Applicant Company Name:	
NAIC No.:	FEIN:
	ional responses carried over from the biographical affidavit question 10. Responses must sed sections may be left blank). The Licenses Addendum pages must be signed by the for additional questions.
agency or regulatory authority or licensing auth issuer, identify and provide the name, address ar the license (s) issued. If your professional license than five numbers that are reasonably identifiab	licenses (including licenses to sell securities) issued by any public or governmental licensin ority that you presently hold or have held in the past. For any non-insurance regulator and telephone number of the licensing authority or regulatory body having jurisdiction overnumber is your Social Security Number (SSN) or embeds your SSN or any sequence of mor le as your SSN, then write SSN for that portion of the professional license number that in 12-SSN-345" or "1234-SSN" (last 6 digits)). Attach additional pages if the space provided in 12-SSN-345" or "1234-SSN" (last 6 digits)).
Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	
Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	
Organization/Issuer of License	
Address	
City, State/Province & Postal Code	
Country	
License Type	
License #	
Date Issued (MM/YY) & Date Expired	
Reason for Termination	
Non-Insurance Regulatory Phone Number	
Affiant Signature:	Date:
Page of	Date
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Country		

License Type