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

Email: producerlicensing.mia@maryland.gov; Fax 410-468-2399; Telephone 410-468-2411

Title Producer Individual Application checklist
Initial and Renewal Application

- ☐ NAIC Uniform Application
- ☐ Fee - $54 for initial application; $69 for renewal application
- ☐ $150, 000 Fidelity and $150,000 Surety Bond/Letter of Credit (if applicable). The bond or continuation certificate must clearly state:
  - bond company and bond amount
  - bond coverage period
  - show the State of Maryland as the obligee
  - duly executed by the principal/producer and bond company/attorney-in-fact
  - **Independent Contractors** may submit the TIPIC waiver form in lieu of the bond.
- ☐ Association form signed by the authorized entity personnel (if applicable)
- ☐ Employment letter on company letterhead (if applicable)

FOR ATTORNEYS ONLY:

- ☐ Letter of Good Standing from the Maryland Court of Appeals
- ☐ Employment letter on company letterhead

FOR NON-ATTORNEYS WORKING FOR A LAW FIRM:

- ☐ Law Firm Fidelity and Surety Bonds
- ☐ Employment letter

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

Uniform Application for Individual Producer License/Registration

(Please Print or Type)

Check appropriate boxes for license requested.

- ☐ Resident License
- ☐ Non-Resident License
  - Identify Home State: ___ Home State License #: _____
- ☐ New Application
- ☐ Additional Line of Authority

Demographic Information

(1) Soc. Security Number - -		(2) If assigned, National Producer Number (NPN)			
(3) If applicable, FINRA Individual Central Registration Depository (CRD) Number					
(4) Last Name JR./SR. etc	(5) First Name	(6) Middle Name	(7) Date of Birth (month) ___ (day) ___ (year)____		
(8) Residence/Home Address (Physical Street)	(9) City	(10) State	(11) Zip Code	(12) Foreign Country	
(13) Home Phone Number ( ) -	(15) Gender (Circle One) 15 Male Female	(16) Are you a Citizen of the United States? (Check One) Yes ☐ No ☐ (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)			
(14) Individual Applicant Email Address:					
(17) Business Entity Name					
(18) Business Address (Physical Street) 7	(19) P.O. Box	(20) City	(21) State	(22) Zip Code	(23) Foreign Country
(24) Business Phone Number (include extension) ( ) -	(25) Business Fax Number 5 ( ) -	(26) Business E-Mail Address	(27) Business Web Site Address		
(28) Applicant's Mailing Address	(29) P.O. Box	(30) City 9	(31) State	(32) Zip Code 32	(33) Foreign Country

(34) a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

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

(May be subject to state approval)

Agency or Business Entity Affiliations

(35) 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

(36) 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 Month	From Year	To Month	To Year	Position Held
Name							
City	**State**	**Foreign Country**					
Name							
City	**State**	**Foreign Country**					
Name							
City	**State**	**Foreign Country**					
Name							
City	**State**	**Foreign Country**					

(State Use)

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Uniform Application for Individual Producer License/Registration

Applicant Name: _____

Jurisdiction and Type of License Requested

(37) 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

	License Type				Major Lines of Authority						Limited Lines of Authority					
Jurisdiction	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	■	■											■		■	

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Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: _____

Background Questions

(38) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes ___ No___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes ___ No ___

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A___ Yes___ No____

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A___ Yes___ No____

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes ___ No ___

<u>NOTE:</u> For Questions 1a, 1b and 1c, **"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 no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:
a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document,
c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration 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, sanctioned 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, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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 copy of the Notice of Hearing or other document 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 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? Do not include personal bankruptcies, unless they 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, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No___

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Uniform Application for Individual Insurance Producer License/Registration

Applicant Name: _____

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, or mediation proceedings, and
c) a copy of the official documents, 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) 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 and in compliance with any repayment agreement? Yes ___ No___
c) are you the subject of a child support related subpoena/warrant? Yes ___ No___
(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A ___ Yes ___ No___

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes ___ No___

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

Uniform Application for Individual Insurance Producer License/Registration

Applicant's Certification and Attestation

(39) 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. Unless provided otherwise by law or regulation of the jurisdiction , 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 which this application is made 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. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

_____
Month/Day/Year

_____
Original Applicant Signature

_____
Full Legal Name (Printed or Typed)

Attachments

(40) 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 State Producer Licensing 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.nipr.com).

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AFFIDAVIT OF TITLE INSURANCE PRODUCER APPLICANT:
TITLE INSURANCE PRODUCER INDEPENDENT CONTRACTOR

I, _____, solemnly affirm under the penalties of perjury and upon
(PRINT NAME)
personal knowledge that the contents of this affidavit are true.

I am an applicant for or currently hold a title insurance producer license. I hereby affirm that I will be acting *solely* as a title insurance producer independent contractor.
This means, I am:

- Licensed, or am applying, to act as a title insurance producer;
- Providing escrow, closing, or settlement services that may result in the issuance of a title insurance contract as an independent contractor for, or on behalf of, a licensed and appointed title insurance producer;
- Not an employee of the licensed and appointed title insurance producer;
- Covered or will be covered under the licensed and appointed title insurance producer's blanket fidelity bond and blanket surety bond or letter of credit prior to providing the above-described services; and
- Appointed or will be appointed by the title insurer.

Consequently, I acknowledge that, based upon my representations above, I am not required to file a blanket fidelity bond and blanket surety bond or letter or credit with the Commissioner.
I understand that if my status changes and I am no longer acting *solely* as a TIPIC but instead acting in whole or in part as a title insurance producer, I must notify the Commissioner and file the required blanket fidelity bond and blanket surety bond or letter of credit *at least ten (10) working days prior to my change in status.*
I acknowledge that failure to notify the Commissioner and obtain the required bonds or letter of credit within 10 working days may result in sanctions against my title insurance producer license pursuant to the Insurance Article, including, but not limited to, the revocation or suspension of the producer license.

_____ _____
Date Applicant Signature

MARYLAND INSURANCE ADMINISTRATION FORM FOR
ASSOCIATION / RESPONSIBLE INDIVIDUAL DESIGNATION

- **DO NOT REMIT ANY PAYMENT WITH THIS NOTICE.** There is no charge for association processing.
- This form should be completed by the employer requesting that another licensed individual or firm be associated to it. Licensees should associate other licensees for the purposes of (a) identifying employer/ employee relationships and (b) for allowing the associated licensee to trade under the associating licensee's name.
- A licensed firm can associate licensed individuals or other licensed firms. A licensed individual can associate licensed firms or other licensed individuals.
- When a licensed firm is being associated with another licensee, only the firm itself is associated. All the licensed individuals who work for the firm must be associated individually.
- Submit form to: producerlicensing.mia@maryland.gov or fax to 410-468-2399 Maryland Insurance Administration, 200 Saint Paul Place, Suite 2700, Baltimore, MD 21202

1. ASSOCIATING LICENSEE INFORMATION

1A. ASSOCIATING LICENSEE NAME:_____

1B. NATIONAL PRODUCER NUMBER (NPN): _____

1C. ASSOCIATING LICENSEE FEIN / SSN: _____ _____ _____ _____ _____ _____ _____ _____ _____

Note: You must provide either an FEIN or an Alien ID for a Business Entity.

1D. ALIEN ID: _____

1E. ASSOCIATING LICENSEE INFORMATION: _____
License Number

NOTE – Effective 10/13/2006 licensed insurance producer agencies, with the exception of agencies with the Title authority, are no longer required to report the insurance producers associated with it to the MIA. However, licensed insurance agencies must still report designated producer(s). (Please review our website: www.insurance.maryland.gov for the 10/13/2006 Notice regarding changes to reporting insurance producers).

2. ASSOCIATED LICENSEE INFORMATION

REQUEST TYPE SELECTION: Select **ONE** request option by placing an "X" next to the appropriate request type.

NEW ASSOCIATION _____ **ASSOCIATION CANCELLATION _____**

NEW RESPONSIBLE INDIVIDUAL DESIGNATION _____ **RESPONSIBLE INDIVIDUAL DESIGNATION CANCELLATION _____**

2A. ASSOCIATED LICENSEE NAME : _____

2B. NATIONAL PRODUCER NUMBER (NPN): _____

2C. ASSOCIATED LICENSEE FEIN / SSN: _____ _____ _____ _____ _____ _____ _____ _____ _____

Note: You must provide either an FEIN or an Alien ID for a Business Entity.

2D. ALIEN ID: _____

2E. ASSOCIATED LICENSEE INFORMATION: _____
License Number

2F. IF ASSOCIATED IS AN INDIVIDUAL, WILL THIS INDIVIDUAL BE A DESIGNATED RESPONSIBLE PRODUCER FOR THE EMPLOYER?

☐ Yes ☐ No

LINE (S) OF AUTHORITY**: When adding or cancelling a responsible individual for a licensed firm, select the line of insurance for which he/she will, or will no longer, be responsible by placing an "X" in the appropriate box (es) below.**

	Variable Life/Variable Annuity
	Life
	Health
	Property
	Casualty
	Personal Lines
	Credit Products
	Surplus Lines Broker
	Other Limited Line – Self Storage
	Other Limited Line - Title
	Other Limited Line - Travel
	Nonresident License Limited Line (please specify) _____

Signature of Authorized Requester: _____

Full Name of Authorized Requester: _____

Daytime Phone Number: _____ _____ _____- _____ _____ _____- _____ _____ _____ _____

Date: _____ _____ / _____ _____/ _____ _____ _____ _____