



STATE OF CONNECTICUT INSURANCE DEPARTMENT
Application for Individual
Fraternal Agent License/Appointment
 Make check payable to: "Treasurer, State of Connecticut"

Fee: \$130

For Dept Use Only
 Date: _____
 Filing Fee: _____
 License Fee: _____

(Please Print or Type)

1. Soc. Security Number		2. N/A		3. N/A	
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. P.O. Box		10. City	11. State
13. Home Phone Number () -		14. Gender (Circle One) Male / Female	15. Are you a citizen of the United States? (Check One) Yes ___ No ___ (If No, of which country you are a citizen? (If No, you must supply work authorization.)		
16. Business Name					
17. Business Address (Physical Street)		18. P.O. Box		19. City	20. State
22. Business Phone Number () -		23. Business Fax Number () -	24. Business E-mail Address		25. Business Website Site Address
26. Applicant's Mailing Address		27. P.O. Box		28. City	29. State
30. Zip					
31. Assumed Business Name/Trade Name/DBA					

OCCUPATION

31a. Present Occupation _____ Employer _____
 What percentage of your time do you devote, or intend to devote, to the solicitation of Fraternal Insurance? _____

32a. **AUTHORITY APPLIED FOR:**
 Lines of authority requested by Fraternal Benefit Society: _____
STATUS:
 New License: ____ Reinstatement: ____ (CT License # _____) Amendment: ____ (CT License # _____)

BACKGROUND INFORMATION

33. **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. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with, committing a crime? Yes ___ No ___
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 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.
 If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___
 If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

2. Have you ever been named or involved as party in an administrative 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 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. **INCLUDE** Any business so named because of your actions, in your capacity as an owner, partner, officer, 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, arbitration or mediation 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, or mediation proceedings 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 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.)

APPLICANT'S CERTIFICATION AND ATTESTATION

33a. 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 of Insurance, in Connecticut to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner of Insurance 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, either: a) I have no child-support obligation, or 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 Connecticut Insurance Department 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 Connecticut Insurance Department 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 State of Connecticut.
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 Connecticut Insurance Department to which I am applying, certified copies of any documents attached to this application or requested by the Connecticut Insurance Department.

Month Day Year

Original Applicant signature

Full Legal Name (Printed or Typed)

CERTIFICATION TO BE COMPLETED BY FRATERNAL BENEFIT SOCIETY

33b. Name of Society: _____

Address of Society: _____

The undersigned, being a Fraternal Benefit Society authorized to transact fraternal insurance in the State of Connecticut, certifies that the above named individual will be appointed as a fraternal agent of this Society, if the license applied for is issued by the Insurance Commissioner, and that this Society after investigation, has completely satisfied itself that the individual is trustworthy and completely reliable.

Month Day Year

Certified By

**RETURN TO: Insurance Department
PO Box 816, Hartford, CT 06142-0816**

Name and Title (Printed or Typed)