



**State of New Jersey**  
 DEPARTMENT OF BANKING AND INSURANCE  
 DIVISION OF INSURANCE  
 PO Box 327  
 TRENTON, NJ 08625-0327

TEL (609) 292-5316  
 FAX (609) 984-2792

**LEGAL BUSINESS NAME & FICTITIOUS or TRADE NAME  
 APPROVAL REQUEST FORM**

Pursuant to N.J.A.C. 11:17-2.8(e), a resident licensee or a license candidate seeking a resident license may obtain prior Department approval of a proposed business name before the filing of the name with the Department of Treasury - Division of Revenue. A business name is defined as the legal name of a business entity and any trade or fictitious name under which a licensee or license candidate conducts or intends to conduct insurance business.

This form may be submitted to Karla Christie via e-mail at [karla.christie@dobi.nj.gov](mailto:karla.christie@dobi.nj.gov) or faxed to (609) 984-2792. Please allow 10 business days after receipt of the request by NJDOBI for completion of our review.

**IDENTIFY YOUR PROPOSED BUSINESS NAME:** \_\_\_\_\_

New Jersey Insurance Producer License Number (If Applicable): \_\_\_\_\_

Federal Tax number-FEIN for Business Entity (If Applicable): \_\_\_\_\_

Please Provide Mailing Address and E-mail Address:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Check type of approval requested below:**

- \_\_\_\_\_ Legal Business Name (Resident Only)
- \_\_\_\_\_ Fictitious or Trade Name (Resident Only)
- \_\_\_\_\_ Nonresident Consent Letter for Foreign Entity (Filing for Certificate of Authority - COA)

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