**MARYLAND INSURANCE ADMINISTRATION**

**INITIAL APPLICATION FORM FOR**

**MOTOR CLUB REPRESENTATIVE REGISTRATION**

**GENERAL INSTRUCTIONS:**
This application is for individuals who are applying for a Maryland Motor Club Representative Registration. Please call the Maryland Insurance Administration at 1-888-204-6198 toll-free with any questions regarding this form. Make a photocopy of this form for your records. Please return the original form only.

Mail your completed form and payment to:
Maryland Insurance Administration, Producer Licensing Department, 200 St. Paul Place, Suite 2700 Baltimore, MD 21202-2272.

All fees must be made payable to the "Maryland Insurance Administration". Cash payments will not be accepted.

For specific information on fees, refer to the chart below:

<table>
<thead>
<tr>
<th>REGISTRATION TYPE</th>
<th>NEW REGISTRATION FEE (Submitted September 1st – April 30th)</th>
<th>NEW REGISTRATION FEE (Submitted May 1st – August 31st)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOTOR CLUB REPRESENTATIVE</td>
<td>$5</td>
<td>$7 ($5 initial registration fee + $2 renewal fee)</td>
</tr>
</tbody>
</table>

Required fields are marked with (*).
Please type or print.

1. **APPLICANT INFORMATION**

Fill in your name, National Producer Number (if known), Social Security Number and Date of Birth below.

*First Name: ____________________________________________

Middle Name: _____________________________________________

*Last Name: ______________________________________________

Name Suffix (Jr., Sr, III, etc.): ____________________________

National Producer Number (NPN): ____________________________

*Social Security Number (SSN): ____________________________

*Date of Birth (mm-dd-yyyy): ______________________________

Indicate the type of license (resident or nonresident) that you are applying for by placing an "X" in the appropriate box.

*Applicant is Applying as a:  □ Resident  □ Nonresident

If applying as a nonresident, you must provide the state where you hold your resident license. You may enter the full state name or the 2-character state abbreviation:

Resident State: __________________________________________

2. **RESIDENCE ADDRESS**

Enter your residence (home) address below. Even if you have a P. O. Box, a street address MUST be provided or your application will not be processed.

*Street Address Line 1: __________________________________________

Please continue here -->

Street Address Line 2: __________________________________________

Please continue here -->

Street Address Line 3: __________________________________________

P. O. Box: __________________________________________
3. BUSINESS ADDRESS
Enter your business address below. Even if you have a P. O. Box, a street address MUST be provided or your application will not be processed.

*Street Address Line 1:

Please continue here -->

Street Address Line 2:

Please continue here -->

Street Address Line 3:

P. O. Box:

*City:

State/Province:

*Country:

*Zip Code or Postal Code:

*Business Phone Number:

Business Fax Number:

Business Email Address:

Business Web Site Address:

4. MAILING ADDRESS
Enter your mailing address below.

Street Address Line 1:

Please continue here -->

Street Address Line 2:

Please continue here -->
Street Address Line 3: __________________________________________

P. O. Box: ________________________________________________

*City: ____________________________________________________

State/Province: ____________________________________________

*Country: _________________________________________________

*Zip Code or Postal Code: __________________________________

5. PREVIOUS OR EXISTING MARYLAND INSURANCE LICENSES
Fill in your previous or existing Maryland insurance license information (if any). This is applicable if any of the following are true:
- you already hold an active Maryland insurance license, or
- you held an active Maryland insurance license on or after 7/1/1995, but the license is no longer active.

Please enter your previous or existing Maryland insurance license information below. Fill in one letter or number per block.

Maryland insurance license prefixes are as follows:

- RPI = Resident Producer Individual
- RAI = Resident Agent Individual
- RBI = Resident Broker Individual
- TPI = Temporary Producer Individual
- TAI = Temporary Agent Individual
- TBI = Temporary Broker Individual
- RVI = Resident Insurance Adviser Individual
- RJI = Resident Public Adjuster Individual
- MCR = Motor Club Representative
- NPI = Nonresident Producer Individual
- NAI = Nonresident Agent Individual
- NBI = Nonresident Broker Individual
- NVI = Nonresident Insurance Adviser Individual
- NJI = Nonresident Public Adjuster Individual

<table>
<thead>
<tr>
<th>Maryland License Prefix</th>
<th>Maryland License Number</th>
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6. PREVIOUS NAME
If your current name is different from your name as it appears on a previously held or existing Maryland insurance license, please enter your previous name below. Legal documentation of this change must accompany this application. Acceptable proof of name change includes: a photocopy of a divorce decree, a photocopy of a marriage certificate, or a photocopy of a court document.

*Previous First Name: _______________________________________

Previous Middle Name: ______________________________________

*Previous Last Name: _______________________________________  

Previous Name Suffix (Jr., Sr, III, etc.): ______________________

7. CURRENT OCCUPATION
Enter your present occupation, employer name, and business address in the spaces below. You must provide this information.

*Occupation: ______________________________________________

*Employer Name: ____________________________________________

Please continue here --> ____________________________________

*Street Address Line 1: ___________________________________

*Street Address Line 2: ____________________________________

*Street Address Line 3: ____________________________________

*PO Box: ________________________________________________
8. OCCUPATION HISTORY
List all other occupations held in the past five (5) years, if any. Please print.

9. MOTOR CLUBS REPRESENTED IN THE PAST 5 YEARS
List the names and locations of all motor clubs represented within the past five (5) years, if any. Please print.

10. SCREENING QUESTIONS
If you answer "Yes" to any of the questions below, you must provide full information and complete details on a separate sheet of paper and submit it with this application. Please place an "X" in the appropriate boxes.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld?
   "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 no lo contendre, or having been given probation, a suspended sentence or a fine.

   If you answer YES, you must attach to this application:
   a.) a written statement explaining the circumstances of each incident,
   b.) a copy of the charging document, and
   c.) a 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?
   "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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.
  ☐ Yes ☐ No

   If you answer YES, you must attach to this application:
   a.) a written statement explaining the type of license and explaining the circumstances of each incident,
   b.) a copy of the Notice of Hearing or other documents that states the charges and allegations, and
   c.) a 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?
   ☐ 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 copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
   c.) a 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.) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

7. Do you have a child support obligation in arrearage?
   ☐ Yes ☐ No

8. Are you the subject of a child support related subpoena or warrant?
   ☐ Yes ☐ No

11. APPLICATION CERTIFICATION

I HEREBY CERTIFY that this application has been examined by me. To the best of my knowledge and belief it is a correct and complete statement made in good faith. I understand that any false information may be subject to criminal process and will be grounds for administrative disciplinary action. I understand that all information on this application form executed by me will become public record pursuant to Maryland Insurance Law. I also hereby state that I am familiar with the laws of Maryland concerning Motor Clubs.

*Applicant Signature: ____________________________

*First Name: ____________________________

*Last Name: ____________________________

*Daytime Phone Number: ____________________________

*Application Date (mm-dd-yyyy): ____________________________
**12. MOTOR CLUB INFORMATION**

Please provide the following information for the Motor Club you are representing: Name, NAIC Number, Federal Employer's Identification Number (FEIN).

*Motor Club Name: ____________________________

*NAIC / MC Number: □ □ □ □ □

*Federal Employer's Identification Number (FEIN): □ □ □ □ □ - □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ ^