

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the **National Insurance Producer Registry** web site at www.nipr.com.



Uniform Application for Business Entity Insurance License/Registration

(Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____
 - Identify Home State License #: _____

Demographic Information

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year) ____		③ FEIN -	
④ If assigned, National Producer Number (NP#)			⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number		
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			⑦ State of Domicile		⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City		⑫ State	⑬ Zip Code
⑮ Phone Number (include extension) () - () - () - ()		⑯ Fax Number () - () - () - ()		⑰ Business Web Site Address	
⑱ Business E-Mail Address					
⑲ Mailing Address		⑳ P.O. Box		㉑ City	㉒ State
				㉓ Zip Code	㉔ Foreign Country

Designated/Responsible Licensed Producer

㉕ Identify at least one Designated/Responsible Licensed Producer: *(See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)*

Name _____ SSN _____ - - -

Name _____ SSN _____ - - -

Name _____ SSN _____ - - -

Name _____ SSN _____ - - -

Owners, Partners, Officers and Directors

㉖ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____ Title _____ SSN/FEIN _____ - - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - - Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ - - - Owner: Yes / No

(State Use)

