



## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Business Regulation  
INSURANCE DIVISION  
1511 Pontiac Avenue, Bldg. 69-2  
Cranston RI 02920  
Telephone No. (401) 462-9520  
[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

Fax No. (401) 462-9602

### INSURANCE PRODUCER LICENSING INSTRUCTIONS

**\*\*All producers are strongly encouraged to apply online at [www.nipr.com](http://www.nipr.com)\*\***

#### RHODE ISLAND RESIDENT INDIVIDUAL CHECKLIST:

Completed NAIC Individual Uniform Application

- A **copy** of the original passed exam results (results are valid for a period of one year)
- A **copy** of the original pre-licensing class results
- A **copy** of the background report from the Rhode Island Attorney General's office. **Background reports are valid for a period of thirty days.**
- A check or money order in the amount of \$120.00 made payable to the General Treasurer, State of Rhode Island

#### NON-RESIDENT INDIVIDUAL CHECKLIST:

- Completed NAIC Individual Uniform Application
- A check or money order in the amount of \$130.00 made payable to the General Treasurer, State of Rhode Island

#### AMENDMENT OF A LICENSE:

- Completed NAIC Individual Uniform Application
- A check or money order in the amount of \$50.00 made payable to the General Treasurer, State of Rhode Island
- If a Rhode Island resident is amending to include a major line of authority (excluding Variable Annuity/Variable Life) a copy of your pre-licensing class results are required.

**\*\*Please note that effective July 1, 2007 the State of Rhode Island no longer requires business entities to be licensed. However all individuals who are conducting Rhode Island business on behalf of a business entity must include that business entity name as an "assumed name" on their individual non-resident Rhode Island license.**

#### PRELICENSING (REQUIRED FOR RESIDENTS)

- Applicant must successfully complete a pre-licensing course. This course may be either classroom or verifiable self study (including online courses). With regard to each of the four major lines of authority: (1) life (2) accident & health or sickness (3) property (4) casualty and (5) personal lines the applicant must successfully complete twenty (20) hours of instruction in the specific line including three (3) hours of relevant state law for each major line of authority.
- The course must have received prior approval by the RI Insurance Division.**

- ❑ All pre-licensing courses are valid for a period of five (5) years.

**\*\*Please note that after successful completion of pre-licensing the applicant should then contact Pearson Vue at 1-800-274-3739 or by email at [www.pearsonvue.com](http://www.pearsonvue.com) to make an appointment to sit for the Rhode Island State Producer Examination.**

### **EXEMPTIONS TO PRE-LICENSING**

- ❑ An individual who was licensed in a reciprocal state and who is applying the same lines of authority in Rhode Island and who has cancelled that license within ninety (90) days of applying in Rhode Island. A letter of clearance must be provided from the prior resident state.
- ❑ An individual hold a four (4) year degree from an accredited institution of higher learning with at least three (3) semester hours in insurance.
- ❑ An individual holding a current and valid AAL, ARM, CIC or CPCU designation is exempt for property and casualty.
- ❑ An individual holding a current and valid RHU, CEBS, REBC or HIA designation is exempt from accident and health.
- ❑ An individual holding a current and valid CEBS, ChFC, CIC, CFP, CLU, FLMI or LUTCF is exempt from life.
- ❑ Limited line of authority.

### **CONTINUING EDUCATION REQUIRMENTS**

- ❑ Rhode Island residents must complete twenty-four (24) accumulated credit hours with a minimum of five (5) hours in each line of authority for which the producer is licensed and a minimum of three (3) hours in ethics for each biennial license period.
- ❑ Non-residents must comply with the continuing education requirements of their resident state.

### **EXEMPTIONS TO CONTINUING EDUCATION**

- ❑ Residents holding licenses to sell any kind and/or kinds of insurance for which examination in not required.
- ❑ Residents holding a limited line credit license or a license which is otherwise exempted by the Department.
- ❑ Residents holding a license continuously (without lapse) for twenty-five (25) years and who are fifty-five (55) years of age at the time of renewal.
- ❑ Residents who were licensed for twenty (20) year and were 60years of age as of July 3, 2004.

### **BACKGROUND REPORTS FOR RHODE ISLAND RESIDENTS ONLY**

- ❑ Applicants must provide a background (BCI) report from the RI Attorney Generals office. The Attorney General's office can be contacted at 401-274-4400 for further information.

### **ERRORS AND OMISSIONS FOR RESIDENTS**

- ❑ Rhode Island **residents** are required to carry and maintain errors and omissions insurance.



# Uniform Application for Individual Insurance Producer License

(Please Print or Type)

**Check appropriate box for license requested.**

- NEW APPLICATION
- AMENDED APPLICATION
- Resident License
- Non-Resident License

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)				
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>				
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ___ (day) ___ (year) ___		
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City	⑫ State	⑬ Zip Code	
⑭ Foreign Country	⑮ Home Phone Number ( ) -	⑯ Gender (Circle One) Male Female	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)			
⑱ Business Entity Name						
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City	㉒ State	㉓ Zip Code	
㉔ Foreign Country	㉕ Business Phone Number ( ) -	㉖ Business Fax Number ( ) -	㉗ Business E-Mail Address	㉘ Business Web Site Address		
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City	㉜ State	㉝ Zip Code	
㉞ Foreign Country	㉟ List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business.					
<b>Agency or Business Entity Affiliations</b>						
㊱ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)						
FEIN _____	NPN _____	Name of Agency _____				
FEIN _____	NPN _____	Name of Agency _____				
FEIN _____	NPN _____	Name of Agency _____				
<b>Employment History</b>						
㊲ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.						
		From		To		Position Held
		Month	Year	Month	Year	
Name						
City State Foreign Country						
Name						
City State Foreign Country						
Name						
City State Foreign Country						
Name						
City State Foreign Country						

(State Use)

**Jurisdiction and Type of License Requested**

Ⓢ Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

**License Types:**      **A** – Agent                      **B** – Broker                      **P** – Producer                      **SLP** – Surplus Lines Producer

**Lines of Authority:**      **V** – Variable Life/Variable Annuity      **L** – Life                      **H** – Accident & Health or Sickness      **P** – Property      **C** – Casualty      **PL** – Personal Lines

**Limited Lines:**      **CP** – Credit                      **CR** – Car Rental                      **CROP** – Crop                      **T** – Travel                      **S** – Surety                      **O** – Other

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
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OK																
OR																
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TN																
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VT																
WA																
WI																
WV																
WY																

### Background Information

39 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a certified copy of the charging document, and
- a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. 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” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational 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 written statement identifying the type of license and explaining the circumstances of each incident,
- a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. 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 \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. 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 \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. 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, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

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

6. 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 \_\_\_

**If you answer yes, you must attach to this application:**

- 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
- certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months

8. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

**Applicants Certification and Attestation**

40 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. Where required by law, 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.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Attachments**

41 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.licenseregistry.com](http://www.licenseregistry.com)).