

Hawaii Application for Individual Insurance License
(Please Print or Type)

<p>Check appropriate box for license requested</p> <p><input type="checkbox"/> Resident License</p> <p><input type="checkbox"/> Non-Resident License</p> <p>Identify Home State:</p> <p>Identify Home State License #:</p>	FOR DCCA CASHIER USE ONLY	
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Demographic Information

Social Security Number	Last Name	First Name	Middle Name	JR./SR.
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you citizen of United States <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, of which country are you a citizen? <small>* If No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.</small>	

Business Entity Name				
Business Address (Physical Street)				Suite
City	State	Zip Code	Foreign Country	Phone Number
Business E-Mail Address		Business Website Address		Business Fax Number

Applicant's Mailing Address

P.O. Box	City	State	Zip Code
If assigned, National Producer Number (NPN)	If applicable, FINRA Individual Central Registration Depository (CRD) Number		Are you affiliated with a financial institutional/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No

Residence/Home Address (Physical Street)				Apartment
City	State	Zip Code	Foreign Country	Phone Number

List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

List any trade names under which you are currently doing business or intend to do business.

Employment History

37. Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Including full and part-time work, self employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
City	State		Foreign Country		
Name	Month	Year	Month	Year	Position Held
City	State		Foreign Country		
Name	Month	Year	Month	Year	Position Held
City	State		Foreign Country		

FOR HAWAII INSURANCE DIVISION USE ONLY

Entity ID:	Effective:	PDB:	Criminal:	CHR \$	130 \$
License #:	Expires:	FINRA:	Log:	GLF \$	108 \$

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Type of License Requested	
Check the license type and line(s)	
License Types (check one only):	Lines of Authority
<input type="checkbox"/> Producer <input type="checkbox"/> Managing General Agent <input type="checkbox"/> Reinsurance Intermediary Broker <input type="checkbox"/> Reinsurance Intermediary Manager <input type="checkbox"/> Surplus Lines Broker (Must be licensed as Hawaii Producer.)	<input type="checkbox"/> Accident and Health or Sickness <input type="checkbox"/> Life <input type="checkbox"/> Variable Annuities - attach copy of CRD report showing that you are registered for securities in Hawaii with FINRA <input type="checkbox"/> Casualty <input type="checkbox"/> Marine <input type="checkbox"/> Property <input type="checkbox"/> Surety <input type="checkbox"/> Vehicle <input type="checkbox"/> Personal Lines <input type="checkbox"/> Title
<input type="checkbox"/> Limited Lines Motor Vehicle Rental Company Producer	<input type="checkbox"/> Emergency Sickness; Incidental Travel; Inland Marine Personal Effects; Liability; Personal Accident; Roadside Assistance; Underinsured Motorists; Underinsured Motorists and Vehicle Related Coverage
<input type="checkbox"/> Limited Lines Producer	<input type="checkbox"/> Travel Disability <input type="checkbox"/> Travel Baggage <input type="checkbox"/> Vending Machine - Travel Baggage <input type="checkbox"/> Vending Machine - Travel Disability <input type="checkbox"/> Newspaper Accident & Sickness <input type="checkbox"/> Credit Life <input type="checkbox"/> Credit Disability <input type="checkbox"/> Credit Involuntary Unemployment <input type="checkbox"/> Credit Property <input type="checkbox"/> Credit Unemployment <input type="checkbox"/> Mortgage Life <input type="checkbox"/> Mortgage Guaranty <input type="checkbox"/> Mortgage Disability <input type="checkbox"/> Guaranteed Automobile Protection (GAP)
<input type="checkbox"/> Independent Adjuster <input type="checkbox"/> Public Adjuster <input type="checkbox"/> Workers Comp - Limited Adjuster <input type="checkbox"/> Crop - Limited Adjuster <input type="checkbox"/> Independent Bill Reviewer	

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Background Information

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes No
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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 certified copy of the charging document,
c. a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A Yes No
If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A Yes No
2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes No
"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.
If you answer yes, you must attach to this application:
a. a written statement identifying the type of license and explaining the circumstances of each incident,
b. a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
c. a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that involve funds held on behalf of others. Yes No
If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.
4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes No
If you answer yes, identify the jurisdiction(s): _____
5. Are you currently a party to, or have you 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? Yes No
If you answer yes, you must attach to this application:
a. a written statement summarizing the details of each incident,
b. a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c. a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.
6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No
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. certified copies of all relevant documents.
7. Do you have a child support obligation in arrearage? Yes No
If you answer yes,
a. by how many months are you in arrearage? Months: _____
b. are you currently subject to a repayment agreement? Yes No
c. are you the subject of a child support related subpoena/warrant? Yes No

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Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information 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.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

Original Producer Signature

Full Legal Name (Printed or Typed)

Date Field

Attachments

The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Licensing fee. Payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS.
2. For Resident Producer: Original passing exam score report of the Hawaii Insurance Exam.
3. All resident individuals are required to be fingerprinted prior to submitting a license application for initial license or license reactivation. To obtain fingerprints, schedule an appointment online at <http://www.fieldprinthawaii.com>. Fees collected by FieldPrint include state and federal submission fees. Be sure to select "Insurance Division." Otherwise, you may need to be re-fingerprinted at your own expense.
4. Surplus Lines Broker: Copy of Hawaii Producer license.
5. Independent Adjuster: Original passing exam score report of the Hawaii Insurance Adjuster Exam.
6. Workers Comp – Limited Adjuster: Original passing score report of the Hawaii Insurance Workers Compensation Adjuster Exam.
7. Crop - Limited Adjuster: Evidence of passing exam approved by federal Risk Management Agency.
8. Public Adjuster: Surety bond and original passing exam score report of the Hawaii Insurance Adjuster Exam.

INCOMPLETE APPLICATIONS WILL BE REJECTED AND RETURNED

Mail this application with applicable forms and documents to:

**ATTN: Licensing Branch
Hawaii Insurance Division
335 Merchant Street – Room 213
Honolulu HI 96813**