



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
500 James Robertson Parkway
Nashville, TN 37243-1134

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**PORTABLE ELECTRONICS INSURANCE VENDOR
LICENSE APPLICATION**

TYPE OF LICENSE REQUESTED (check one below)

_____ Resident License

_____ Nonresident License

APPLICANT INFORMATION (please type or print)

Business Entity Name	Incorporation/Formation (Month)____ (Day)____ (Year)____	FEIN		
Business Address				
City	State	Zip Code	Foreign Country	
Business E-Mail Address	State of Domicile	Country of Domicile		
List other assumed, fictitious, alias, or trade names under which you are doing business or intend to do business.				
Phone Number (include extension)	Fax Number	Business Website Address		
Mailing Address	P.O. Box	City	State	Zip Code

Designated/Responsible Licensed Producer

Identify at least one Designated/Responsible Licensed Producer

Name_____	SSN_____
Name_____	SSN_____
Name_____	SSN_____
Name_____	SSN_____

OWNERS, PARTNERS, OFFICERS, AND DIRECTORS

Identify all owners with interest or voting interest, partners, officers, and directors of the business entity, or members or managers.

Name _____ Title _____ SSN/FEIN _____ Owner: Yes / No

Name _____ Title _____ SSN/FEIN _____ Owner: Yes / No

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Name _____ Title _____ SSN/FEIN _____ Owner: Yes /No

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Name _____ Title _____ SSN/FEIN _____ Owner: Yes /No

Name _____ Title _____ SSN/FEIN _____ Owner: Yes / No

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing 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 nol 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 identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident.
- b) a copy of the charge document.
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, every been named or involved as a 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 surrendered a license to resolve an administrative action. "Involved" also means being named a party to an administrative or arbitration proceeding, which is related to a professional or occupation 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:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) 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 of any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager 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.

4. Has the business entity or any owner, partner, officer or director, or member or manager, ever 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. Is the business entity or any owner, partner, officer or director a party to, or 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:

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

6. Has the business entity or any owner, partner, officer or director, or member or manager 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.

Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of Tennessee, the business entity or limited liability company hereby designates the Commissioner of Commerce and Insurance to be its agent for service of process regarding all insurance matters in Tennessee and agrees that service upon the Commissioner of Commerce and Insurance is the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner of Commerce and Insurance to verify any information supplied with any federal, state, or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company either a) does not have current child-support obligation or b) has a child-support obligation and is currently in compliance with the obligation.
5. I authorize the Tennessee Department of Commerce and Insurance to give any information they may have concerning me to any federal, state, or municipal agency, or any other organization, and I release the Tennessee Department of Commerce and Insurance and any person acting on its behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the applicable insurance laws and regulations of Tennessee.
7. I hereby certify that, upon request, I will furnish certified copies of any documents attached to this application or requested by the Tennessee Department of Commerce and Insurance.

Must be signed by an officer, director, or partner of the business entity or member or manager if a limited liability company

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip

FEE:

TEN OR FEWER LOCATIONS IN TENNESSEE - \$100

Number of Locations _____

MORE THAN TEN LOCATIONS IN TENNESSEE - \$1,000

Number of Locations _____