

**OFFICE OF THE LIEUTENANT GOVERNOR  
DIVISION OF BANKING, INSURANCE AND FINANCIAL REGULATION**

**RENEWAL INSURANCE APPLICATION  
FOR RESIDENTS OR NON-RESIDENTS  
(INDIVIDUAL)**

1. **LICENSE TYPE:** Check box that applies for each category. Applicant must complete a separate application for each license type.

- a)  Resident  Non-Resident    License No. \_\_\_\_\_    NPN \_\_\_\_\_
- b)  Producer  Independent-Adjuster  Public-Adjuster  Surplus Line Broker  Managing General Agent  Solicitor
- c)  Life  Accident, Health or Sickness  Property  Casualty  Title  Variable Life and Variable Annuity  Surety  Personal Lines  Credit  Travel Insurance  Rental Car  Self Storage  Communications Equipment or Services
- d)  Are you a veteran?  YES  NO                      e)  Are you a US Citizen?  YES  NO

2. **NAME OF APPLICANT:**  Mr.  Mrs.  Ms  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle Name \_\_\_\_\_

3. **IDENTIFICATION INFORMATION:**  
S.S.N. \_\_\_\_\_ Sex:  M  F

4. **BUSINESS PHYSICAL ADDRESS:**  Address Change from last renewal?

Street \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Fax Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

5. **RESIDENCE ADDRESS:** (P.O. Box not acceptable)  Address Change from last renewal?

Street \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

6. **MAILING ADDRESS:**  Business     Residence     Address Change from last renewal?

Street/P.O. Box \_\_\_\_\_ Apt/Suite # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**7. MANAGING GENERAL AGENT APPLICANTS ONLY):**  N/A

a) List the name(s) of the company or companies licensed in the Virgin Islands, that you represent or through which you have received an appointment. *You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.*

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b) Name of the Agency in the U.S. Mainland or U.S Virgin Islands through which you are affiliated:

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c) **Broker Bond Number:** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_

**Surety Company** \_\_\_\_\_ **Amount \$** \_\_\_\_\_  
*(Copy of bond required)*

**8. PRODUCER/SOLICITORS APPLICANTS:**  N/A

a) If acting as an agent, list name(s) of companies/agencies licensed in the Virgin Islands through which you represent and from which you have received an appointment. *You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable*

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b) Name of Agency on the U.S. Mainland or the U.S. Virgin Islands through which you are affiliated:

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**9. PRODUCER APPLICANTS:**  N/A

a) If acting as a broker, if available, list the name(s) of the company or companies licensed in the Virgin Islands, through which you represent or through which business is being placed. *You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.*

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b) Name of Agency on the U.S. Mainland or the U.S Virgin Islands through which you are affiliated:

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c) **Residents only:** **Broker Bond Number:** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **Amount \$10,000**

**Surety Company** \_\_\_\_\_ *\*\*copy of bond required*

**10. SURPLUS LINE BROKER APPLICANTS ONLY:**  N/A

a) List the name(s) of all “unauthorized insurers” or “surplus lines carriers” that are eligible to conduct surplus lines business in the Virgin Islands with which arrangements have been made to accept or which are considering the acceptance of surplus lines business offered by the applicant. *You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.*

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b) Name of Agency in the U.S. Virgin Islands through which you are affiliated:

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c) **Residents only:** Broker Bond Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount \$10,000

Surety Company \_\_\_\_\_ **\*\* copy of bond required**

**11. RESIDENT INDEPENDENT ADJUSTER APPLICANTS ONLY:**  N/A

If you are an Office Manager, list names of adjusters working directly under your supervision:

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**12. ADJUSTER APPLICANTS:**  N/A

List the names(s) of the company or companies licensed in the Virgin Islands through which you are affiliated. *You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.*

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**13. PUBLIC ADJUSTER APPLICANTS:**  N/A

Public Adjuster Bond Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Amount \$5,000

Surety Company \_\_\_\_\_ **(Copy of bond required)**

**14. RESIDENT OR NON-RESIDENT LIFE AGENT APPLICANTS ONLY:**  N/A

a) If you are acting as a Variable Life and Variable Annuity Agent, are you registered with the Division of Banking, Insurance and Financial Regulation?  Yes  No

If yes, provide your BD-A registration number. If no, state the reason why you have not registered.

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b) If you intend to are acting as a Variable Life and variable Annuity Agent, are you registered with NASD?

Yes  No

If yes, provide your Central Registration Depository (CRD) Number \_\_\_\_\_

## BACKGROUND QUESTIONS

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)

1 b. 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? (Attach copy of 1033 consent approved by home state.)

1 c. 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 of fiduciary duty? 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?
- b) are you currently subject to and in compliance with any repayment agreement?
- 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\_\_\_

If you answer yes

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes \_\_\_ No\_\_\_

## Applicant's Certification and Attestation

The Applicant 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. Unless provided otherwise by law or regulation of the jurisdiction, 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 which this application is made 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. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

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Month/Day/Year

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Applicant Signature

**The following items are needed for Renewal:**

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|--------------------------------------------------------|------------------------------------------------|
| 1) Renewal Fee                                         | Resident and Non-resident                      |
| 2) Producer's Bond                                     | Resident only                                  |
| 2) Surplus Lines' Bond                                 | Resident only                                  |
| 3) Public Adjuster's Bond                              | Resident and Non-Resident                      |
| 4) Tax Clearance Letter                                | Resident only                                  |
| 6) Appointment of Producer (If not on file or expired) | Resident and Non-Resident (acting as an agent) |
| 7) Appointment of Producer Fee                         | Resident and Non-Resident                      |

<b>RESIDENT</b>	<b>RENEWAL FEE</b>	<b>BOND</b>
Producer	\$200.00	\$10,000 (if acting as a broker)
Surplus Line Broker	\$500.00	\$10,000.00
Adjuster (Independent/Public)	\$250.00	\$5,000.00 (Public Only)
Solicitor	\$200.00	N/A
Managing General Agent	\$450.00	if applicable
Appointment Fee	\$ 50.00	

<b>NONRESIDENT</b>	<b>RENEWAL FEE</b>	<b>BOND</b>
Producer	\$400.00	N/A
Surplus Line Broker	\$500.00	N/A
Managing General Agent	\$450.00	if applicable
Adjuster (Independent/Public)	\$250.00	\$5,000.00 (Public Only)
Appointment Fee	\$ 50.00	

\_\_\_\_\_ Make check or money order payable to the Government of the U.S. Virgin Islands.

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**FOR OFFICE USE, ONLY**

Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Receipt Number: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_