

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:

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

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):

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

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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: _____

*City: _____

State/Province: _____

*Country: _____

*Zip Code or Postal Code: _____

*Residence Phone Number:

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Residence Fax Number:

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Personal Email Address: _____

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:

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Business Fax Number:

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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

Maryland License Prefix	Maryland License Number

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: _____

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:

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.

Yes No

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
 If you answer yes, a) by how many months are your in arrearage? _____.
 (b) are you currently subject to and in compliance with any repayment agreement? Yes _____ No _____.
 (c) are you subject to a child support related subpoena/warrant? Yes _____ No _____.

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 attachment warehouse? Yes No

11. ATTESTATION - LICENSE APPLICANTS ONLY

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: _____

Please continue here -->

*NAIC / MC Number:

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

13. MOTOR CLUB AUTHORIZATION

An officer of the Motor Club must sign, date and print his/her name, daytime phone number, and email address.

Upon signature of this section, I verify that I am authorized to add new registrations for my organization. I find the applicant to be trustworthy and of good character, appoint him/her to be our representative, and request he/she be registered to act as our representative in Maryland.

*Motor Club Officer
Signature: _____

*First Name: _____

*Last Name: _____

*Daytime Phone Number:

Email Address: _____

*Application Date (mm-dd-yyyy):

Agency Use Only