

STATE	FEE	Forms Required	Renewals	Final Agent License Mailed to:	Pay Close Attention to:
			Residents need a background check from the FBI & NV Highway Patrol \$45.00		
NEW HAMPSHIRE*	\$60 Application \$150 License \$25 Lifetime appointment	2 forms	Last day of the 1st month of the quarter of the agents birthday biannually	Road America	
NEW MEXICO*	\$20 Agents cannot hold both Motor Club & Limited Lines licenses	2 forms	12/31 annually	Road America	
NORTH CAROLINA*	\$30.00 License Fee \$20 appointment fee billed quarterly	1 form	3/31 annually	Road America	Questions 14-29 to be completed by RAMC
OKLAHOMA*	\$40 Appointment \$40 License	2 forms Limited Licensees only need appointment	Licenses biannually on effective month Appointments biannually on 12/31	Address on application	
SOUTH CAROLINA	\$20 License Fee	2 forms	4/30 annually	Road America	#6 - 100%, #7 - Audio & Visual, #8 - Yes
SOUTH DAKOTA	\$25 Application for Residents \$30 Application for non-residents	1 form	Residents renew 4/30 biannually. Non-residents renew 12/31 annually	Road America	
TENNESSEE	\$20 License \$50 Background Check (not required if has other TN license)	1 form	6/30 annually	Road America	
TEXAS	\$10 License	1 form	1 year from date of issue	Road America	Make check payable to RAMC.
UTAH*	\$52 License Plus \$25.00 for paper Application Appointment Fee \$5.00 for residents and Vary for nonresidents	2 forms	2 yrs from effective Date. Appointments are not required to be renewed	Address on application	Sign & Date Page 3
VIRGINIA*	\$15 License \$14 Appointment \$15 Criminal History Report from local law enforcement - Residents Only	3 forms Property & Casualty licensees only need appointment.	6/30 annually	Address on application	Only complete Section 1, & have notarized. Return to Road America with application.
WYOMING*	\$20.00 License fee There is no Appointment Fee	1 form	biannually 6/30	Agent's home address	Page 2 needs to be notarized
<p>*Non-Resident Certification letters for Non-Residents Required. Certification requirements vary by state.</p>					

STATE OF SOUTH DAKOTA

Application Instructions:

Complete the application. Send to Road America for processing.

	Application Fee
Residents	\$25.00
Non-residents	\$30.00

License Notification:

The processing time is approximately 1 1/2 months.

The State sends notification to the motor club agent. The agent must send Road America a copy of their license.

Renewal:

Renewals are due April 30th Biennially for residents, fee is \$20.00. Non-residents renew annually December 31st, fee is \$25.00. Notices are sent to Road America.

WEB SITE: www.state.sd.us/insurance



Uniform Application for SOUTH DAKOTA Individual Insurance Producer License

(Please Print or Type)

Check appropriate box for license requested.

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

① Soc. Security Number		② If assigned, National Producer Number (NPN)			
③ If applicable, NASD Individual Central Registration Depository (CRD) Number			④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ___ (day) ___ (year) ___	
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City	⑫ State	⑬ Zip Code
⑭ Foreign Country	⑮ Home Phone Number () -	⑯ Gender (Circle One) Male Female	⑰ 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.)		
⑱ Business Entity Name					
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City	㉒ State	㉓ Zip Code
㉔ Foreign Country	㉕ Business Phone Number () -	㉖ Business Fax Number () -	㉗ Business E-Mail Address	㉘ Business Web Site Address	
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City	㉜ State	㉝ Zip Code
㉞ Foreign Country					

㉟ a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business.

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

Agency or Business Entity Affiliations

㊱ 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 _____

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. Include full and part-time work, self-employment, military service, unemployment and full-time education.

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

(State Use)

Please note the application may be revised on an annual basis. To ensure you are using the current version of the application, please reference the National Insurance Producer Registry web site at www.licenseregistry.com.

Jurisdiction and Type of License Requested

38) Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

License Types: A – Agent B – Broker P – Producer SLP – Surplus Lines Producer
 Lines of Authority: V – Variable Life/Variable Annuity L – Life H – Accident & Health or Sickness P – Property C – Casualty PL – Personal Lines
 Limited Lines: Credit – Credit CR – Car Rental CROP – Crop T – Travel S – Surety O – Other: Specify Type

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
ME																
MI																
MN																
MO																
MS																
MT																
NC																
ND																
NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VI																
VA																
VT																
WA																
WI																
WV																
WY																

MOTOR CLUB

MOTOR CLUB

X

X

Background Information

39 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, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 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 ___

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, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? 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 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 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 that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

Applicants Certification and Attestation

40 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.
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)

Attachments

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

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state 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. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).