

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Individual Producer License

Check appropriate boxes for license requested.

Resident License

Non-Resident License

Identify Home State: Home State License #:

New Application

Additional Line of Authority

1

3

4

8

2

5

6

7

9

10

11

<p>13 () - () - ()</p> <p>14 Individual Applicant Personal Email Address:</p>	<p>15 Gender (Circle One)</p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Non-Binary <input type="checkbox"/></p>	<p>16 Are you a Citizen of the United States A (Check One)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen A)</p> <p>(If NO, and this is an application for a Resident License must supply proof of eligibility to work in the U.S.)</p>			
Employer's Business Entity Name					
Business Address (Physical Street)		P.O. Box	City	State	
24 Business Phone Number (include extension) () - () - ()		25 Business Fax Number () - () - ()		26 Business E-Mail Address	
Applicant's Mailing Address			29 P.O. Box	City	State <input type="radio"/> Zip Code <input type="radio"/>
					35 Foreign Country

- Formatted: Space After: 6 pt
- Formatted: Centered, Space After: 6 pt
- Formatted: Font: 8 pt
- Formatted: Normal, Centered, Tab stops: Not at 0.11"

- Formatted: Heading 5, Don't keep with next, Tab stops: 0.11", Left
- Formatted: Heading 5, Line spacing: single, Don't keep with next, Tab stops: 0.11", Left + Not at 2.11" + 7.24"
- Formatted: Highlight

1

1

1

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

EVER been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others,

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

**Uniform Application for
Individual Insurance ~~Producer~~ License/Registration**

Applicant Name: _____

8. In response to a "Yes" answer to one or more of the Background Questions for this application, are you submitting, [or have you previously submitted](#) document(s) to the NAIC/NIPR Attachments Warehouse?

NOTE: The state(s) identified on this application will receive an alert that your supporting documents are available if:

____ You have previously loaded a document(s);

____ You have recently submitted an application that is pending;

____ You are submitting the same type of application (resident/nonresident, initial/renewal); and

____ You are answering "Yes" to the same background question(s).

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.

**Uniform Application for
Individual Insurance ~~Producer~~ License/Registration**

Applicant's Certification and Attestation

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.

on # o i l M

o u r p Ó a b q r s r l

n i 3e a j Ò i F

Page 2: [1] Formatted Table	Welker, Gregory	6/20/2018 4:50:00 PM
Formatted Table		
Page 2: [2] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [3] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [4] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [5] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [6] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [7] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [8] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [9] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [10] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [11] Formatted Table	Welker, Gregory	6/20/2018 4:50:00 PM
Formatted Table		
Page 2: [12] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [13] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [14] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [15] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [16] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [17] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [18] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [19] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [20] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM
Font color: Red		
Page 2: [21] Formatted	Welker, Gregory	6/20/2018 4:49:00 PM

