Reinstate an Expired License

Reinstate a license online or submit a paper renewal. An extra \$50 paper processing fee applies when you submit a paper application that could be submitted online.

Online

- 1. Apply for license on www.nipr.com. Select **New License** application.
- 2. Pay the renewal fee and late renewal penalty online.
- 3. Submit the appropriate **Business Transaction Form**.

Paper

- 1. Submit a <u>renewal application form</u> with all necessary requirements.
- 2. Include the renewal fee, late renewal penalty, and **\$50 paper processing fee** if applicable.
- 3. Submit the appropriate **Business Transaction Form**.

Resident License

- If you do not reinstate a <u>resident license</u> within a year of expiration, you will need to retake your exam(s) and submit a new fingerprint card.
- If you didn't complete <u>continuing education</u> requirements before your license expired, you are required to complete them before reinstating your license.

Renewal Fee

Insurance Producer (Any Lines) Independent Adjuster Reinsurance Intermediary Manager/Broker Managing General Agent Limited Lines	\$75
Viatical Settlement Broker/Representative	\$100
Surplus Lines Broker Third Party Administrator	\$300

Late Renewal Penalty

1 to 60 days after license expires	\$100
61 days + after license expires	\$200

Questions?

Contact a Licensing Examiner

ALASKA DIVISION OF INSURANCE LICENSING SECTION

Business Transaction Form for Adjusters

, under penalty o	f perjury, that (cor	nplete A. or B.)		
A. Expired License (choose one) O From License Expiration Date: to Present Date:*, I have not engaged in adjusting activities relative to an Alaska risk under the authority granted me by Alaska License # I understand adjusting activities cannot be engaged in without a license. *Must be the date you and notary sign this form. The Division will accept a digital notary stamp. O The following is a complete and accurate list of Alaska adjusting activities that took place after License Expiration Date:		B. New License (choose one) O I have not engaged in adjusting activities relative to an Alaska risk. I understand adjusting activities cannot be engaged in without a license. O The following is a complete and accurate list of all Alaska adjusting activities that took place before the Alaska insurance license was issued.		
Date of Adjustment	Policy No.	Alaska Insured Name and Address	Insurer Name and Address	Compensation
			Total e your monthly salary:	
e / Compliance Of IBED AND SWORI	ficer Signature	Printed Nar s day of, at Month Year	me	
	ired License (cho com License Expira nave not engaged ne authority grante understand adjust fust be the date you he Division will accep ne following is a con tat took place afte nd prior to the rei Date of Adjustment City e / Compliance Of IBED AND SWORN Signature	ired License (choose one) om License Expiration Date: nave not engaged in adjusting activitie authority granted me by Alaska Liunderstand adjusting activities cannot be the date you and notary sign this form the Division will accept a digital notary standing following is a complete and accurate took place after License Expiration digital notary standing prior to the reinstatement of Alast Date of Adjustment No. Date of Adjustment Policy No.	to Present Date:	ired License (choose one) om License Expiration Date: to Present Date: nave not engaged in adjusting activities relative to an Alaska risk under e authority granted me by Alaska License # nucderstand adjusting activities cannot be engaged in without a license. It understand adjusting activities cannot be engaged in without a license. It understand adjusting activities cannot be engaged in without a license. It understand adjusting activities cannot be engaged in without a license. It understand adjusting activities cannot be engaged in without a license. It is following is a complete and accurate list of Alaska adjusting activities that took place before the Alast took place after License Expiration Date: did prior to the reinstatement of Alaska License # Date of

08-307 (10/17) Ph: 907-465-2515 • P.O. Box 110805 • Juneau, AK 99811-0805 • <u>insurancelicensing@alaska.gov</u>