

## Third Party Administrator Designated Responsible Licensed Producer (DRLP) / Compliance Officer Application

<b>1</b>	Last Name		First Name		Middle	
	NPN	Date of Birth	CRD#	Gender	Citizenship	
<b>2</b>	Residence Address		City		State	
	Mailing Address		P.O. Box		City	
	Residence Phone Number		Business Phone Number		Fax Number	
					Business Email Address	
<b>3</b>	<b>Education &amp; Training</b>					
	List here all college education and training. A "major" means at least 24 semester hours of college course work, at least 16 of which are upper division level, in the areas of emphasis.					
	College, University, Graduate School Name and Location	Dates Attended	Major or Subjects Taken	Degree Year	Did You Graduate	
		From: To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		From: To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
		From: To:			Yes <input type="checkbox"/> No <input type="checkbox"/>	
	<b>A.</b> List here any professional occupational, certificates, or registrations and vocational licenses issued by any private organizations or governmental licensing agency or regulatory authority, which you presently hold or have held in the past.					
TITLE		ISSUING ORGANIZATION		DATE OBTAINED		
<b>4</b>	<b>Employment History</b>					
	Account for all time for the past ten years. Give all employment experience starting with your current employer working back ten full years. Include full and part-time work, self-employment, military service, unemployment and full-time education, accounting for the filling five years time without gaps. Attach a separate piece of paper, if necessary					

	Company, City, State	From	From	Position	May we		
		Month	Year	Month	Year	Title	contact?
<b>5</b>	Have you ever been in a position that required a fidelity bond?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If any claims were made against that bond, detail here:						
	Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, provide details here:						
<b>6</b>	During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by a governmental agency or regulatory authority, or has any such license held by you ever been suspended or revoked?			Yes <input type="checkbox"/> No <input type="checkbox"/>			
	If yes, provide details here:						
<b>7</b>	List any group, association, or other organization of insurers which engages in joint underwriting or joint reinsurance with which you are affiliated and identify the companies that are members.						
<b>8</b>	Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurance related organization which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation, or conservatorship?						
<b>9</b>	<b>Background Questions Background Questions</b>						
	<b>Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.</b>						

1 a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes  No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? Yes  No

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? Yes  No

If so, was *consent* granted? Yes  No   
(Attach copy of 1033 consent approved by home state.)

1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? Yes  No

NOTE: For Questions 1a, 1b and 1c, "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 no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

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

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes  No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned 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, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial.

INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a 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 or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

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, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach?

Yes  No

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

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official documents, 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, or member or manager of a limited liability company, 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) 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 b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage?

Yes  No

If you answer yes,

a) by how many months are you in arrearage?

Yes  No

b) are you currently subject to and in compliance with any repayment agreement?

Yes  No

c) are you the subject of a child support related subpoena/warrant? (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

Yes  No

**10 APPLICANT CERTIFICATION & ATTESTATION**

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me to civil or criminal penalties.

2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Director of Insurance to be its agent for service of process regarding all insurance matters and agree that service upon the Alaska Director of Insurance is of the same legal force and validity as personal service upon the firm or myself.

3. I grant permission to the Director of Insurance for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.

4. I authorize the State of Alaska to give any information it may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.

5. I acknowledge that I am familiar with the Alaska insurance laws and regulations.

6. No representatives acting on behalf of this firm have been convicted of any felony involving dishonesty or breach of trust (18 USC 1033) for which written consent by an insurance official has not been granted.

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 for the non-resident state.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I'm/we're applying, certified copies of any documents attached to this application or requested by the jurisdiction.

Signature of Applicant

Month/Day/Year

Type or Printed Name of Applicant