



## STATE OF MISSISSIPPI

### **Application Instructions:**

Complete the application and submit any paperwork that is required for questions answered "yes". Road America completes the third page.

The licensing fee is \$5.00. Please make a check payable to Road America and send with application for processing. There are no provisions for filing electronically.

### **License Notification:**

The state sends the license directly to the motor club agent. The agent must send a copy of the license to Road America.

### **Renewals:**

Renewals are due annually March 31<sup>st</sup>. Renewal notices are sent directly to the agents and we are not notified. Late renewal of 30-60 days is allowed with an additional \$2.50 penalty fee. The renewal fee is \$5.00. Renewals can be processed online.

**Web Site:** [www.mid.state.ms.us](http://www.mid.state.ms.us)

3/7/2008



**MISSISSIPPI INSURANCE DEPARTMENT**  
**P.O. BOX 79, JACKSON, MS 39205**

*MIKE CHANEY, Commissioner of Insurance*

|                            |
|----------------------------|
|                            |
| <b>DEPARTMENT USE ONLY</b> |

**AUTOMOBILE CLUB AGENT APPLICATION**      **Privilege Tax: \$5.00**

**Check appropriate box for license requested.**

- Resident License  
 Non-Resident License: Identify Home State: \_\_\_\_\_ Identify Home State License #: \_\_\_\_\_

| Demographic Information                               |                                       |   |             |  |          |                 |
|---|---------------------------------------|---|-------------|--|----------|-----------------|
| Soc. Security Number                                  |                                       | If assigned, National Producer Number (NPN) and/or Mississippi Privilege License Number   |             |  |          |                 |
| Last Name                      JR./SR. etc            |                                       | First Name  | Middle Name | Date of Birth<br>(month) ____ (day) ____ (year) ____ |          |                 |
| Residence/Home Address (Physical Street)              |                                       | P.O. Box  | City        | State  | Zip Code | Foreign Country |
| Home Phone Number<br>( ) -                            | Gender (Circle One)<br>Male    Female | Are you a Citizen of the United States? (Check One)<br>Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?)<br>(If No, you must supply proof of eligibility to work in the U.S.) |             |  |          |                 |
| Business Address (Physical Street)                    |                                       | P.O. Box  | City        | State  | Zip Code | Foreign Country |
| Business Phone Number<br>(include extension)<br>( ) - | Business Fax Number<br>( ) -          | Business E-Mail Address   |             | Business Web Site Address                            |          |                 |
| Applicant's Mailing Address                           |                                       | P.O. Box  | City        | State  | Zip Code | Foreign Country |

| Employment History  |      |       |                 |               |      |
|---|------|-------|-----------------|---------------|------|
| Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. |      |       |                 |               |      |
|   |      | From  |                 | To            |      |
|   |      | Month | Year            | Month         | Year |
| Name  | City | State | Foreign Country | Position Held |      |
|   |      |       |                 |               |      |
|   |      |       |                 |               |      |
|   |      |       |                 |               |      |
|   |      |       |                 |               |      |
|   |      |       |                 |               |      |
|   |      |       |                 |               |      |

| 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   |  |
| <p>"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.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement explaining the circumstances of each incident,</li> <li>b) a certified copy of the charging document,</li> <li>c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment, and</li> <li>d) charging document.</li> </ul> <p>If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?      N/A ____ Yes ____ No ____<br/>           If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)      N/A ____ Yes ____ No ____</p> |  |
| 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 ____   |  |
| <p>"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.</p> <p>"Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may</p>   |  |

|  |   |
|--|---|
| <p>EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement identifying the type of license and explaining the circumstances of each incident,</li> <li>b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ul> |   |
| <p>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.</p>  | Yes ___ No ___  |
| <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>   |   |
| <p>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?</p>  | Yes ___ No ___  |
| <p>If you answer yes, identify the jurisdiction(s): _____</p>  |   |
| <p>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?</p>   | Yes ___ No ___  |
| <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and</li> <li>c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ul>  |   |
| <p>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?</p>   | Yes ___ No ___  |
| <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>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</li> <li>b) certified copies of all relevant documents.</li> </ul>   |   |
| <p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes,</p> <ul style="list-style-type: none"> <li>a) by how many months are you in arrearage?</li> <li>b) are you currently subject to a repayment agreement?</li> <li>c) are you the subject of a child support related subpoena/warrant?</li> </ul>  | <p>Yes ___ No ___</p> <p>_____ Months</p> <p>Yes ___ No ___</p> <p>Yes ___ No ___</p> |

**Applicants 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.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining Applicant's qualification for licensure.

Month      Day      Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

**AUTOMOBILE CLUB: ENDORSEMENT  
SECTION II**

In accordance with Sec. 83-11-237, Mississippi Code of 1972 you are hereby notified of the appointment of the Automobile Club Agent

named herein for the period beginning \_\_\_\_\_, \_\_\_\_\_ and ending on April 1, \_\_\_\_\_.  
This certifies that we have duly investigated the character and record of said agent and under the personal supervision and instruction

of Dennis M. Fantis this applicant has become knowledgeable in the field of automobile service contracts and the laws of this state pertaining thereto; that this club agent has personally read and does understand the provisions of Sec. 83-11-237, Mississippi Code of 1972 and that this club agent does thoroughly understand the difference between an automobile service contract and an insurance policy; that we are satisfied that is trustworthy to act as an automobile club agent.

86 00015

(Automobile Club Identification Number)

Brickell Financial Services Motor Club, Inc.

(Name of Automobile Club)

7300 Corporate Center Drive, Suite 601  
Miami, Florida 33126

(Address)

\_\_\_\_\_  
(Signature and Title of Company Official or Appointing Agent)

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)