#">South Dakota</a>
<input type="checkbox"/> <a href="#">Arkansas</a>	<input type="checkbox"/> <a href="#">Kentucky</a>	<input type="checkbox"/> <a href="#">New Jersey</a>	<input type="checkbox"/> <a href="#">Tennessee</a>
<input type="checkbox"/> <a href="#">Colorado</a>	<input type="checkbox"/> <a href="#">Louisiana</a>	<input type="checkbox"/> <a href="#">New Mexico</a>	<input type="checkbox"/> <a href="#">Texas</a>
<input type="checkbox"/> <a href="#">Connecticut</a>	<input type="checkbox"/> <a href="#">Maine</a>	<input type="checkbox"/> <a href="#">North Carolina</a>	<input type="checkbox"/> <a href="#">Utah</a>
<input type="checkbox"/> <a href="#">Delaware</a>	<input type="checkbox"/> <a href="#">Maryland</a>	<input type="checkbox"/> <a href="#">North Dakota</a>	<input type="checkbox"/> <a href="#">Vermont</a>
<input type="checkbox"/> <a href="#">District of Columbia</a>	<input type="checkbox"/> <a href="#">Michigan</a>	<input type="checkbox"/> <a href="#">Ohio</a>	<input type="checkbox"/> <a href="#">Virginia</a>
<input type="checkbox"/> <a href="#">Georgia</a>	<input type="checkbox"/> <a href="#">Minnesota</a>	<input type="checkbox"/> <a href="#">Oklahoma</a>	<input type="checkbox"/> <a href="#">West Virginia</a>
<input type="checkbox"/> <a href="#">Hawaii</a>	<input type="checkbox"/> <a href="#">Mississippi</a>	<input type="checkbox"/> <a href="#">Oregon</a>	<input type="checkbox"/> <a href="#">Wisconsin</a>
<input type="checkbox"/> <a href="#">Idaho</a>	<input type="checkbox"/> <a href="#">Missouri</a>	<input type="checkbox"/> <a href="#">Pennsylvania</a>	<input type="checkbox"/> <a href="#">Wyoming</a>
<input type="checkbox"/> <a href="#">Illinois</a>	<input type="checkbox"/> <a href="#">Montana</a>	<input type="checkbox"/> <a href="#">Puerto Rico</a>	

*Click on a state name to view the license types available for each submission method.*

= Paper Application only

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### Payment Method



Credit Card/Electronic Check Submission  
\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Sircon insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.  
\*\* We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. \*\*

I am actively working with a Sircon insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

*The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.*

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Complete the information required, select "Texas", then select "Continue".

### Firm Non-Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)

#### License Information

Select State License Type	Previously licensed?
<small>Texas: You must forward Attachments to the state before this agency application will be reviewed by the state. Click on "Additional State Requirements" link below for details. General Lines Agency includes two qualifications: LAH and P&amp;C. Life Agency is limited to Life and Annuity. It does not include authority for Accident and Health. The General Lines Agency authorizes an agency for Life, Accident and Health. Personal Lines Property and Casualty Agency does not include authority for Commercial. General Lines Agency is required for Commercial. Verify the License Type/Qualification is the correct License Type/Qualification.</small>	
<input type="checkbox"/> Adjuster	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> County Mutual Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Life Agcy Not Exceed \$25,000	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Limited Lines Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Managing General Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Pre-Need Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Public Insurance Adjuster	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Risk Management	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Speciality Insurance Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No
<input type="checkbox"/> Surplus Lines Agency	<input type="radio"/> Yes <input checked="" type="radio"/> No

Select **License type**,  
Answer  
Previously  
Licensed  
Question.  
Then Select **Continue**

[Click here to view state requirements](#)

Cancel Back Continue

**THEN**

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### Firm Non-Resident License Application

*Lines of authority that are currently held by the producer in the non-resident state will appear below, but they will not be selectable.*

#### Qualification Information for State of Texas: Specialty Insurance Agency

##### Qualification Code

*\* At least one qualification must be selected.*

Credit  Rental Car Company  Travel

Portable Electronic Devices  Self-Service Storage Facility

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Select the **Qualification Code**, then select **“Continue”**.



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### Firm Non-Resident License Application

#### Agency Information

*'Sole Proprietorship business entities are not accepted electronically at this time.'*

FEIN  \* Required

Firm Name  \* Required

Alias Name

Incorporation Date  MM-DD-YYYY \* Required (mm-dd-yyyy)

License Number  \* Required

Agency Type Code Corporation

Domicile Country  \* Required

Affiliated with a Bank?  \* Required

Email Address  \* Required

Business Web Address

FINRA CRD Identifier

#### Agency Business Address

Line One  \* Required

Line Two

Line Three

City  \* Required

State

Postal Code  \* Required

Country  \* Required

#### Agency Mailing Address

Line One  \* Required

Line Two

Line Three

City  \* Required

State

Postal Code  \* Required

Country  \* Required

#### Agency Business Phone

Phone Number  \* Required

Extension

#### Agency FAX

Fax Number  \* Required

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Fill out the required information

Address and phone and Fax number information is required.

Browser window showing the "Firm Non-Resident License Application" page. The page title is "Firm Non-Resident License Application" and the section is "Owners and Officers".

**Owners and Officers**  
Please enter information into the sections below (at least one is required).

Identify all executive officers, directors, or partners who administer the applicant entity's operations in Texas and all individuals in control of the applicant entity's insurance operations. The social security number, date of birth, complete mailing address and fingerprint information must be provided for each individual listed. Additional information on those listed here must be forwarded to the state. See 'Additional State Requirements' for details.

Owner/Officer Type  \* Required

EIN/SSN  \* Required

Business Entity Name  \* Required

First Name  \* Required

Last Name  \* Required

Title  \* Required

Owner  \* Required

Percent Ownership

Birth Date  (mm-dd-yyyy) \* Required

Annotations:

- Blue box: "Add any Officers, Directors, and Owners" with an arrow pointing to the Owner/Officer Type dropdown.
- Blue box: "Select Continue" with an arrow pointing to the Continue button.

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Provide the information required for each Officer, Director, and Owner for the applicant entity.

Select "Continue".

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## Firm Non-Resident License Application

### Texas Special Insurance Agency License Questions

*All questions are required unless otherwise specified*

Please answer the following Texas Special Insurance Agency License Questions

#### Question 1

**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](http://www.cpa.state.tx.us) or call 512-463-4865 or 1-800-252-1386.

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

#### Question 2

Will the applicant entity conduct the business under the specialty insurance license in a name other than the applicant entity's full legal 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, or if a corporation, with Texas Secretary of State, must be attached to this application.**

No  
 Yes

#### Question 2A

If **"Yes"**, Enter the business or assumed name in the space below.

Answer all questions

### Question 3

Does the applicant entity understand that if **additional business or assumed names** are used, a Texas Department of Insurance form [LDTL, FIN528](#) must be filed separately with the Department for each?

- No
- Yes

### Question 4

Are you fully aware that every office location where insurance sales will be conducted under the specialty insurance license except specialty credit, 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

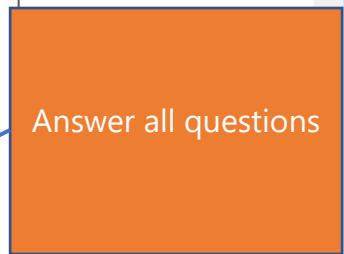
### Question 5

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.

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.

Will a copy of one of the documents listed above be attached to this application?

- No
- Yes



Browser window showing the URL: <https://uat.sircon.com/ComplianceExpress/ApplyForLicens>

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### Question 6

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 as required by the [Texas Insurance Code, Chapter 4055.012](#)?

If this question is answered "No", the license will not be issued.

No  
 Yes

---

### Question 7

Please attach the required document once you submit the application.  
A signed Appointment Certification ([FIN700](#)) form will be attached to this application.

No  
 Yes

Cancel Back Continue

Answer all questions  
Then select  
"Continue"

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## Firm Non-Resident License Application

### Uniform Background Questions - Agency

All questions are required unless otherwise specified

#### Please answer the following Uniform Background Questions - Agency

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

#### Question 1

**NOTE:** For Questions 1a, 1b, and 1c "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 no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

#### Question 1A

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

- No  
 Yes

Answer all questions carefully.

Attach any required documentation to this application after you submit the application.

### Question 1B

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

- No
- Yes

### Question 1B1

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

- No
- Yes
- Not Applicable

### Question 1B2

If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

- No
- Yes
- Not Applicable

### Question 1C

Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense?

- No
- Yes

Answer all questions carefully.

Attach any required documentation to this application after you submit the application.

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### Question 2

Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, compliance order, placed on probation, sanctioned or surrendering a license to res... 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 or registration. "Involved" also means having a license applic... denied or the act of withdrawing an application to avoid a denial. You may EXCLU... terminations due solely to noncompliance with continuing education requirements... failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

No  
 Yes

---

### Question 3

Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

No  
 Yes

Answer all questions  
**carefully.**

Attach any required  
documentation to this  
application after you  
submit the application.



Browser window showing a web application for license applications. The URL is https://uat.sircon.com/products/apply.jsp. The page contains three questions (Question 4, Question 5, and Question 6) regarding business entity notifications and legal issues. Each question includes a question text, a follow-up instruction, and radio button options for Yes/No. A comment box is provided for Question 4. At the bottom, there are buttons for Cancel, Back, and Continue.

**Question 4**

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

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

No  
 Yes

Comment

**Question 5**

Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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?

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 arbitrations, or mediation proceedings and  
c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

No  
 Yes

**Question 6**

Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

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.

No  
 Yes

Buttons: Cancel, Back, Continue

Answer all questions carefully.  
Attach any required documentation to this application after you submit the application.

Select Continue

https://uat.sircon.com/ComplianceExpress/LicenseApplication

## Firm Non-Resident License Application

### Attestation Information for State of Texas

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer, director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director, Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.

The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

I authorize the jurisdictions to which this application is made to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

I acknowledge that I am 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 as required by the [Texas Insurance Code, Chapter 4055.012](#).

I will attach the Appointment Certification form (**FIN700**) to this application signed by the appointing insurer authorized to transact insurance business in the state of Texas.

I Agree\* *Required*

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Read **Attestation** carefully,  
Select Agree

Read the Attestation carefully, then select "**I Agree**", then select "**Continue**".

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TDI TDI Home Page (3) Full Events Calendar ERS TDI TDI Home Page (2) Texas Government Power ...

## Firm Non-Resident License Application

### License Application Summary

Resident State [REDACTED]  
 Firm Name [REDACTED]  
[Review License Application](#)

### Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
Texas	Specialty Insurance Agency	Credit	\$50.00
State Fee Total			\$50.00
Sircon Service Fee			\$12.50

### Fee Summary

Electronic Applications State Fee Total	\$50.00
Sircon Service Fee Total	\$12.50
Processing Fee Total	\$2.79
<b>Total</b>	<b>\$65.29</b>

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

I understand that all license application fees are non-refundable.

[Click here to view additional state requirements](#)

I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to:

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Review complete application.

Also, Review **ASR** document carefully **before** submitting the application.

Must be checked

Supply / Verify email address

Select Submit

The applicant must check the box next to "I understand that all license application fees are non-refundable."

## Firm Non-Resident License Application

### License Application Additional State Requirements

#### Texas - Specialty Insurance Agency

- **Before Submitting Your Application Verify the License Type/Qualification is the correct License Type/Qualification.**
- **To ensure proper processing of application, please note the following:**
  - Enter all data for the application in CAPS only.
  - Do not enter a P.O. Box address in the Business address field.
  - Do not enter punctuation in any address field.
  - Verify the **background questions** were answered correctly before the application is submitted.
- **Method of Submitting:** After submitting your license application electronically to the Texas Department of Insurance, print a copy of the license application to retain for your own records; DO NOT mail it to the state.
- All required attachments including documentation required in response to a "Yes" answer on a background or other requirements should be submitted to the state as follows:
  - (1) On the License Application Confirmation page or the License Application Activity Inquiry, the applicant offered the Attach Supporting Documents button (paperclip icon) in the Action column.
  - (2) Click the button to open the Attach Supporting Documents page.
  - (3) There you can browse for the electronic document on your computer system, provide a description to the reviewer, and
  - (4) upload the document(s) to the license application.If you do not have scan capability, fax all the required documents to the number listed below or mail to:
- **Texas Department of Insurance**  
Agents Licensing Division - MC-CO-AAL  
PO Box 12030,  
Austin, TX 78711-2030  
Phone: (512) 676-6500  
Fax: (512) 490-1052
- **Additional Information:**
- **Verify you have attached the Appointment Certification form (FIN700)** to this application signed by the appointing insurer authorized to transact insurance business in the state of Texas. The form is located: <http://www.tdi.texas.gov/forms/form11apps.html>.
- **Verify that a training program** approved by the Texas Department of Insurance has been completed for the kind of insurance authorized under this Specialty license.
- **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?
- For each **Entity** listed in response to the Owners:
  - Provide an attachment detailing the name and address of all individuals and entities that have control 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. This attachment may be in the form of an organization chart.
  - Submit the **Mailing Address** of each Owner, Officer, Director, Partner, and Member to the Texas Department of Insurance prior to license approval.
- **Business Authority in Texas:** Most entities are required to register to do business in this state prior to obtaining an insurance license.
  - All **resident** and non-resident 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. Resident 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](http://www.sos.state.tx.us) or call 512-463-5701.
  - 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.

Review ASR  
document  
carefully.

Select close once  
read.

**Franchise Tax Requirements:**

- Entities are not required to provide the Department of Insurance 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](http://www.cpa.state.tx.us) or call 512-463-4865 or 1-800-252-1386.
- 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 corporate license holder if the person, individually or acting with others, directly or indirectly, holds with power to vote, owns, or controls, or holds proxies representing, at least 10 percent of the voting stock or voting rights of the corporate license-holder, or
  - 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.
- To check on the **status of your application**, please use the following steps:
  - In your web browser, go to [www.sircon.com/Texas](http://www.sircon.com/Texas)
  - Click on the "Check License Application Status" link in the left hand column
  - Enter your confirmation ID number, EIN and Producer Type
  - Click the Submit button
- Once your license renewal is approved, it may be printed at [www.sircon.com/Texas](http://www.sircon.com/Texas). There will be no fee for printing your license for 30 days from the date the license application was approved.
- Once 30 days have passed since your license was approved, a processing fee will be charged to print your license.
- If you obtain a Sircon account (available at no cost), there is no fee for printing your license from your Sircon account at any time. Refer to [www.sircon.com/Texas](http://www.sircon.com/Texas) for information on Sircon accounts.

Close This Window

Review **ASR**  
document  
carefully.

Select close once  
read.

This is a **sample** of what you will see after you submit your application. This screen will provide you the opportunity to attach required documentation with your application submission. Be sure to provide a **Document Description** to each attached file.

## Attach Supporting Documents

### License Applications

*You may attach files to the license applications below.*

State	License Number	License Type	Date Submitted	Status
TX	[REDACTED]	[REDACTED]	05-11-2020	Submitted

### Attachments

- Use the fields below to locate and describe documents to attach to your license application requests.
- Clearly identify why you are attaching the document in the Document Description field.
- Note that the attachments you provide will only be sent to the specific states listed above.
- Please see the FAQs below for more information.

Select a Document  No file chosen

Document Description

### Frequently Asked Questions

- How do I know what documents to attach for each state?
- What if I don't have the documentation right now, or I don't have an electronic copy?
- Why can't I attach documents to other license applications?
- Are my documents secure when I attach them?
- What if I do not see my license listed above?

Choose a file to **attach** to your submission, attach the file, provide a Document Description, then click submit

Be sure to add a Document Description to each attached file.