



electronic license applications

user's **guide**



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Welcome to the National Insurance Producer Registry's electronic license applications

The electronic applications give producers the ability to quickly and easily apply for a license in a Resident or Non-Resident State (based upon their Resident State lines of authority) or renew an existing license.

what you need

For any application: Resident or Non-Resident, initial or renewal; the requirements are the same.



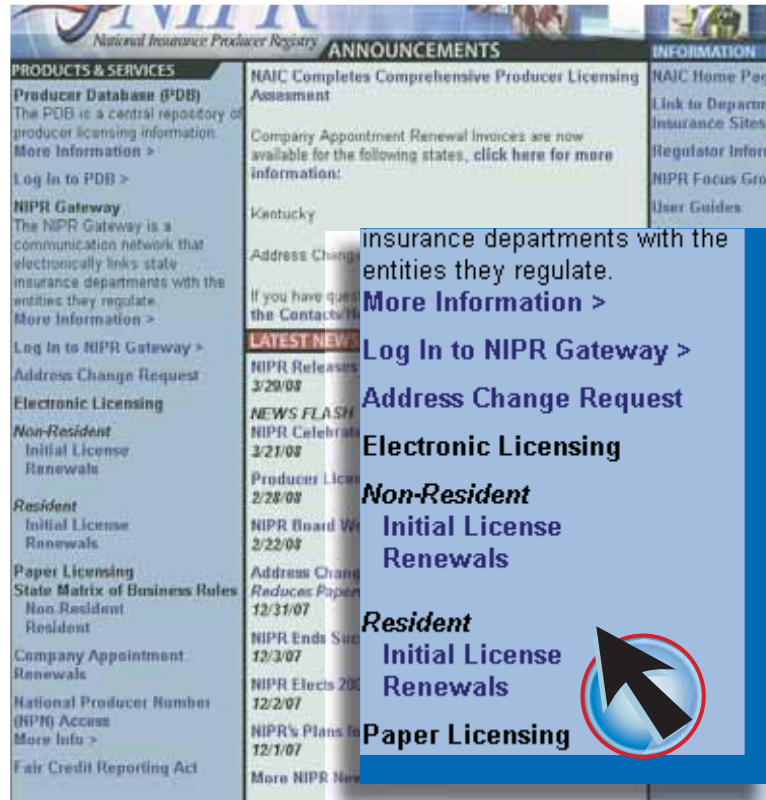
A current list of states can be found on our webpage at: <https://www.nipr.com/html/nrl-Welcome.html>

If you need a license in a state that is not accepting the Electronic Non-Resident License Application, that state may accept the paper format of the Uniform Non-Resident License Application. This is detailed on pages 10-11 of this document.

- **Hold an Active Resident License in one of the 50 states, District of Columbia, or Puerto Rico**
- **Make application to one of the States accepting the Electronic License application.**
- **Provide your Social Security Number (This is a required data field when completing the Non-Resident Uniform Application).**
- **Use a personal computer running one of the Windows 98/NT/2000/XP operating systems and using one of the following browsers: Internet Explorer 5.x or Netscape Communicator/Navigator 6.x or 7.x. Currently, Internet Explorer version 7.0 is not supported and your application MAY not be processed successfully if submitted using this version. Lastly, your browser must support Javascript 1.2. Encryption is in place and this is a secured site.**
- **Use one of the following credit cards: Visa, MasterCard, American Express.**

If this is your first time applying for a license, or you are wanting to renew your license; this guide will provide you with easy to follow instructions.

If you meet the previously listed requirements, you may access the electronic license applications from our website at www.nipr.com in the “Products and Services” menu on the left hand side of the screen. Click on Initial or Renewals depending if you are a Resident or a Non-Resident applicant.



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The Non-Resident and Resident homepages have the same format. Once on the application homepage, you will see the announcements and requirements for the application, as well as a menu with different options. From this menu, you can access: State Specific Requirements, Instructions, Fees, Frequently Asked Questions and Contact Information.

By clicking on State Specific Requirements, you will find the most recent list of states accepting the Electronic application and you can also view state rules. This will prove especially useful when applying for a “Business Entity License”. Most of your questions can be answered by clicking on the FAQs link, but if you have additional questions please use the Contact Us link. Here you will find

telephone numbers if you have technical problems. You will also find contact information for the specific states should you have to provide supplements to the electronic application. Now you are ready to begin the application, click [Begin](#). This will take you to the [Use Agreement](#), which must be agreed to in order to proceed.

get started

You will need to establish if you are applying for a new license or renewing an existing license.

1. Identify your resident state from the pull down menu
2. Enter the corresponding license number (which is case sensitive)
3. You will need to select whether this application is for an individual or business entity

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The image shows two screenshots of the NIPR application forms. The left screenshot is titled "Non-Resident Licensing SIGN-IN" and includes fields for Resident State, License Number, License Type (Individual/Business), and application purpose (New License/Renewal). It also has fields for SSN/EIN or NPIN. The right screenshot is titled "Resident Licensing" and includes fields for Resident State, License Type, application purpose, and License Number. Both forms have "Clear" and "Next" buttons.

The above information is verified against the National Insurance Producer Registry's Producer Database (PDB). If your license is in good standing in your resident state, you will be taken to the following:

The screenshot shows the "STATE SELECTOR" page on the NIPR website. It features a grid of checkboxes for various states. The states listed are: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District Of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, and Wisconsin. There are also "Select All" and "Clear" options. The page includes a navigation bar at the top with "Home", "About NIPR", "Search", and "Contacts/Help".



Click to the box to the left of the state(s) to which you are applying and click Next.

LICENSE SELECTION

Applicant: JOHN DOE Resident State: KS
 Application Type: License Number: 123456
 State(s): CO GA MD National Producer Number: 987654

The Producer Licensing Model Act provides that the producer will be granted the same scope of authority as granted under the license issued by the producer's home state. NFR makes no representation as to a state's interpretation of the scope of authority granted.

State	License Type
Colorado	<input type="checkbox"/> Select All <input type="checkbox"/> Producer <input type="checkbox"/> Adjuster
Georgia	<input type="checkbox"/> Agent-Nonresident <input type="checkbox"/> Counselor-Nonresident <input type="checkbox"/> Fraternal Agent-Nonresident <input type="checkbox"/> Public Adjuster-Nonresident <input type="checkbox"/> Surplus Lines Broker-Nonresident <input type="checkbox"/> Adjuster (Non-Resident) <input type="checkbox"/> Workers Comp Adjuster - Non
Maryland	<input type="checkbox"/> Non-Resident Producer Individual

If the license for which you qualify does not properly display, please discontinue the application and contact the NAC Help Desk at (816) 783-8500 or help@naic.org

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LOA SELECTION

Applicant: JOHN DOE Resident State: KS
 Application Type: License Number: 123456
 State(s): CO GA MD National Producer Number: 987654

Select from Available Line(s) of Authority

The Producer Licensing Model Act provides that the producer will be granted the same scope of authority as granted under the license issued by the producer's home state. NFR makes no representation as to a state's interpretation of the scope of authority granted.

State	License Type	Lines of Authority / Notes (if any)
Colorado	Producer	<input type="checkbox"/> Life <input type="checkbox"/> Accident and Health <input type="checkbox"/> Var Life & Var Annuity Product <small>NOTE: Variable includes Life authority</small> Other Lines: <input type="checkbox"/> Attorney Title <input type="checkbox"/> Surplus Lines <input type="checkbox"/> Title
Georgia	Agent-Nonresident	<input type="checkbox"/> AGENT - LIFE <input type="checkbox"/> AGENT - ACCIDENT AND SICKNESS <input type="checkbox"/> AGENT - VARIABLE PRODUCTS Other Lines: <input type="checkbox"/> AGENT - TITLE
Maryland	Non-Resident Producer Individual	<input type="checkbox"/> Life <input type="checkbox"/> Health <input type="checkbox"/> Variable Other Lines: <input type="checkbox"/> Automobile <input type="checkbox"/> OTHER LIMITED LINE

NOTE: Please pay special attention to any notes. Notes will address generally in regards to Variable Contracts or Business Entity applications

If the lines of authority for which you qualify do not properly display, please discontinue the application and contact the NAC Help Desk at (816) 783-8500 or help@naic.org

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Here you will select the License type and Lines of Authority you wish to apply for. Pay special attention to any notes. Notes will generally appear in regards to Variable Contracts or Business Entity applications. Also, if the lines of authority for which you qualify do not properly display, please discontinue the application and contact the Help Desk at (816) 783-8500 or help@naic.org.



Click Next and a dialogue box will appear stating "If applying for Variable Product, you must also hold or make application for Life Line of Authority".



Verify that you have applied for the correct Lines of Authority and click OK on the dialogue box.

The next screen will give you an itemized summary. Fees are as follows:

State fees = determined by each state individually	
Non Resident License - Initial = \$ 6.18	Resident License - Initial = \$ 5.00
Non Resident License - Renewal = \$ 5.00	Resident License - Renewal = \$ 5.00

[Fee Details](#) | [Personal Data](#) | [Business Data](#) | [Mailing Address](#) | [Aliases](#) | [Affiliations](#) | [Employee History](#) | [Background Questions](#) | [Attestation](#) | [Verification](#) | [Submitter](#) | [Receipt](#) | [Print](#) | [Follow Up](#)

FEE DETAILS

Applicant: JOHN DOE Resident State: KS
 Application Type: License Number: 123456
 State(s): CO GA MD National Producer Number: 987654

Jurisdictions and License Types/LOAs Requested and Associated Fees

State	License Type	Lines of Authority	State Fees	Trans. Fees	Totals
Colorado	Producer	Life Accident and Health	\$186.00	\$6.18	\$192.18
Georgia	Agent-Nonresident	AGENT - LIFE AGENT - ACCIDENT AND SICKNESS	\$115.00	\$6.18	\$121.18
Maryland	Non-Resident Producer Individual	Life Health Automobile	\$54.00	\$6.18	\$60.18
Totals					



Please be aware that all fees are non-refundable. Fees are not dependent on approval or denial of application.



Once you have agreed to the fees, click Next. A dialogue box will appear stating, "If you are sure your license class and LOA selections are correct, click OK. These fees are non-refundable."



Once you are sure, click OK, this will take you to the Uniform Application. You will notice that some of the information on the application is already populated. This information is being supplied to NIPR by your resident state(s) Department of Insurance. If any of this information is incorrect, please discontinue the application and contact your resident state Department of Insurance to verify the information they are supplying.



Enter your Social Security Number. If this differs from what the resident state is supplying, it will result in the application being declined.

If you are applying for a variable product, you will need to enter your NASD CRD number. *This is not necessary if you are not applying for variable products.*



Continue with the application. All fields with a red asterisk are required.

Upon entering an email address, a dialogue box will appear asking you to verify the email address. This is how the status of your application will be communicated to you. Only one email address can be entered at this time. You will have the opportunity to enter additional email addresses at the end of the application.

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PERSONAL DATA

Applicant: JOHN DOE Resident State: KS
 Application Type: License Number: 123456
 State(s): CO GA MD National Producer Number: 987654

Please enter the following information:

BIOGRAPHICAL INFORMATION

* Soc. Security Number:
 Last Name: DOE
 First Name: JOHN
 Middle Name:
 * Gender: Male Female
 Date of Birth: 01/01/1901

PRODUCER QUESTIONS

* Are you a citizen of the United States?
 Yes No - If No, of which country are you a citizen?
 If No, you must supply proof of eligibility to work in the U.S.

* Are you affiliated with a financial institution?
 Yes No

If applicable, NASD Individual Central Registration Depository (CRD) Number:
 * Required for Variable Line

RESIDENTIAL ADDRESS

Residential address * Address Line 1: 1234 MAIN STREET
 Address Line 2:
 Address Line 3:
 * City: ANYTOWN
 * State/Province: KS
 * Zip Code: 66111
 * Country: USA

* Home Phone Number:

<BACK DELETE EXIT-SAVE NEXT->

BUSINESS DATA

Applicant: JOHN DOE Resident State: KS
 Application Type: License Number: 123456
 State(s): CO GA MD National Producer Number: 987654

Please enter the following data:

BUSINESS INFORMATION

* Business Firm Name:
 * Business Firm Number:
 * Business Firm Address:
 * Business Firm City:
 * Business Firm State:
 * Business Firm Zip:

BUSINESS ADDRESS

Other business address:
 * Business Address Line 1:
 * Business Address Line 2:
 * Business Address Line 3:
 * Business City: * Business State:
 * Business Zip Code: * Business Country:

MAILING ADDRESS

Please Select or Enter the applicant's mailing address:
 Same as applicant
 Same as business
 Mailing address: Mailing Address Line 1: 1234 MAIN STREET
 Mailing Address Line 2:
 Mailing Address Line 3:
 Mailing City: ANYTOWN
 Mailing State: KS
 Mailing Zip Code: 66111
 Mailing Country: USA

<BACK DELETE EXIT-SAVE NEXT->



List any other assumed fictitious, alias, maiden or trade names which you have used in the past.

ALIASES

Applicant: JOHN DOE Resident State: KS
 Application Type: License Number: 123456
 State(s): CO GA MD National Producer Number: 987654

List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.

Last or Entity Name:	First Name:	Middle Name:	Alternative Name:
Doe	John	Buck	Alias

Add More

<BACK DELETE EXIT-SAVE NEXT>



Complete Agency or Business Entity Affiliations section *only* if the applicant is to be licensed as an active member of the business entity.

AFFILIATIONS

Applicant: JOHN DOE Resident State: KS
 Application Type: License Number: 123456
 State(s): CO GA MD National Producer Number: 987654

List Your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity). List any trade names under which you are currently doing business or intend to do business.

FEIN:	NPN:	Name of Agency:	State:
04 0877999		Wilbur Smith Agency, Inc	OK
			All
			All
			All

Add More

<BACK DELETE EXIT-SAVE NEXT>



Click **Next** and you will be asked to provide your Employment History for the past five years. You will also need to answer Background questions.

BACKGROUND

Applicant: JOHN DOE Resident State: KS
 Application Type: License Number: 123456
 State(s): CO GA MD National Producer Number: 987654

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 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 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?
 Yes No Not Applicable



If you answer "yes" to any of the background questions, you may have to provide supporting documentation to the state Department of Insurance. You will receive an email detailing the requested information and where to send it.



Lastly, you will need to review and agree to the Applicants Certification and Attestation. This is required and will serve as your signature.

ATTESTATION

Applicant: JOHN DOE **Resident State:** KS
Application Type: **License Number:** 123456
State(s): CO GA MD **National Producer Number:** 987654

The producer 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, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
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.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining Applicant's qualification for licensure. (Applicable only to residents of Alaska)

Agree

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If you are completing the application for yourself, check the box next to Producer and proceed to the next step. If you are completing the application on behalf of someone else, please check the box next to Authorized Submitter and provide your contact information.

SUBMITTER

Applicant: JOHN DOE **Resident State:** KS
Application Type: **License Number:** 123456
State(s): CO GA MD **National Producer Number:** 987654

Producer Authorized Submitter

As the authorized submitter, I declare that the applicant provided all the information submitted on this application.

* Submitters First Name: * Submitters Last Name:

* Submitters Firm Name:

* Submitters Title:

* Submitters Firm Phone: - -

* Submitters Firm Address:

* Submitters Firm City: * Country:

* State: * Zip: -



You are now done with the application. The only thing that remains is paying for the transaction. This page will again give you the total for the transactions. You will need to enter the following:

- Card Type: Visa, MasterCard, or American Express
- Account Number
- Expiration Date
- Name on Credit Card
- Check the “yes” box if you are authorized to use this credit card

Please confirm your credit card information and click 'Submit Payment' to process your transaction.

Amount: \$376.81
 Card Type: VISA
 Account Number: 4578942357894681
 Expiration Date: 8/2013
 Name on Card: John B. Doe
[Make Changes](#)

Submit Payment >>

To ensure that your transaction is processed correctly and to avoid potential duplicate credit card charges:

- Please click the "Submit Payment" button only **ONCE**
- Do not click the browser's Stop or Back buttons after you have clicked the "Submit Payment" button



A dialogue box will appear stating: By submitting this information, I am authorizing the National Insurance Producer Registry (NIPR) to process fees via the credit card information provided. I acknowledge that the respective State(s) will accept or decline this application and that ALL FEES ARE NON-REFUNDABLE. Click OK, if you agree. Once the transaction has been approved, you will receive a reference number.



You will then need to confirm the credit card information and click Next to process your credit card transaction.

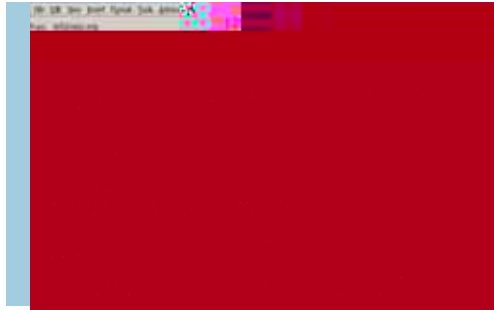
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Examples of the types of e-mails you might get

You will receive an email notifying you whether your application was accepted or not, or if it was sent to the State for review. Examples of the emails that you might get are below:

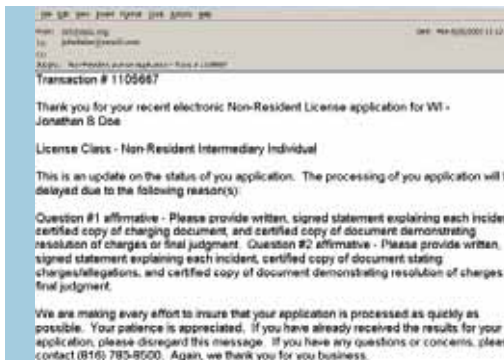
You will receive this e-mail when an application is accepted. The paper copy of the license will be sent to you from the respective State Department of Insurance by mail.



You will receive the following email when the transaction has been sent to the state for review:



This is an example of the email you might receive if you answer "YES" to any of the background questions.

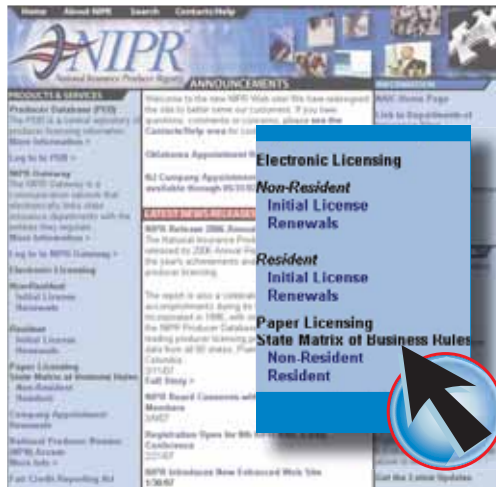


If the e-mail does not state where to send the information, please refer to the Contact Us section on the Electronic Non-Resident Licensing homepage, <http://www.nipr.com/html/nrWelcome.html>. This will give you address and/or FAX information for the specific states. Please reference your NIPR transaction number when supplying additional information to the states.



paper non-resident licensing

The NAIC Uniform Application allows for individuals and business entities to apply for licenses through the use of a single form. This form may be photocopied, to help speed up the process when applying in multiple states.



Please note that each application will need an original signature. You can access the application from the NIPR homepage at: www.nipr.com on the Paper Licensing category at the left.

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This page will give you an up-to-date listing of states that are accepting at least one form of the Uniform Application. By clicking on a state shaded in green, you will see which forms they are accepting.



Not all states accept the Uniform Application, so you will need to reference the appropriate State's Matrix of Business Rules. This page will also give you the respective states requirements and fees for non-resident licensure.

Many of the questions about this process can be answered by clicking on the link General Guidelines and FAQ's and. Here you will find general information and frequently asked questions regarding the Uniform Applications.

You can access the application by clicking on Uniform Applications. There are two applications, one for individual and one for business entity. There are also two formats you can download, Word or PDF.

For illustration purposes, we will use Illinois. This shows you that Illinois is accepting both the individual and Business application. By clicking on either link, you will find the state specific requirements for that license class. For illustration purposes, we will use the individual requirements.

Here you will find the state specific requirements for Non-Resident licensing. It will include information pertaining to: financial responsibility, additional documents, fees, address, etc. You can also download the application from this page.



IMPORTANT: If you have questions relating to these state specific requirements, you will need to contact the Department of Insurance for that state.

The screenshot shows the NIPR website interface. At the top, there are navigation links: Home, About NIPR, Search, and Contacts/Help. The main header features the NIPR logo and the text "National Insurance Producer Registry" and "STATE-SPECIFIC INFORMATION". Below this, a sub-header reads "This page provides state-specific checklists, application forms and contacts for paper resident and non-resident licensing in the State of Illinois." The main content area is divided into two sections: "NON-RESIDENT LICENSING CHECKLIST FOR BUSINESS ENTITIES" and "NON-RESIDENT LICENSING CHECKLIST FOR INDIVIDUALS". Each section lists "Other Requirements" with checkboxes and text. The business entities checklist includes requirements like attaching a check or money order for \$1500, and the individual checklist includes requirements like being 18 years of age and having a similar license in the resident state. A "Back to Top" link is provided for each checklist. At the bottom, there is a "DISCLAIMER" section stating that NIPR populates the State Matrix of Business Rules with information provided directly from participating state insurance departments and that it does not guarantee the completeness, accuracy, or adequacy of the information.

Contact information can be found under the heading of “Specific Questions? Please Contact:” In most cases, you will find telephone numbers and e-mail addresses to the states licensing division. You will also need to contact the state Department of Insurance if you need to obtain state specific forms.

NIPR populates the State Matrix of Business Rules with information provided directly from participating state insurance departments. Participating states are encouraged to provide updated information when appropriate. NIPR does not guarantee the completeness, accuracy or adequacy of the information in the State Matrix. The information in the State Matrix does not constitute legal advice and use of this information is at user’s own risk and responsibility. Any questions regarding the interpretation of the rules or the accuracy of the information should be directed to the appropriate state insurance department.

We hope these instructions help explain NIPR Products. If you have any questions, please feel free to call us at 816-783-8467 or email at marketing@nipr.com.

We value you as a customer and appreciate your business. All NIPR products are designed to be an aid to completing the licensing puzzle for regulators and the insurance industry. We welcome your comments to improve our products and our service to you - our customer. If we can be of further service, please do not hesitate to contact us. Thank you.