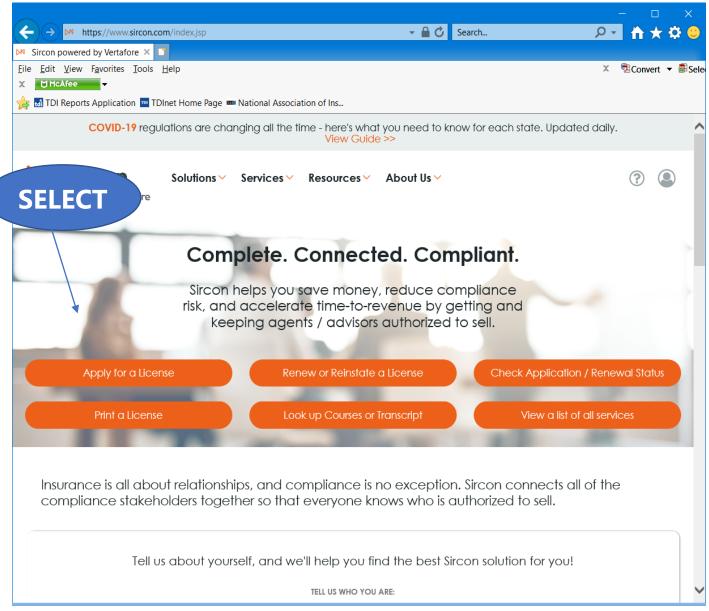
## For Resident applications

## https://www.sircon.com/index.jsp



Select "Apply for a License"

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License Applications		
1 If you have recently submitted an address change request to your resident state, ple	ase allow 5 to 7 business days for	
processing before submitting a new or updated license application.		
processing before submitting a new or updated license application.		SELE
Check the Status of an Existing Application	Renew an Existing License	
NEW INSURANCE LICENSES		
Start an application for a <b>new license</b> or <b>add new lines of authority</b> to an existing license	New Insurance License	
NEW ADJUSTER LICENSES		
Start an application for a <b>new adjuster license</b> or <b>add new lines of authority</b> to an existing	New Adjuster License	
license		
OTHER LICENSES		
Additional non-resident licenses that do not require an active resident license on the National Producer Database	Other Licenses	
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	following screens	
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Select "New Insurance License"

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Check the Status of an Existing Application	R	enew an Existing License	$\frown$	
NEW INSURANCE LICENSES				
Start an application for a new license or add new lines of authority to an existing	g license New	Insurance License		
Is this a Resident or Non-Resident license?	Resident	O Non-Resident	TF	IEN
Are you an individual or a firm?	◯ Individual	• Firm		
		Cancel Continue		
NEW ADJUSTER LICENSES				
Start an application for a new adjuster license or add new lines of authority to a license	an existing Nev	w Adjuster License		
OTHER LICENSES				
Additional non-resident licenses that do not require an active resident license on th Producer Database	ne National	Other Licenses		
	You'll be a following s	able to select a license type on screens		
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Select "Resident", select "Firm" for resident state license, and then "Continue".

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A paper copy of end of		ted license appl regardless of su					information,
		-					Select <b>Texas</b> ,
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Click on CALIFORNIA - Sole pro		v the license types availab of apply electronically u					Then Select <b>Continue</b>
they must apply as an in	ndividual.	s oppry electronically u	ang the pushess entit	y annon'n application,			
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applying for an insuranc confirmation of coverage	e license and onc	e licensed, must also fil	e with the Commission	ner an annual			
Additional LLC application that can be used as pro-	on filing informatio	n, annual certification o	f coverage information	n, and links to forms			/
Entity Limited Liability C license/0300-business-li	ompany Requirem	nents (http://www.insura	ance.ca.gov/0200-indu				
Attention Georgia Applic Form GID-276-EN with	cants: Beginning J vour application. T	anuary 1, 2012, you are his form is available on	e required to submit Ci the state website at	tizenship Affidavit	ſ		
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O Connecticut	O Louisiana	O New Hampshire	O Rhode Island				
O Delaware	O Maine	O New Jersey	O South Carolina				
O District of Columbia	O Maryland	O New Mexico	O South Dakota				
O Georgia	O Michigan	O North Carolina	O Tennessee				
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	States Acce	pting Paper License	e Applications				
	There are currently	r no states accepting pape	r license applications.				
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		Payment Method					
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transaction fee. I under	rstand that I am resp	ce carrier, agency or partn onsible for paying any fee	s not paid for by the carri	er/agency/partner.			
** We accept VISA, MA	ASTERCARD, AMER	RICAN EXPRESS, DISCO	VER and electronic checi	ks. **			
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The information on the foll Producer Database a A Su	lowing pages may in nd may contain infor mmary of Consumer	clude information provided mation subject to the Fair r Rights is provided <u>Here</u> ,	t from the National Insura Credit Reporting Act, 15 and/is available for viewi	ance Producer Registry's U.S.C. 1081 et seq. Ing.			
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Firm 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: <u>State Information Center</u>	
State Texas	
License Type Adjuster County Mutual Agency General Lines Agency Life Agency Life Agency Life Agy Not Exceed \$25,000 Limited Lines Agency Managing General Agency Pers Lines Prop and Cas Agency Pre-Need Agency Pre-Need Agency Public Insurance Adjuster Risk Manager Specialty Insurance Agency Previously licensed ? Yes No	Select the <b>License type</b> , Answer Previously Licensed Question. Then Select <b>Continue</b>
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Select the license type, answer the Previously Licensed question, then select "Continue".

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Firm Resident License Application	Select the	
Lines of authority that are currently held by the producer in the resident state will appear below, but they will not be selectable.	Qualification Code, Then Select Continue	
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		
Cancel Back Continue		
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Select the Qualification Code, then select "Continue".

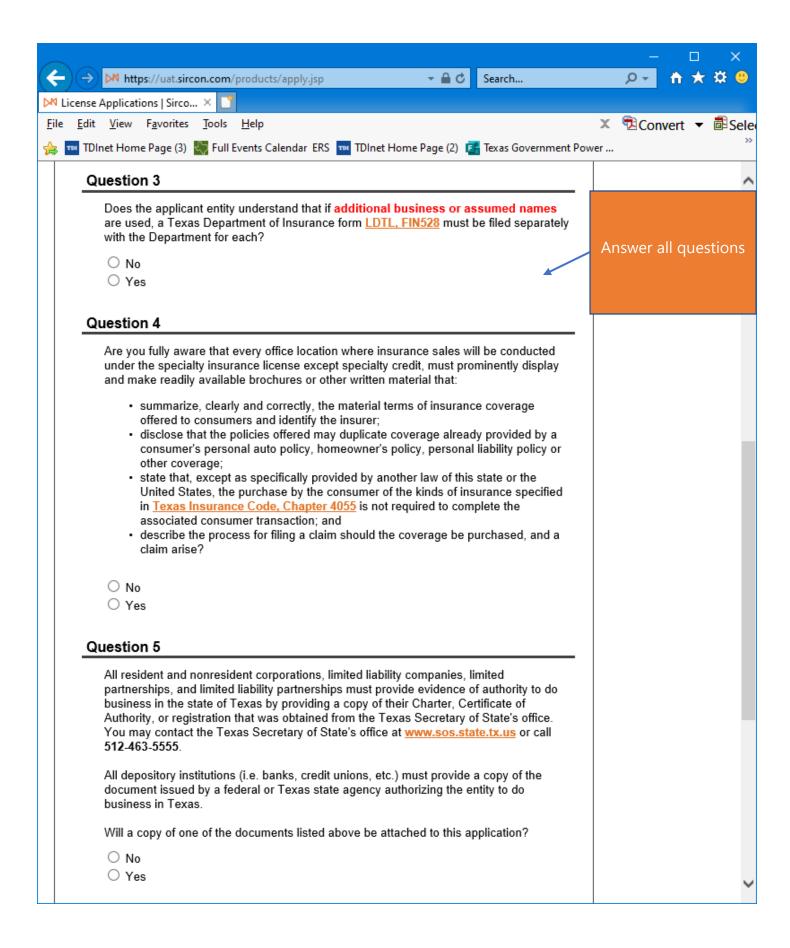
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FEINS			
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Alias Name			Fill out the required
Incorporation Date	MM-DD-YYYY 🧰 * Required (mm-dd	z-30303)	information
Agency Type Code	∨ *7	leguired	
Domicile Country		✓ * Required	
Affiliated with a Bank?	✓ * Required	_	
Email Address		* Required	
Business Web Address			
FINRA CRD Identifier			
Agency Busin	ess Address		
The Business address must be the physical business addres maintained, DO NOT enti		ransactions are	
			Address and phone
Line One		* Required	
Line Two			number information
Line Three			is required.
City		sguired	
State	×		
Postal Code	* Required		
Country		✓ * Required	
Agency Maili	ing Address		
Mailing address will be used as the address of record with TDI. 7	Texas requires the Mailing Address to be in	the resident state.	
Line One		* Paguinad	
Line Two		* Required	
Line Three			
City	* R/	equired	
State	~		
Postal Code	* Required		
Country		🗸 = Required	
Agency Busi	ness Phone		
Phone Number	* Required		
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Firm Resident License Application					
Owners an	d Officers				
Please enter information into the sect	tions below (at least	one is required).			
Identify all executive officers, directors, or partners who ac individuals in control of the applicant entity's insurance complete mailing address and fingerprint information i information on those listed here must be forwarded to the	e operations. The s must be provided f	ocial security nui or each individua	mber, date of birth, I listed. Additional	all	
Owner/Officer Type		✓ * Required			
EIN/SSN		* Required		Add any Officers, Directors, and	
Business Entity Name		Owners			
First Name	* Required			Owners	
Last Name			* Required		
Title			* Required		
Owner	✓ * Requir	ed	4		
Percent Ownership				Select Continue	
Birth Date	MM-DD-YYYY	🧰 (mm-dd-yyyy	)* Required		
Add More Owners and Officers					
Cancel Bac	k Continue				
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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 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		
	Answer a	all 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 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 <b>copy of an assumed name certificate</b> 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.		



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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 <u>Texas Insurance Code, Chapter 4055.012</u> ?	Answer all questions Then select
If this question is answered "No", the license will not be issued.	"Continue"
○ No ○ Yes	
Question 7	
Please attach the required document once you submit the application. A signed Appointment Certification <u>(FIN700)</u> form will be attached to this application.	
O No O Yes	
Cancel Back Continue	
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Firm 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		Answ	er al	ll qu	Jesti	ons	
Applicant must include an original signature.			care	eful	ly.		
Question 1		Attac	h ar	hy r	eaui	red	
	in a	docun					
<u>NOTE:</u> 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				application after yo			
contendere or no contest, or having been given probation, a suspended sentence or a fine.			. the	ар	plica	ition.	
If you answer yes to any of these questions, you must attach to this application:		_					
<ul> <li>a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,</li> </ul>	I						
b) a copy of the charging document,							
c) 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 a misdemeanor, had a judgment withheld or deferred or is the business entity or							
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: tra	ffic						
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 i juvenile court.)	in						
O No O Yes							
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	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 a juvenile court.)	Answer all questions carefully.
	○ No ○ Yes	Attach any required documentation to this
	Question 1B1	application after you submit the application.
	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?	
	<ul> <li>○ No</li> <li>○ Yes</li> <li>○ Not Applicable</li> </ul>	
	Question 1B2	
	If so, was consent granted? (Attach copy of 1033 consent approved by home state.)	
	<ul> <li>○ No</li> <li>○ Yes</li> <li>○ Not Applicable</li> </ul>	
	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	~

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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?	Answer all questions
"Involved" means having a license consured auspended, reveked, canceled	carefully.
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a	Attach any required
compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an	documentation to this
administrative or arbitration proceeding, which is related to a professional or	application after you
occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE	submit the application.
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) 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,	
<li>b) a copy of the Notice of Hearing or other document that states the charges and allegations, and</li>	
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	
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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	Answer all questions carefully.
	Attach any required
Question 5	documentation to this
	application after you
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?	submit the application.
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.	Select Continue
○ No	
○ Yes	
Cancel Back Continue	~

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

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License Application Summary		
State to Apply Texas Firm Name MIKES FIRM <u>Review License Application</u>		Review complete application.
Electronic Applications Dest. State License Type Qualification Type T	Fotal State Fee	Alaa
Texas Specialty Insurance Agency Credit	\$50.00	Also,
State Fee Total	\$50.00	Review <b>ASR</b>
Sircon Service Fee	\$8.55 C	locument carefully
		<b>before</b> submitting
Fee Summary		the application.
Electronic Applications State Fe	e Total \$50.00	
Sircon Service Fee Total	\$8.55	
Processing Fee Total	\$2.63	
Total	561.18	Must be
		checked
Note: The above amount will not be charged to your credit card until you complete the payment process button to proceed with the payment process.	Click the Submit	
□ I understand that all license application fees are non-refundable.		
Click here to view additional state requirements	S	Supply / Verify
		email address
✓ I would like to receive email notifications concerning state insurance deadlines, renewal ne electronic services and related issues.	otices, new	
Please send email notifications to: test@tdi.texas.gov		
		Select Submit
Cancel Back Submit		
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The applicant must check the box next to "I understand that all license application fees are non-refundable."

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Firm Resident License Application			~
License Application Additional State Requirements			
Texas - Specialty Insurance Agency <ul> <li>Before Submitting Your Application Verify the License Type/Qualification is the correct License</li> </ul>			
Type/Qualification.  • To ensure proper processing of application, please note the following:			
<ul> <li>Enter all data for the application in CAPS only.</li> <li>Do not enter a P.O. Box address in the Business address field.</li> <li>Do not enter punctuation in any address field.</li> </ul>			
<ul> <li>Verify the background questions were answered correctly before the application is submitted.</li> <li>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</li> <li>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:</li> </ul>			
(1) On the License Application Confirmation page or the License Application Activity Inquiry, the applicant v offered the Attach Supporting Documents button (paperclip icon) in the Action column. (2) Click the button to open the Attach Supporting Documents page.	vill be		
(3) There you can browse for the electronic document on your computer system, provide a description to gi for the reviewer, and	ve context		
<ul> <li>(4) upload the document(s) to the license application.</li> <li>If you do not have scan capability, fax all the required documents to the number listed below or mail to:</li> <li>Texas Department of Insurance</li> </ul>			
Agents Licensing Division - MC-CO-AAL PO Box 12030,	Re	eview <b>A</b>	SR
Austin, TX 78711-2030 Phone: (512) 676-6500	d	ocumei	nt
Fax: (512) 490-1052  • Additional Information:		arefully	J.
<ul> <li>Verify you have attached the Appointment Certification form (FIN700) to this application signed by the ap insurer authorized to transact insurance business in the state of Texas. The form is located:     <a href="http://www.tdi.texas.gov/forms/form11apps.html">http://www.tdi.texas.gov/forms/form11apps.html</a>.</li> </ul>		ct close	once
<ul> <li>Verify that a training program approved by the Texas Department of Insurance has been completed for the insurance authorized under this Specialty license.</li> </ul>		read.	
<ul> <li>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:</li> </ul>			
<ul> <li>summarize, clearly and correctly, the material terms of insurance coverage offered to consumers a identify the insurer;</li> <li>disclose that the policies offered may duplicate coverage already provided by a consumer's person</li> </ul>			
<ul> <li>policy, homeowner's policy, personal liability policy or other coverage;</li> <li>state that, except as specifically provided by another law of this state or the United States, the pure</li> </ul>			
the consumer of the kinds of insurance specified in <u>Texas Insurance Code, Chapter 4055</u> is not re- complete the associated consumer transaction; and	quired to		
<ul> <li>describe the process for filing a claim should the coverage be purchased, and a claim arise?</li> <li>For each Entity listed in response to the Owners:</li> </ul>			
<ul> <li>Provide an attachment detailing the name and address of all individuals and entities that have com relationships affecting the applicant entity up to the ultimate controlling individual or entity. If an enti- trust, also give the name and address of the trustee. This attachment may be in the form of an org- chart.</li> </ul>	tity is a		
<ul> <li>Submit the Mailing Address of each Owner, Officer, Director, Partner, and Member to the Texas Department of Insurance prior to license approval.</li> </ul>			
<ul> <li>Business Authority in Texas: Most entities are required to register to do business in this state prior to obt insurance license.</li> </ul>	-		
<ul> <li>All resident and non-resident corporations, limited liability companies, limited partnerships, limited partnerships, and agricultural cooperatives must provide a copy of their Charter, Certificate of Form registration that was obtained from the Texas Secretary of State's office. Resident entities may be to register with the Texas Secretary of State. You may contact the Texas Secretary of State's office. www.sos.state.bx.us or call 512-463-5701.</li> </ul>	nation, or required		
<ul> <li>All banks and farm credit administration entities must provide a copy of the document issued by a Texas state agency authorizing the entity to do business in Texas.</li> </ul>	iederal or		~
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<ul> <li>Franchise Tax Requirements:         <ul> <li>Entities are not required to provide the Department of Insurance a current Texas Franchise Tax Certificat Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller to obtain agency license. However, your entity may still be a taxable entity subject to applicable Texas franchise ta To determine if your entity is subject to Texas franchise tax, contact the Texas Comptroller of Public</li> </ul> </li> </ul>	an	
<ul> <li>Accounts at <u>www.cpa.state.bt.us</u> or call 512-463-4865 or 1-800-252-1386.</li> <li>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:         <ul> <li>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</li> </ul> </li> </ul>	doci	ew ASR ument efully.
<ul> <li>a partnership if the person through a right to vote or through any other right or power exercises rights in t management, direction, or conduct of the business of the partnership.</li> <li>To check on the status of your application, please use the following steps:         <ul> <li>In your web browser, go to www.sircon.com\Texas</li> <li>Click on the "Check License Application Status" link in the left hand column</li> <li>Enter your confirmation ID number, EIN and Producer Type</li> </ul> </li> </ul>	Select c	lose once ead.
<ul> <li>Click the Submit button</li> <li>Once your license renewal is approved, it may be printed at <u>www.sircon.com\Texas</u>. There will be no fee for printigyour license for 30 days from the date the license application was approved.</li> <li>Once 30 days have passed since your license was approved, a processing fee will be charged to print your license.</li> <li>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 <u>www.sircon.com\Texas</u> for information on Sircon accounts.</li> </ul>	e.	
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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.

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icense Application		Choose a file to <b>attach</b> to your
	he license applications below.	submission, attac
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Be sure to add a Document Description to each attached file.