

**Maryland Insurance Administration
Individual Producer License Renewal/ Reinstatement Checklist**

Important Update:

The attached application and supplement may be used to renew or reinstate an existing Maryland Insurance producer license.

Requirements:

- ☐ Producer License Applicants attach a check or money order for \$69.00 to renew a license or \$169 to reinstate a license. Payments should be made payable to The Maryland Insurance Administration.
- ☐ Individuals who hold a surplus lines license must renew / reinstate the pre-requisite producer license simultaneously or prior to the renewal/reinstatement of the surplus lines license. In addition to the fee for the producer license an additional \$200 must be submitted to renew the surplus lines license.

FEES ARE NON-REFUNDABLE AND ARE NOT DEPENDENT ON APPROVAL OR DENIAL OF AN APPLICATION

Title Producers

All licenses with an expire date on or after October 1, 2009, with the Title line of authority, will be required to submit a new Title Surety bond or Letter of Credit and Title Fidelity bond, in the amount of \$150,000 prior to the license being renewed. For further information regarding this change you may refer to Senate Bill 86.

If you are a Maryland attorney practicing at a Maryland law firm you do not have to fulfill the Title bond requirements. You must submit a letter on the law firm's stationery with verification of employment. Employment letters must be received within 90 days from the date of issuance.

RESIDENT APPLICANTS ONLY

Continuing Education Information

If you are a Maryland attorney (an attorney who is admitted to practice before the Maryland Court of Appeals of the State of Maryland), you do not have to fulfill the CE requirement. You must submit a photocopy of a Certificate of Good Standing from the Maryland Court of Appeals issued within the last 90 days.

Effective October 1, 2009 all resident licensees holding a major line of authority, with the exception of Title, will be required to complete 24 hours of Continuing Education before the license can be renewed. Title producers will still have a 16 hour requirement.

Effective October 1, 2009, all producers must earn 3 hours of their CE by taking an Ethics course.

Any producer selling Long Term Care insurance must earn 2 of their CE hours by taking a Long Term Care course.

Any producer selling Flood Insurance must earn 2 of their CE hours by taking Flood Insurance course.

Producers over 70 years of age are exempt from CE requirements.

Producers may request a CE waiver due to reasons of hardship, using the renewal supplement form.

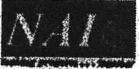
If prior to October 1, 2008 a resident licensee has been consecutively licensed for 25 or more years their continuing education requirement is 8 hours

Sign Application and mail with any additional required items to:

Maryland Insurance Administration
Attn: Producer Licensing
200 St. Paul Place, Suite 2700
Baltimore, MD 21202

Questions? Please contact the Maryland Insurance Administration at 1-888-204-6198.

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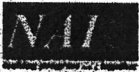
**Uniform Application for
Individual Producer License Renewal/Continuation**
(Please Print or Type)

Check appropriate box for license requested.

- ☐ Resident License
☐ Non-Resident License
 • Identify Home State: _____
 • Identify Home State License #: _____

Demographic Information					
① Soc. Security Number - -		② Date of Birth		③ Home State & Home State License Number	④ If assigned National Producer Number (NP#)
⑤ Last Name JR./SR. etc		⑥ First Name			
⑦ Residence/Home Address (Physical Street)		⑧ P.O. Box	⑨ City	⑩ State	⑪ Zip or Foreign Country
⑫ Business Entity's Name					
⑬ Business Address (Physical Street)		⑭ P.O. Box	⑮ City	⑯ State	⑰ Zip or Foreign Country
⑱ Business Phone Number (include extension) () -	⑲ Business Fax Number () -		⑳ Business E-Mail Address		㉑ Business Web Site Address
㉒ Mailing Address		㉓ P.O. Box	㉔ City	㉕ State	㉖ Zip or Foreign Country
Agency or Business Entity Affiliations					
㉗ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)					
FIRN _____		NPN _____	Name of Agency _____		
FIRN _____		NPN _____	Name of Agency _____		
FIRN _____		NPN _____	Name of Agency _____		
Background Information					
㉘ 1. Since the last renewal or initial application in this state, 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 ____					
<p>"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.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none">a) a written statement explaining the circumstances of each incident,b) a certified copy of the charging document,c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment. <p>If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ____ Yes ____ No ____</p> <p>If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ____ Yes ____ No ____</p>					

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Uniform Application for Individual Producer License Renewal/Continuation

Background Information continued

2. Since the last renewal or initial application in this state, have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative 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, 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. Since the last renewal or initial application in this state, do you have a child support obligation in arrears? Yes ___ No ___

If you answer yes,

- by how many months are you in arrears? _____ Months
- are you currently subject to a repayment agreement? Yes ___ No ___
- are you the subject of a child support related subpoena/warrant? Yes ___ No ___

Applicant's Certification and Attestation

29 The producer must read the following very carefully:

- 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.
- 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.
- 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.
- 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 arrears on this application.
- 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.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 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 Producer Signature

Full Legal Name (Printed or Typed)

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**MARYLAND INSURANCE ADMINISTRATION
INDIVIDUAL PRODUCER LICENSE RENEWAL SUPPLEMENT FOR
PRODUCER & SURPLUS LINES PRODUCER INDIVIDUAL**

1. APPLICANT INFORMATION - ALL APPLICANTS

Required fields are marked with (*).

1A. *FIRST NAME : _____

1B. *LAST NAME : _____

1C. *LICENSEE IS A:

Resident

Nonresident (see below)

If nonresident, you must provide the state where you hold your resident license:

1D. RESIDENT LICENSE STATE: _____

1E. IS YOUR RESIDENT LICENSE(S)
CURRENTLY IN GOOD STANDING?

Yes ☐

No ☐

TITLE PRODUCERS

2A. *Are you a Maryland attorney (an attorney who is admitted to practice before the Court of Appeals of the State of Maryland)? If yes, you do not have CE requirements for the Title line of insurance. You must submit a photocopy of a Certificate of Good Standing from the Maryland Court of Appeals, issued within 90 days from issuance with this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2B. *Are you a Maryland attorney practicing at a Maryland law firm (an association of attorneys who is admitted to practice before the Court of Appeals of the State of Maryland, including a sole practitioner)? If yes, you do not have to fulfill the Title bond requirements. You must submit a letter on the law firm's stationery with verification of your employment. The address of the law firm must be a Maryland address. Employment letters must be received within 90 days from the date of issuance. Your application will be placed in a pending state until documentation is received.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

RESIDENT APPLICANTS

3A. Within the last 24 months, have you sold Long Term Care Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3B. Within the last 24 months, have you sold Flood Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3C. I am applying for a partial CE waiver, because I have been continuously licensed for the previous 25 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3D. I am applying for a CE waiver, for reason of hardship? (Please attach statement and documentation detailing circumstances).	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please visit our continuing education vendor, Prometrics', website www.prometric.com to view your Continuing Education transcript for this renewal period. If you completed a course and it does not appear on your transcript please list the course below and certify that you completed the course(s). Your renewal/reinstatement will be processed based on your certification.

Course Number	Course Completion Date	Course Name	School Name	Credit Hours	Course Type	Content Code

4A. *APPLICANT SIGNATURE: _____

4B. *APPLICANT FIRST NAME: _____

4C. *APPLICANT LAST NAME: _____

4D. *APPLICATION DATE: _____

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