



Department of Consumer and 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

www.insurance.oregon.gov

Business Entity Application

FEIN: _____

- Corporation, Partnership, Sole proprietor, Limited liability company, Limited liability partnership, Other

Business entity name: _____

Assumed business name or DBA: _____

(Oregon business entities using DBAs must be registered with the Corporation Division, Office of the Secretary of State.)

Mailing address: _____ Street address: _____

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

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

Business phone: _____ E-mail: _____

Responsible producer* (See Page 2 for information): _____ SSN: _____

1. Categories and fees (Check appropriate boxes.)

Table with 3 columns: Category, Application fee, License fee. Rows for Producer, Adjuster, 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, Other

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

3. Limited lines for producer license. Check limited lines for which you are applying.

- Credit, Crop, Surety, Title, Trip travel

4. Total fees

Table with 2 columns: Fee Type, Amount. Rows for Application, License, Total.

Remit with payment to:

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

5. If business entity is a sole proprietorship, enter owner's name below; if a corporation, list all officers and/or directors and the names of persons owning 10 percent or more of the stock; and, if a partnership, list all partners.

Table with 2 columns: Name/Position, Address/City/State/ZIP. Multiple rows for listing owners/officers.

Use additional sheet, if necessary.

Division use only section with fields for Date licensed and License number.

FISCAL USE ONLY — 44410 section.

Applicant must answer yes or no to questions 6-10. Give full explanation of all yes answers in space provided below or on a separate sheet, signed by the applicant, that identifies the answers by number.

- 6. Has the business entity or any owner, partner, officer, or director ever been convicted of a misdemeanor or felony, or are any of them currently charged with a misdemeanor or felony? Yes No
- 7. Has the business entity or any owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes No
- 8. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer, or director for overdue monies by an insurer, insured, or producer or have any of them been subject to a bankruptcy proceeding? Yes No
- 9. Is the business entity or any owner, partner, officer, or director a party to, or have any of those parties 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
- 10. Has the business entity or any 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
- 11. Explain any yes answers to questions 6-10. If more space is needed, attach additional sheets.

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 \$10,000.

State: _____ County: _____

I, _____, swear that I am the person named in and who signed this application, that I know its contents, and that each of my statements and answers is true and complete to the best of my knowledge and belief.

Date Signature of owner or officer

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.

* A responsible producer is required. The responsible producer must be licensed and is responsible for your company's compliance with insurance laws and the laws of this state. Enter name of responsible producer on Page 1.