

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 Willoughby Avenue, 9th Floor
P.O. Box 110805
Juneau, AK 99811-0805
(907) 465-2515 Telephone

Email: insurancelicensing@alaska.gov

EXEMPTION FROM LICENSURE UNDER AS 21.27.010(j)

Unless otherwise provided under Alaska Statutes, a person may not act as, or represent to be an insurance producer or a Surplus Lines Broker (SLB), in this state or relative to a subject resident, located, or to be performed in this state, unless licensed.

A person may qualify for exemption from the license requirement under Alaska Statute (AS) 21.27.010(j)(6), if the person:

- is not a resident of this state; and
- sells, solicits, or negotiates commercial property and casualty insurance for an insured with risks located in more than one state; and
- the person is licensed as an insurance producer or surplus lines broker in the state where the insured maintains its principal place of business; and
- the contract of insurance covers risks located in that state.

FILING REQUIREMENTS

It is not statutorily-required for a person to file for exemption with our office. However, if we receive an inquiry or consumer complaint on a person that is not registered with our office, that person will be contacted to determine whether they are transacting the business of insurance in compliance with Alaska insurance laws.

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Division use only	
Batch # _____	\$ _____

1	APPLICANT NAME _____									
2	TYPE OF BUSINESS Check the legal business type for which you are applying: Legal Business Type C – Corporation P – Partnership S – Sole Proprietorship LLC – Limited Liability Corporation LLP – Limited Liability Partnership									
	Legal Business Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">C</td> <td style="width: 25%;">P</td> <td style="width: 25%;">S</td> <td style="width: 25%;">LLC</td> <td style="width: 25%;">LLP</td> </tr> </table>	C	P	S	LLC	LLP	Incorporation/Formation Date month ____ day ____ year _____	FEIN _____	State of Domicile _____	Country of Domicile _____
C	P	S	LLC	LLP						
3	Date of Birth month ____ day ____ year ____	Social Security No. _____	National Producer Number _____	Residence E-mail _____						
	Resident Home Address (Physical Street) _____	City _____	State _____	Zip Code _____	Foreign Country _____					
4	Business Physical Address City _____ State _____ Zip Code _____ Foreign Country _____									
	Applicant Mailing Address _____	P.O. Box _____	City _____	State _____	Zip Code _____ Foreign Country _____					
	Business E-mail Address _____		Business Website Address _____							
5	BUSINESS NUMBERS									
	Phone # _____	Fax # _____								
6	CERTIFICATION I certify under penalty of perjury the following: _____ (name of person/firm claiming exemption) is not a resident of Alaska. _____ (name of person/firm claiming exemption) transacts commercial property and casualty insurance for _____ (insured's name). _____ (insured's name) has risks located in the states of _____, and _____, _____, _____, _____, (use separate page if necessary). The insured maintains its principal place of business in the State of _____. _____ (name of person claiming exemption) is licensed as an insurance producer or surplus lines broker (circle one) in the state where the insured maintains its principal place of business. The policy written covers risks located in the state where the insured maintains its principal place of business and in Alaska. I have read and understand the Alaska Statutes relevant to transacting the business of insurance. I have read the foregoing application and know the contents thereof and attest that each statement therein made is full, true, and correct. 									
	Signature of Person Claiming Exemption _____			Printed Last, First, and Middle name _____						
	Title _____			Date _____						