



North Carolina Department of Insurance

Agent Services Division

Application for Limited Representative License

(Please Print or Type)

Please check the appropriate box for residency:
 Resident Nonresident

Please check only one type of license:
 Travel, Accident, Baggage Dental Services
 Motor Club Vehicle Serv/Mech. Breakdown
 Pre-Need Life

① Soc. Security Number				
② Last Name JR./SR. etc		③ First Name	④ Middle Name	⑤ Date of Birth (month) ____ (day) ____ (year) ____
⑥ Residence/Home Address (Physical Street)		⑦ P.O. Box	⑧ City	⑨ State ⑩ Zip
⑪ Home Phone Number () -	⑫ Gender (Circle One) Male Female	⑬ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)		
⑭ Sponsoring Company Name and Number				
⑮ Company Address (Physical Street)		⑯ P.O. Box	⑰ City	⑱ State ⑲ Zip
⑳ Company Phone Number () -	㉑ Company Fax Number () -	㉒ Company E-Mail Address		㉓ Company Web Site Address
㉔ Mailing Address		㉕ P.O. Box	㉖ City	㉗ State ㉘ Zip
㉙ Assumed Business Name/Trade Name (See Matrix of State Requirements)				

Agency or Business Entity Affiliations

③⑩ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein # _____	NPN _____	Name of Agency _____
Fein # _____	NPN _____	Name of Agency _____
Fein # _____	NPN _____	Name of Agency _____
Fein # _____	NPN _____	Name of Agency _____

Employment History

③⑪ Account for all time for the past five years. Give all employment experience starting with your previous employer working back five years. Include 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					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					

(Form NC-2)

This application applies to licenses issued for the admitted market only



North Carolina Department of Insurance

Background Information

32 The Applicant must read the following very carefully and answer every question:

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.

“Juvenile Offense” is an offense adjudicated through the juvenile justice system pursuant to Chapter 7B of the North Carolina General Statutes. Any offense adjudicated through the regular criminal justice system, where the defendant was tried and convicted as an adult, is not a juvenile offense and must be reported on this application, regardless of the age of the defendant at the time of conviction.

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, and

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 a 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 a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual 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 a 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 ___



North Carolina Department of Insurance

Sponsoring Company Certification and Attestation

(33) We hereby apply for a license to be issued to this person and certify that the applicant has sufficient education, training or experience to attain the competence necessary to fulfill the responsibilities of a Limited Insurance Representative.

Signature of Company Official

Month Day Year

Applicants Certification and Attestation

34 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, either a) I have no child-support obligation, or 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.

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)

Attachments

35 The following attachment must accompany the application. Otherwise, the application may be returned unprocessed or considered deficient.

1. **Nonresidents:** NC will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Registration fee of \$50.00 made payable to NCDOI must be attached for any individual who does not currently hold the limited representative license. Sponsoring company will be billed \$20.00 for each license. All fees may be paid by company or agency check, money order, cashier's or personal check. Per G.S. 58-33-125(g), all fees are nonrefundable.

Mail application and any required attachments to: **NCDOI/Agent Services Division, 1204 Mail Service Center, Raleigh, NC 27699-1204**
Questions? Telephone number: **919-807-6800**