

NEW MEXICO PUBLIC REGULATION COMMISSION INSURANCE DIVISION

OVERNIGHT MAIL ADDRESS:

AGENTS LICENSING SECTION
1120 PASEO DE PERALTA, PERA BLDG, RM 434
434SANTA FE, NEW MEXICO 87501
(505) 827-4551

STANDARD MAIL ADDRESS:

AGENTS LICENSING SECTION
P.O. BOX 1269 PERA BLDG, RM
SANTA FE, NEW MEXICO, 87504-1269
WWW.NMPRC.STATE.NM.US

INSTRUCTIONS FOR INDIVIDUAL FRATERNAL APPLICATION

1. Fraternal License FEE is \$30.00.
2. Fees can be paid with a company check, money order, cashier's check, or personal check. Cash, temporary checks or credit cards will NOT be accepted. **Applications and checks received older than 6 months will not be accepted and will be returned.**
3. **Duplicate license** and **name change**-complete form 210-C and a \$30.00 fee. Name changes require supporting legal documentation. (example: marriage license, SS# card, divorce papers)
4. **Address change**-(computer update only) requires completed form 210-C; no fee required.
5. First time **resident** applicants must test with Prometric. All testing and exam information must be directed to: PROMETRIC/NEW MEXICO : 2538 Camino Entrada, Ste. 204, Santa Fe, New Mexico, 87507. Telephone: 505.473.9415.
MUST attach the Exam Registration Form when submitting the application to Prometric
6. If you are moving to New Mexico and wish to be licensed in this state, you must cancel your existing license in your home state and obtain a letter of Clearance; only then will you be able to register to take the exam. If there are questions regarding the exam, please contact Prometric at (505) 473-9415..
7. First time applicants applying for Variable Contracts must also apply for a Life license.
8. If you have filed for Bankruptcy, you must submit copies of the Discharge of Debtor and/or the Schedule of Debts if the bankruptcy is not discharged.
9. If you have a child support case, you must submit an original Certificate of Compliance from the Human Services Department.
10. All questions answered "YES" must attach appropriate documentation to the application.

INCOMPLETE APPLICATIONS WILL BE RETURNED. ALL FEES ARE DEEMED EARNED WHEN PAID AND SHALL NOT BE REFUNDED. (Article 6-1 of New Mexico Statutes)

IMPORTANT NOTICE

Any person who is engaged in the business of insurance and knowingly makes a false entry of material fact in any statement with intent to deceive any person, including any insurance regulatory official, shall be subject to a civil penalty of not more than \$50,000, or imprisoned not more than 10 years, or both, pursuant to 18 USC 1034 (1997).

Application for Individual Insurance FRATERNAL License

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____

PLEASE PRINT LEGIBLY OR TYPE

1 If applicable, NASD Individual Central Registration Depository (CRD) Number		2 If assigned, National Producer Number (NPN)				
3 Social Security Number		4 Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>				
5 Last Name JR./SR. etc	6 First Name	7 Middle Name	8 Date of Birth (month) ____ (day) ____ (year) ____			
9 Residence/Home Address (Physical Street)	10 P.O. Box	11 City	12 State 13 Zip Code 14 Foreign Country			
15 Home Phone Number () -	16 Gender (Circle One) Male Female	17 Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)				
18 Business Entity Name						
19 Business Address (Physical Street)	20 P.O. Box	21 City	22 State 23 Zip Code 24 Foreign Country			
25 Business Phone Number () -	26 Business Fax Number () -	27 Business E-Mail Address	28 Business Web Site Address			
29 Business Mailing Address	30 P.O. Box	31 City	32 State 33 Zip Code 34 Foreign Country			
35 a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business. b. List any trade names under which you are currently doing business or intend to do business.						
Agency or Business Entity Affiliations						
36 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity and ATTACH to this application FORM 202-B with a \$30 affiliation fee made payable to the: New Mexico Department of Insurance-NMPCID.)						
FEIN _____	NPN _____	Name of Agency _____				
FEIN _____	NPN _____	Name of Agency _____				
Employment History						
37 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	To			
Name	City	Month	Year	Month	Year	Position Held
Name	City	Month	Year	Month	Year	Position Held
Name	City	Month	Year	Month	Year	Position Held
Name	City	Month	Year	Month	Year	Position Held
Name	City	Month	Year	Month	Year	Position Held

Background Information

38 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“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 nolo contendere, or having been given probation, a suspended sentence or a fine.

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 ___

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you held an insurance license in any state within the last five years? Yes ___ No ___

FOR NEW MEXICO RESIDENTS ONLY: If you answered YES, please submit an original Letter of Clearance from your previous home state.

3. 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? 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. 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 (PLEASE LABEL EACH ITEM SENT):

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

4. 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? Only include individual bankruptcies that 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.

5. 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): _____

6. 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 (PLEASE LABEL EACH ITEM SENT):

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

7. 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 (PLEASE LABEL EACH ITEM SENT):

- 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) certified copies of all relevant documents.

8. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

License Type Requested: FRATERNAL

- () Life, Accident & Health (Fraternal Companies) (13) () Life (Fraternal Companies) (14)
- () Variable Annuities (Fraternal Companies) (15)

Applicants Certification and Attestation

40 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. Where required by law, 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, 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 jurisdictions 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. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

41 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient. All fees are deemed earned when paid and shall not be refunded.

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 Producer Database in lieu of requiring an original Letter of Certification from the resident state. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

I, acting under proper authority, desire to appoint the named person to act as an insurance agent in the State of New Mexico. I hereby certify:

1. That the applicant is personally known to me.
2. That the applicant has had or will receive reasonable instruction in the kind or kinds of insurance stated in the application.
3. That I am satisfied that the applicant intends to engage in a bona fide way in the business of insurance.
4. That the appointment is not to permit the applicant solely to write insurance on his own life or property, or the lives, property or liability of his associates.
5. That the applicant is known to me as having a good business and personal reputation, and is worthy of consideration to qualify as an insurance agent.

<u>CLASS CODE</u>	<u>KIND OF BUSINESS</u>	<u>FEE</u>
(13) ()	Life, Accident and Health (Fraternal Companies)	\$23
(14) ()	Life (Fraternal Companies)	\$23
(15) ()	Variable (Fraternal Companies)	\$23

**IF AN EXAMINATION IS REQUIRED, MAKE CHECK/MONEY ORDER PAYABLE TO: "PROMISSOR."
IF AN EXAMINATION IS NOT REQUIRED, MAKE CHECK/MONEY ORDER PAYABLE TO: "NEW MEXICO INSURANCE DIVISION."**

ALL APPOINTMENTS EXPIRE APRIL 30TH OF EACH YEAR. A RENEWAL LISTING WILL BE MAILED IN MARCH ANNUALLY.

CONFIRMATION WILL BE MAILED, UPON APPROVAL.

<u>IF EXAM IS REQUIRED, SEND TO:</u>	<u>IF EXAM IS NOT REQUIRED, SEND TO:</u>	
PEARSON VUE/NEW MEXICO 2538 CAMINO ENTRADA, STE. 103-B SANTA FE, NEW MEXICO 87507 (888) 204-6195	OVERNIGHT ADDRESS: AGENT LICENSING 1120 PASEO DE PERALTA SANTA FE, NM 87501 (505) 827-4551	STANDARD ADDRESS: AGENT LICENSING P.O. BOX 1269, RM 434 SANTA FE, NM 87504 WWW.NMPRC.STATE.NM.