



Department of Consumer & Business Services

Insurance Division — 3

P.O. Box 14480, Salem, OR 97309-0405
Phone: 503-947-7981, Fax: 503-378-4351
350 Winter St. NE, Salem, Oregon
insurance.oregon.gov

Individual Insurance License Application

IMPORTANT: Complete all four pages of this application.

Resident Nonresident New Amended Social Security no.:

Applicant's name (last/first/middle):

Business name: Residence phone: (required by law)

Business phone: Business e-mail: Personal e-mail:

Business street address: Residence street address:

Street: Street:

City/State/ZIP: City/State/ZIP:

County: County:

Business mailing address: Residence mailing address:

Street or P.O. Box: Street or P.O. Box:

City/State/ZIP: City/State/ZIP:

Birthdate (month/day/year):

1. Categories and fees (Check appropriate boxes.)

Table with 3 columns: Category, Application fee, License fee. Rows include Producer, Adjuster, and Consultant.

Enter total application and license fees in #4.

2. Classes of insurance for which you are applying

- Life, Health, Property, Casualty, Personal lines, Surplus lines, Variable life (NASD proof required.), Other:

3. Limited lines for producer license.

Check limited lines for which you are applying.

- Credit (credit life, credit health, credit involuntary unemployment, GAP, mechanical breakdown, mortgage, and motor vehicle physical damage), Crop, Surety, Title, Trip travel (baggage, trip cancellation, trip interruption, and travel ticket health)

4. Total fees

Table with 2 columns: Fee type, Amount. Rows include Application, License, and Total.

Make check or money order payable to Oregon Department of Consumer and Business Services (DCBS) after completing all four pages of the application.

Remit with payment to:

Fiscal Services Section
Oregon Department of Consumer & Business Services
P.O. Box 14610
Salem, OR 97309-0445

Division use only

Date licensed License number

FISCAL USE ONLY — 44410

5. List any other assumed, fictitious, alias, maiden, or trade names you have used in the past, are currently using, or intend to use in this business: _____

6. Account for all your time employed, unemployed, and as a full-time student during the past five years. List your present occupation first. Attach additional sheets, if necessary.

Occupation	Employer	Address	From Mo/Yr	To Mo/Yr

7. Have you previously been licensed in Oregon to sell insurance of any kind? Yes No
If yes, license number: _____

8. List all states (other than Oregon) where you hold or have held an insurance license of any kind.

State	From: To:	From: To:	From: To:	From: To:

Applicant must answer questions 9-14. Give a full explanation of all yes answers at #15.

9. Have you ever been convicted of, or are you currently charged with, committing a misdemeanor or felony? Yes No
10. 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" includes having a license censured, suspended, revoked, canceled, or terminated; being assessed a fine, placed on probation, or surrendering a license to resolve an administrative action; being named as a party to an administrative or arbitration proceeding related to a professional or occupational license; and 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.
11. 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? Yes No
12. 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
13. 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, or misrepresentation or breach of fiduciary duty? Yes No
14. 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
15. Explain any yes answers to questions 9 through 14. (Attach additional sheets, if necessary.)

16. Nonresident producer applicants relocating to Oregon only:
If you are moving to Oregon and hold an insurance license in another state, have you established legal residence in Oregon? Yes No
If yes, has legal residence been established within 90 days of application? Yes No
If yes, date of residency: _____

Certification

Under ORS 731.992(1), the penalty for providing false or misleading information is up to one year in jail or a fine up to \$1,000.

I, _____, swear that I am the person named in and who completed the foregoing application. I understand that this application will not be processed if it is incomplete. The statements and answers are true and complete to the best of my knowledge and belief.

Signature of applicant

Date

Consent to obtain criminal-offender information

I hereby consent that the Insurance Division may ask the Oregon State Police to provide any criminal-offender information about me and may use such information for the purpose of determining whether to issue me the insurance producer license(s) applied for.

Signature of applicant

Date

Social Security number disclosure

To be licensed by the Oregon Insurance Division with the Department of Consumer and Business Services, it is mandatory that you provide your Social Security number under the authority of ORS 25.785 and 305.385 and 42 USC 405(c)(2)(C)(i) and 42 USC 666(a)(13). Your Social Security number will be used for identification, and tax- and child-support-enforcement purposes as required by law. The Oregon Insurance Division participates in the National Insurance Producers Registry, a national database that allows applicants for insurance licensure to be licensed simultaneously in other states. By your signature, you are authorizing Oregon to share your Social Security number with other state insurance-licensing authorities.

Signature of applicant

Date

Appointment of Insurance Commissioner for legal service by individual applicant

Nonresident applicants only

I hereby designate and appoint the Insurance Commissioner of the State of Oregon as my lawful attorney-in-fact, upon whom all legal process and summons against me may be served in any action, suit, or proceeding in any courts of justice of the State of Oregon or of the United States. I further stipulate and agree that any legal process or summons against me which is served upon the Insurance Commissioner for the State shall be taken and held in the courts to be valid and binding on me, and appointment shall continue in force so long as any liability of the individual remains outstanding in the State of Oregon.

Signature of applicant

Date

Important notice about your license

Effective July 1, 2007, the Insurance Division will no longer issue printed initial, renewal, or replacement licenses. All license information for active licensees will be available on our Web site. To view your license status or to print a copy, please go to <http://www.insurance.oregon.gov/producer/agent.html> and select the appropriate search page.

Examinations

DCBS no longer collects examination fees. If an exam is required, pay exam fees to Prometric. The following exam price list is for your information only.

- | | | | |
|--|------|------------------------------------|------|
| • Property and casualty (includes law) | \$65 | • Adjuster general lines | \$55 |
| • Property (includes law) | \$55 | • Adjuster health | \$55 |
| • Casualty (includes law) | \$55 | • Consultant general lines | \$55 |
| • Personal lines (includes law) | \$55 | • Consultant life and health | \$55 |
| • Surplus lines | \$55 | • Consultant life | \$55 |
| • Life and health (includes law) | \$65 | • Consultant health | \$55 |
| • Life (includes law) | \$55 | • Oregon law portion | \$55 |
| • Health (includes law) | \$55 | | |

Oregon individual insurance license application checklist

Half of all license applications we receive are delayed in processing because of missing information. Answer all questions on Pages 1-3, then use the checklist below to make sure your application is complete.

Page 1: Applicant information

- Business name — did you enter the name of the business (agency) you will be representing?
- Addresses and phone numbers — did you enter both your business and residence addresses and phone numbers, as required by Oregon law?
- Applicants for variable life must provide NASD CRD printout showing applicant is registered with an Oregon securities dealer.

Page 2: Five-year history

- Did you account for all your time for the past five years (employed, unemployed, and as a student)?

Page 3: Certification and consent to obtain criminal-offender information

- Did you sign and date both of these statements?

Attachments

The following attachments must be included with your application. Processing will be delayed if attachments are missing.

Oregon resident applicants only, did you attach:

- Check or money order payable to the Oregon Department of Consumer and Business Services. (Do not send cash.)
- Fingerprint card. (Form FD258)
- Proof of errors-and-omissions insurance covering consultant activities. (Consultant applicants only.)

Nonresident applicants, did you attach:

- Check or money order payable to the Oregon Department of Consumer and Business Services. (Do not send cash.)
- Adjuster license applicants only. An original letter of certification dated within 90 days of receipt.
- Proof of errors-and-omissions insurance covering consultant activities. (Consultant applicants only.)

Applicants relocating to Oregon (adjuster license only), did you attach:

- An original letter of clearance.

Mail application and payment to:

Fiscal Services Section
Oregon Department of Consumer & Business Services
P.O. Box 14610
Salem, OR 97309-0445