

MARYLAND INSURANCE ADMINISTRATION

SERVICE REQUEST FORM

DO NOT REMIT ANY PAYMENT WITH THIS REQUEST(S). Requests will be processed at no charge.

Submit forms to producerlicensing.mia@maryland.gov or fax to (410) 468-2399.

Maryland Insurance Administration 200 Saint Paul Place, Suite 2700, Baltimore, MD 21202

1. REQUEST TYPE

REQUEST TYPE (PLEASE SPECIFY BELOW)

<input type="checkbox"/>	Name Change	<input type="checkbox"/>	Line of Authority Modification
<input type="checkbox"/>	Trade Name Registration	<input type="checkbox"/>	Clearance / License Cancellation

2. LICENSEE INFORMATION

FULL NAME (Individual –or – Business Entity): _____

MARYLAND LICENSE NUMBER: _____ NATIONAL PRODUCER NUMBER (NPN) _____

LICENSE TYPE (PLEASE SPECIFY BELOW)

<input type="checkbox"/>	ADVISER	<input type="checkbox"/>	SELF-STORAGE SERVICE PRODUCER
<input type="checkbox"/>	MOTOR CLUB REPRESENTATIVE	<input type="checkbox"/>	SURPLUS LINES BROKER
<input type="checkbox"/>	MOTOR VEHICLE RENTAL COMPANY / FRANCHISEE	<input type="checkbox"/>	TEMPORARY PRODUCER
<input type="checkbox"/>	PORTABLE ELECTRONICS INSURANCE	<input type="checkbox"/>	THIRD PARTY ADMINISTRATOR
<input type="checkbox"/>	PRODUCER	<input type="checkbox"/>	THIRD PARTY ADMINISTRATOR (ERISA ONLY)
<input type="checkbox"/>	PUBLIC ADJUSTER	<input type="checkbox"/>	VIATICAL SETTLEMENT BROKER / PROVIDER

3. NAME CHANGE

If individual name change is the result of a marriage, divorce, or court order, attach a copy of a marriage certificate, divorce decree, certificate from the clerk of the court, or other official documentation indicating a formal name change. *NOTE: Copies of driver's licenses and/or social security cards are not acceptable.

If name change is for a business entity attach confirmation that the name change has been registered with the State of Maryland Department of Assessment and Taxation.

CURRENT NAME	_____
NEW NAME	_____

4. LICENSE CANCELLATION

Any request for a License Cancellation / Clearance will result in the license(s) being cancelled. You will not receive notification that this request has been processed. An update to your state of Maryland license record will be reflected on the National Producer Database.

REASON FOR LICENSE CANCELLATION	_____
---------------------------------	-------

5. LINE OF AUTHORITY MODIFICATION (ADDITIONS / CANCELLATIONS)

If you are interested in adding or cancelling line(s) of authority associated with a particular license class please identify which line(s) of authority you are interested in adding or cancelling. You will not receive notification that this request has been processed. An update to your state of Maryland license record will be reflected on the National Producer Database. To add the variable life & annuity line of authority to your license, please provide your active FINRA registration CRD number.

ADDITION	<input type="checkbox"/>	CANCELLATION	<input type="checkbox"/>
----------	--------------------------	--------------	--------------------------

SPECIFY LINE(S) OF AUTHORITY TO BE ADDED or CANCELLED BELOW:

<input type="checkbox"/>	LIFE	<input type="checkbox"/>	TITLE
<input type="checkbox"/>	HEALTH	<input type="checkbox"/>	CREDIT PRODUCTS
<input type="checkbox"/>	PROPERTY	<input type="checkbox"/>	TRAVEL
<input type="checkbox"/>	CASUALTY	<input type="checkbox"/>	ADVISER LIFE/HEALTH
<input type="checkbox"/>	PERSONAL LINES	<input type="checkbox"/>	ADVISER PROPERTY/CASUALTY
<input type="checkbox"/>	VARIABLE LIFE & ANNUITY, CRD#	<input type="checkbox"/>	ADVISER VARIABLE
<input type="checkbox"/>	OTHER (MUST SPECIFY)	_____	

6. TRADE NAME REGISTRATION

This field should be completed by individuals or entities wishing to do business under a name that is different from the name that appears on their Maryland license. Please list trade name(s) below.

TRADE NAME REQUESTED	_____
----------------------	-------

7. AUTHORIZED REQUESTER INFORMATION

Signature of Authorized Requester: _____ Date: _____

Print Full Name: _____ Title: _____

Daytime Phone Number: _____ Fax: _____