

Application for insurance agency license

Applicant General Information Guide begins on Page 14.

Use this application to apply for a Texas insurance agency 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. Answering "yes" to any screening question may extend processing time. Failure to disclose criminal history information may result in denial of license.

Part I (to be completed by all applicants)

License types: (check only one per application)

- | | |
|--|--|
| <input type="checkbox"/> Risk Manager | <input type="checkbox"/> County Mutual |
| <input type="checkbox"/> Funeral Prearrangement Life | <input type="checkbox"/> Life Insurance Not Exceeding \$25,000 |
| <input type="checkbox"/> Life and Health Insurance Counselor | |

License fees: Fees are **\$50** per license type. **\$75** fee required for license that has been expired for more than 90 days but less than one year. Make check or money order payable to the Texas Department of Insurance. **All license fees are nonrefundable and nontransferable.**

Entity type: See descriptions on page 13, and check your entity type.

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input type="checkbox"/> Depository Institution |
| <input type="checkbox"/> Farm Credit Administration | | |

Entity information: Read carefully and provide all requested information.

Entity name _____

Print full legal name of entity (the name must be the same as on the official formation document)

1 Entity'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 _____

(Numbers Assigned by The Texas Comptroller Will Not Be Accepted)

Daytime phone number _____ Ext _____

2 Official mailing address: This is the address of record with TDI.

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

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

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

4 Entity's email address (required): Email is our preferred method of communication.

Email address _____

5 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 to the license being applied for in this application? No Yes

If yes, we 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–Biographical information

Responsible individuals/entities and fingerprint requirement

This page must be completed for **responsible individuals** with all applicable information described below. Page 3 must be completed for **responsible entities** with all applicable information described below.

Responsible individuals/entities 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. See Page 9 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 2, 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 Texas license number, if the individual holds a license.

Fingerprints: Each individual listed on Page 2 must provide a copy of a fingerprint receipt from IdentoGo. See our [Fingerprint Requirements and Instructions](#) for detailed information.

The fingerprint requirement is waived 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
- 3** The nonresident applicant entity holds an active entity license that is similar to the license requested on this application in their resident state.

For each responsible entity listed on Page 3, 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.

Responsible individuals

Feel free to make as many additional copies of this page as necessary. Please mark one of the selection boxes if fingerprint is not required.

First Name

Middle name

Last name

Suffix

Title _____ **Social Security number** _____

Date of birth (MM/DD/YYYY) _____ TDI license number _____

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

- Individual or entity is currently licensed in the resident state with a license similar to the license applied for on this application, or
- Individual is a nonresident and has attached criminal history records from individual's resident **state's law enforcement agency**, or

First name	Middle name	Last name	Suffix
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Title _____ **Social Security number** _____

Date of birth (MM/DD/YYYY) _____ TDI license number _____

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

- Fingerprint receipt from IdentoGO is attached (see our [Fingerprint Requirements and Instructions](#) document for complete fingerprinting instructions), or
- Individual has active TDI License No. _____, 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, or
- Individual is a nonresident and has attached criminal history records from individual's resident **state's law enforcement agency**, or

Applicant nonresident entity is currently licensed in resident state.

First name Middle name Last name Suffix

Title _____ **Social Security number** _____

Date of birth (MM/DD/YYYY) _____ TDI license number _____

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

- Fingerprint receipt from IdentoGO is attached (see our [Fingerprint Requirements and Instructions](#) document for complete fingerprinting instructions), or
- Individual has active TDI License No. _____, 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, or
- Individual is a nonresident and has attached criminal history records from individual's resident **state's law enforcement agency**, or
- Applicant nonresident entity is currently licensed in resident state

Responsible Entities

Refer to Page 2 for instructions to complete this page. Feel free to make as many additional copies of this page as necessary.

Entity's full legal name _____

FEIN _____

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

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

Entity's full legal name _____

FEIN _____

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

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

Entity's full legal name _____

FEIN _____

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

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

Entity's full legal name _____

FEIN _____

Street, Route, or P.O. box _____

City _____ State _____ ZIP _____

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 before 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 obtained from the Texas Secretary of State’s office or other state’s authorizing department (if a nonresident entity). If the applicant entity was organized in a state other than Texas, provide documentation that demonstrates the entity was organized under the laws of that state. Resident and nonresident entities may be required to register with the Texas Secretary of State. Visit the Texas Secretary of State’s website at www.sos.state.tx.us or call 512-463-5701.
 - 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.
- 2** In your organization documents, is the entity authorized to engage in the business of insurance as an agent, or as an adjuster, 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 a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter from the Texas Comptroller to obtain an agency license. However, your entity might still be a taxable entity subject to Texas franchise tax. To determine if your entity is subject to Texas franchise tax, visit the Texas Comptroller of Public Accounts website at www.cpa.state.tx.us or call 512-463-4865 or 1-800-252-1386.

I understand that the entity is responsible for contacting 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 the applicant is a nonresident holding an active similar license in their resident state. 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. All bonds must be payable to the Texas Department of Insurance. [Licensing Corporate Insurance Agents Bond](#) (TDI form FIN505). The E&O certificate must list the applicant as the named insured, and the policy must be a minimum of \$250,000 with a deductible of not more than 10% of the full amount of the policy. We will verify the nonresident entity license.

Evidence of financial responsibility: (select one)

- Bond
- E&O certificate of insurance
- Hold a resident license in another state

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, has been convicted of a felony involving dishonesty or breach of trust, or an offense under 18 U.S.C. 1033, the application will not be processed until you submit a signed and notarized request for written consent with all supporting documentation.

- 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 that 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 that 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 jurisdictions: _____

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 initiated the lawsuit or arbitration, and
- c. a copy of the official document that 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 [Registration of Assumed Name / Branch Locations / Entity Name Change form](#) (TDI Form FIN528).

Part V–Certification

I certify that I have personally and completely answered each of the questions in this application 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 Texas Department of Insurance rules and regulations that relate to the license for which I am applying and the grounds under which the license may be denied, suspended, revoked, or nonrenewed.

I understand that fingerprints provided for this application will 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 30 days of any disciplinary action taken against it or any individual associated with the entity who is required to file biographical information with TDI.

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

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 titled **"Your rights"** (see Page 9).

I understand all applications are subject to further review. Answering "Yes" to a screening question could extend processing times. **Failure to disclose criminal history information may result in denial of license.**

The entity 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 do 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

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 he or she 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 _____

Part VI–Notice of Appointment for Life Insurance not exceeding \$25,000, Funeral Prearrangement Life, County Mutual applicants.

Most license appointments can be submitted electronically through [National Insurance Producer Registry](#) or [Sircon for States](#). Subagent appointments must be made by submitting the paper [FIN501 Notice of Appointment form](#).

A \$10 nonrefundable fee is required for each appointment.

Written appointment verification from TDI is not required for an agent to be given supplies and allowed to accept business, if the appointment is filed within 30 days of its effective date in the carrier's record. 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.

Information regarding appointments can be accessed from our [Appointment Transactions](#) web page.

General information

Detailed license type information can be found on our [Agent and adjuster licensing](#) web page.

Mail this application, along with any fees and required attachments to:

Agent and Adjuster Licensing Office, MC 107

Texas Department of Insurance

P.O. Box 12069

Austin TX 78711-2069

Your rights: You can request information we have about you by emailing OpenRecords@tdi.texas.gov or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code 112-1C) Austin, Texas 78714-9104. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code 113-1C), Austin, Texas 78714-9104.

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 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 [Registration of Assumed Name/Branch Locations/Entity Name Change Form](#) (TDI Form FIN528).

A completed LDTL form (FIN528) must also be submitted to notify TDI 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 TIC §4001.254. If the official mailing address changes, an officer or partner of the entity must notify TDI, in writing by mail to:

Agent and Adjuster Licensing Office, MC 107

Texas Department of Insurance

P.O. Box 12069

Austin TX 78711-2069

You can get the [Licensee Name/Address Change Request Form](#) (TDI Form FIN533) on our [Information Update Forms](#) web page at <http://www.tdi.texas.gov/forms/form11update.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% 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% of the voting stock or voting rights of the corporate 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.

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 must notify TDI 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 [Biographical Form and](#)

[Certification of License Qualification Following a Change of Control form](#) (TDI Form FIN531). You can get this form on our [Information Update Forms](#) web page at <http://www.tdi.texas.gov/forms/form11update.html>.

Fingerprinting: The fingerprint requirement is authorized in Texas Insurance Code Section 801.056 and amended 28 TAC Sections 1.501 and 1.503-1.509.

We encourage all resident applicants to use 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.

Detailed information about fee requirements and [Fingerprint Requirements and Instructions](#) is on our [web site](#).

We cannot process an application until we receive a criminal history report from DPS and FBI for applicants required to provide a fingerprint receipt.

Fingerprints provided for this application are 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.

References: You can view the [Texas Insurance Code](#) and the [Texas Administrative Code](#).