



**LOUISIANA DEPARTMENT OF INSURANCE**  
APPLICATION FOR INDIVIDUAL INSURANCE PRODUCER,  
CONSULTANT, PUBLIC OR CLAIMS ADJUSTER LICENSE

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION FILE.** Incomplete or improperly submitted application files will result in the application file being disapproved as incomplete and fees forfeited. For fastest processing, the Louisiana Department of Insurance (LDI) recommends electronic application submission through NIPR. Please note that electronic submission is mandated for nonresident applicants. If submitting by paper, only complete applications will be accepted. **Applications that are received without the minimum requirements will be disapproved as incomplete. New application forms and fees will be required.**

Pursuant to Regulation 109, a complete application package must include the following:

1. A completed application form and fees.
2. All documentation deemed necessary to explain any responses in the application form
3. A passing exam score, if required
4. Evidence that fingerprints have been submitted, if required

**COMPLETING THE APPLICATION.**

Please type or print legibly. Illegible applications will be disapproved as incomplete. All questions must be answered fully and no fields on the application form should be left blank. If a field does not apply, enter "N/A". Applications with blank fields will be disapproved as incomplete.

Verify that all of the background questions have been answered. If you answered "Yes" to any one of the background questions, all relevant documentation must be attached. Applications with "Yes" answers that do not have the required documentation attached to the application will be disapproved as incomplete.

Fingerprint results are valid for 90 days. Applicants submitting a paper application should not submit an application until after they have been fingerprinted. Please visit the LDI website for the most up-to-date instructions on fingerprinting.

Exam scores are valid for one year.

**LICENSE FEES**

Make checks payable to "Louisiana Department of Insurance".

**Producer Fees**

All lines EXCEPT Surplus Lines:

- The Producer Initial License Application fee is \$75, regardless of the number of lines requested on the application.
- The fee to amend an existing current license to include new authorities is \$50.

Surplus lines authority application fee is \$250.

**Consultant Fees**

- Life and/or Health & Accident \$75
- Property and/or Casualty \$75
- Variable Life & Variable Annuity \$75

**Claims Adjuster License Fees.**

The Claims Adjuster License Application fee is \$55, regardless of the number of lines requested on the application.

**Public Adjuster License Fee**

The Public Adjuster License Application Fee is \$55.



**LOUISIANA DEPARTMENT OF INSURANCE**  
**APPLICATION FOR INDIVIDUAL INSURANCE PRODUCER,**  
**CONSULTANT, PUBLIC OR CLAIMS ADJUSTER LICENSE**

**Check appropriate box for license requested.**

- Resident License
  - Non-Resident License
- Identify Home State: \_\_\_\_\_  
 Identify Home State License #: \_\_\_\_\_

Mail Application to:  
 P.O. Box 94214  
 Baton Rouge, LA 70804-9214

<b>Demographic Information</b>												
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 Full 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 ( ) -			⑭ Gender (Circle One) Male Female		⑮ 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, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)							
Individual Applicant Email Address: _____												
⑯ Business Entity Name												
⑰ Business Address (Physical Street)			⑱ P.O. Box		⑲ City		⑳ State	㉑ Zip Code	㉒ Foreign Country			
㉓ Business Phone Number (include extension) ( ) -		㉔ Business Fax Number ( ) -			㉕ Business E-Mail Address			㉖ Business Web Site Address				
㉗ Applicant's Mailing Address			㉘ P.O. Box		㉙ City		㉚ State	㉛ Zip Code	㉜ Foreign Country			
㉝ 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. (May be subject to state approval)												
<b>Agency or Business Entity Affiliations</b>												
㉞ 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 _____								
<b>Employment History</b>												
㉞ 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		Year		To Month		Year	Position Held
Name												
City			State		Foreign Country							
Name												
City			State		Foreign Country							
Name												
City			State		Foreign Country							
Name												
City			State		Foreign Country							
FISCAL DIVISION ONLY			AGENT LICENSING ONLY				FOR DEPARTMENT OF INSURANCE USE ONLY					
							Classification Number					
							Date Processed					
							Initials					
							License Number					
							Issue Date					

APPLICANT NAME \_\_\_\_\_

**Fingerprint Requirement**

36 All new resident producers, adjusters, and consultants who become licensed on or after January 1, 2010 are required to be fingerprinted and a criminal background check performed as part of the license application requirements. If you are required to do so, have you been fingerprinted? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_  
 Date of printing \_\_\_\_\_

**License Type**

37 Select only ONE License type per application; however, you may select more than one line of authority per license type.  
 \*\*\*See page 5 for information regarding application fees.

**PRODUCER**

**Lines of Authority (exam required)**

<input type="checkbox"/> Life	<input type="checkbox"/> Surplus Lines
<input type="checkbox"/> Health & Accident	<input type="checkbox"/> Bail Bonds
<input type="checkbox"/> Property	<input type="checkbox"/> Title
<input type="checkbox"/> Casualty	<input type="checkbox"/> Industrial Fire
<input type="checkbox"/> Personal Lines	<input type="checkbox"/> Surety

**Lines of Authority (no exam required)**

<input type="checkbox"/> Variable Life & Variable Annuities	<input type="checkbox"/> Credit
<input type="checkbox"/> Limited Life, Health & Accident	<input type="checkbox"/> Travel

**CLAIMS ADJUSTER**

**Lines of Authority (exam required)**

<input type="checkbox"/> Property and Casualty (includes Auto, Personal Lines and Commercial Lines)
<input type="checkbox"/> Auto Only
<input type="checkbox"/> Personal Lines Only
<input type="checkbox"/> Commercial Lines Only
<input type="checkbox"/> Crop
<input type="checkbox"/> Workers Compensation

**CONSULTANT**

**Lines of Authority (exam required)**

<input type="checkbox"/> Life
<input type="checkbox"/> Health & Accident
<input type="checkbox"/> Property
<input type="checkbox"/> Casualty
<input type="checkbox"/> Variable Life and Variable Annuities

**PUBLIC ADJUSTER (exam required)**

No LOA

**Nonresident Reciprocity**

**Nonresidents only:** If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB.  
 License Type/Line \_\_\_\_\_

APPLICANT NAME \_\_\_\_\_

**Background Information**

88 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)

N/A \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

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.)

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 \_\_\_\_

**NOTE:** 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 arrangement 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 \_\_\_\_

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 documents, which demonstrates the resolution of the charges or any final judgment.

APPLICANT NAME \_\_\_\_\_

**Background Information continued**

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 t 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.)

**Applicants Certification and Attestation**

69 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)