

MARYLAND INSURANCE ADMINISTRATION INITIAL APPLICATION FORM FOR SHOP EXCHANGE NAVIGATOR LICENSE -or- SHOP EXCHANGE ENROLLMENT PERMIT

GENERAL INSTRUCTIONS:

- This application is for individuals who are applying for a **SHOP Navigator License** or a **SHOP Exchange Enrollment Permit**.
- **Note - The SHOP Exchange Enrollment Permit is issued to employees of the Consolidated Services Center (CSC).**
- Applicants must complete the training administered by the Maryland Health Benefit Exchange and successfully pass the Maryland Insurance Administration SHOP Exchange Navigator License examination, administered by PSI, prior to an application being processed.
- Please call the Maryland Insurance Administration at 1-888-204-6198 toll-free with any questions regarding this form.
- Mail your completed form and payment to:
Maryland Insurance Administration, Attn: 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.

SELECT ONE	LICENSE/PERMIT TYPE	INITIAL FEE
<input type="checkbox"/>	SHOP EXCHANGE NAVIGATOR LICENSE	\$54
<input type="checkbox"/>	SHOP EXCHANGE ENROLLMENT PERMIT Are you currently employed by the Consolidated Services Center? <input type="checkbox"/> Yes <input type="checkbox"/> No If "NO" you may not apply for a SHOP Exchange Enrollment Permit.	N/A

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

1. APPLICANT INFORMATION

Fill in your name, Social Security Number and Date of Birth below.

*First Name: _____ Middle Name: _____ *Last Name: _____

*Social Security Number (SSN): _____ *Date of Birth (mm-dd-yyyy): _____

2. ALIAS/DBA NAME INFORMATION

List any alias, dba, or trade name(s) which you have used in the past or are currently using. If in the future you intend to use an alias, dba, or trade name other than what is listed below the name must be reported to the Commissioner within 30 days.

3. 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: _____

Street Address Line 2: _____

*City: _____ *State: _____ *Zip Code: _____

*Residence Phone Number: _____ Personal Email Address: _____

4. 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: _____

Street Address Line 2: _____

Street Address Line 3: _____

*City: _____ *State: _____ *Zip Code: _____

*Business Phone Number: _____ Business Fax Number: _____

*Business Email Address: _____

Business Web Site Address: _____

5. MAILING ADDRESS

Please select preferred mailing address: Same as residence address listed above Same as business address listed above Other (provided below)

*Street Address Line 1: _____

Street Address Line 2: _____

Street Address Line 3: _____

*City: _____ * State _____ *Zip Code: _____

6. PREVIOUS OR EXISTING LICENSE OR CERTIFICATION OF QUALIFICATION ISSUED BY THE MARYLAND INSURANCE ADMINISTRATION

Enter your previous or existing license or certificate of qualification information below.

License /Certificate of Qualification Type			License / Certificate of Qualification Number
<input type="checkbox"/> Insurance Producer	<input type="checkbox"/> Surplus Lines Broker	<input type="checkbox"/> Motor Club Representative	_____
<input type="checkbox"/> Adviser	<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Temporary Insurance Producer	_____

7. 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 Name: _____

8. CONNECTOR ENTITY AFFILIATION (SHOP EXCHANGE NAVIGATOR APPLICANTS ONLY)

Pursuant to section 31-112(c)(2)(iii) & (iv) a SHOP Exchange Navigator shall be employed by and receive compensation only through the SHOP Exchange. Are you currently engaged/employed by a Connector Entity that has been authorized by the Maryland Health Benefit Exchange?

Yes No

If **YES**, please complete section 9 below. If **NO**, please be advised that in order to act as a SHOP Navigator you **MUST** be employed by a Connector Entity. Within 30 days of gaining employment with a Connector Entity, you must notify the Maryland Insurance Administration of your employment. If you do not, your license may be subject to revocation.

9. CONNECTOR ENTITY AFFILIATION / EMPLOYMENT INFORMATION (SHOP EXCHANGE NAVIGATOR APPLICANTS ONLY)

Enter information related to the Connector Entity with which you are affiliated and/or your employer information below. (Attach additional pages if necessary)

*Connector Entity Name: _____

*Street Address Line 1: _____

Street Address Line 2: _____

*City: _____ * State: _____ *Zip Code: _____

*Connector Entity Phone Number: _____ *Connector Entity Contact Person: _____

Employer Name: _____

Street Address Line 1: _____

Street Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Employer Phone Number: _____ Employer Contact Person: _____

10. CONSOLIDATED SERVICES CENTER EMPLOYMENT VERIFICATION (SHOP ENROLLMENT PERMIT APPLICANTS ONLY)

An authorized designee of the Maryland Health Benefit Exchange (MHBE) must sign, date and print his/her name, daytime phone number, and email address.

Upon signature of this section, I attest that I am authorized to verify employment with the Consolidate Services Center (CSC) for the applicant listed in section 1.

* MHBE Designee First Name: _____ * MHBE Designee Last Name: _____

* MHBE Designee Daytime Phone Number: _____ * MHBE Designee Email Address: _____

* MHBE Designee Signature: _____ * Date: _____

11. BACKGROUND 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 a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges 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 no contest, 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,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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 as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was consent granted? N/A ___ Yes ___ No ___ (Attach copy of approved 1033 consent).

Yes No

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?

"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.

Yes No

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.

If you answer YES, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

Yes No

4. Have you been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement? If you answer yes, identify the jurisdiction(s):

Jurisdiction(s): _____

Yes No

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?

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

Yes No

6. Have you or has 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?

If you answer yes, you must attach to this application a written statement summarizing the details of each incident explaining why you feel this incident should not prevent you from receiving an insurance license and copies of all relevant documents.

Yes No

7. Do you have a child support obligation in arrearage?

If you answer yes,

- a) by how many months are you in arrearage? _____
- 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.)

Yes No

12. APPLICANT'S CERTIFICATION / ATTESTATION (ALL APPLICANTS)

The applicant must read the following very carefully:

1. I certify that that I understand and will comply with the following:
 - a) I may not receive compensation from or otherwise be affiliated with a carrier, insurance producer, a third party administrator or any other person connected to the insurance industry.
 - b) I will not provide information related to plans not offered in the Exchange, except for information provided by the Maryland Health Benefit Exchange(MHBE) / Maryland Insurance Administration(MIA);
 - c) I will not fail to refer any inquiries about non-Exchange plans to resources maintained by the Exchange, carriers or licensed insurance producers;
 - d) I will not seek to replace any health benefit plan already offered by a small employer unless eligible for a federal tax credit through the SHOP; and
 - e) I will not fail to refer any inquiries about Medicaid, Maryland Children's Health Program (MCHP), or qualified plans offered in the Individual Exchange.
2. 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 revocation or denial of the license/permit and may subject me to civil or criminal penalties.
3. I further certify that I grant permission to the Commissioner to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I authorize the Commissioner 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 Commissioner and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and will comply with the insurance laws and regulations of the state of Maryland

I HEREBY CERTIFY THAT UPON REQUEST, I WILL FURNISH CERTIFIED COPIES OF ANY DOCUMENTS ATTACHED TO THIS APPLICATION OR REQUESTED BY THE COMMISSIONER.

Month/Day/Year

Applicant Signature

Full Legal Name (Print or Type)