STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Insurance Division – Agent Licensing
500 James Robertson Parkway
Nashville, TN 37243-1134
Fax: 615 532-2862 **615 741-2693** **ce.agent.licensing@tn.gov**

APPLICATION FOR WRITTEN CONSENT TO ENGAGE IN THE BUSINESS OF INSURANCE PURSUANT TO 18 U.S.C. §§ 1033 AND 1034

Notice to Applicant: 18 U.S.C § 1033 prohibits certain activities by the affecting persons engage or proposing to become engaged in the business of insurance.

(e)(1)(A) Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than 5 years, or both.

(B) Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than 5 years or both.

(e)(2) A person described in paragraph (1)(A) may engage in the business of insurance or participates in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which consent specifically refers to this section.

This Application will be reviewed by the chief insurance regulatory official in this state to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to U.S.C. §1033 (e)(2)

You must answer every question on the Application. If a question does not apply, indicate N/A in the space provided for the answer. Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Department of Commerce and Insurance will not process incomplete Applications. Additional information may be requested.

PLEASE TYPE

SECTION I – APPLICANT INFORMATION

Full Name of Applicant:

Last Name	First Name	Middle	SS#

Home Address	City	County	State	ZIP	Home Phone

Business Address	City	County	State	ZIP	Business Phone

1. If you were born in the United States, provide the following:

Place of Birth	City	County	State	ZIP	Date of Birth

2. If you were not born in the United States, provide the time of first entry and port of entry:

_____

3. Are you a U.S. Citizen? ☐ yes ☐ no
   If no, provide the following:

Citizenship Country	State/Province	Basis of U.S. Residence	Alien Registration Number

4. If you are a naturalized citizen of the United States, indicate where and how you became naturalized. The number of the Certificate of Naturalization must be provided, if applicable.

_____

5. Have you ever used or been known by another name (including maiden name) or used or been issued another Social Security number? ☐ yes ☐ no
   If yes, provide the following (attach additional pages as needed):

Name	Social Security Number	Date of Use

6. Provide identification of your current, and all former, spouses (attach additional pages as needed):

Spouse's Last Name	First Name	Middle	Social Security Number	Marital Status

7. Do any of your relatives, by blood or marriage (either current or prior), serve in any capacity with any entity engaged in the business of insurance?
☐ yes ☐ no

If yes, provide the following (attach additional pages as needed):

Name of Relative	Address	Relationship to Applicant Insurer/Employer

8. Have you ever been a party, in any capacity, in a civil action, lawsuit, bankruptcy or other proceeding? ☐ yes ☐ no

If yes, provide details of all civil actions (attach additional pages as needed):

Title of Case _____ Case Number

_____ ☐ Federal ☐ State _____

Identification of Court City/State Date of Action

Description of case and your involvement, including outcome:

_____

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SECTION II – EDUCATION

1. Provide complete details about your education and training, including identification of all schools that you have attended. Attach additional pages as needed.

Name of High School(s)	Address	Major	Dates Attended	Highest Level Attained
Name of College(s)	Address	Major	Dates Attended	Highest Level Attained
Name of Tech School(s)	Address	Major	Dates Attended	Designation
Post Graduate Schools	Address		Dates Attended	Designation or Programs

SECTION III – CHRONOLOGICAL EMPLOYMENT HISTORY AND PROFESSIONAL LICENSES – CERTIFICATIONS – DESIGNATIONS

1. List in chronological order each and every place where you have been employed, including any military service (attach additional pages as needed). Include all instances where you have served as a paid or non-paid officer or director.

Name of Employer	Address	Title/Job	Employment Dates	Reasons for Leaving

2. Do you now hold, or have you ever held, a professional license relating to the business of insurance, including but not limited to, being a producer, agent, broker, solicitor, adjuster, or third party administrator? ☐ yes ☐ no

   If yes, provide the following information about your active or prior insurance professional license(s) (attach additional pages as needed):

Type of License	Date of Issue	State	Status of License

3. Have you ever had a consumer complaint, administrative, civil or other legal proceeding (include pending actions) filed against you regarding your insurance activities? ☐ yes ☐ no

   If yes, provide the following (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome

4. If your insurance-related license has ever been suspended, revoked, or administratively sanctioned (include pending actions) as a result of the legal or administrative action described in this section, provide the following information (attach additional pages as needed):

Date of Sanction/ Suspension/Revocation	Type of License	Fines Paid	Status of Proceeding

5. Do you now hold, or have you ever held, any other professional licenses, certifications or designations not issued by a Department of Insurance? ☐ yes ☐ no

If yes, provide the following information about your active or prior professional licenses, certifications or designations (attach additional pages as needed):

Issued by	Address	City/State

Type of License, certification or designation	Date of Issue	Status of license, certification or designation

6. Have you ever had a customer, client or consumer complaint, administrative or other legal proceeding (include pending actions) filed against you regarding your other professional activities? ☐ yes ☐ no

   If yes, provide the following (attach additional pages as needed):

Type of Action	Court/Administrative Agency	State	Date of Action	Outcome

7. If any other professional licenses, certifications or designations have ever been suspended, revoked, or administratively sanctioned as a result of the legal or administrative action described in this section (include pending actions), provide the following information (attach additional pages as needed):

Date of Sanction/Suspension/Revocation	Type of License	Fines Paid	Status of Proceeding

SECTION IV – CRIMINAL HISTORY

1. Provide a narrative statement describing the circumstances leading to all criminal charge(s) filed against you: the date of charge(s); place of charge(s); trial court(s); date of disposition; convicted charge(s); sentence(s); date(s) of incarceration; date(s) of probation/parole; date(s) of release from probation/parole; restitution ordered; restitution paid; fines/costs ordered; fines/costs paid. Include details of negotiated plea agreements and pleas of nolo contendere to an information or indictment. Describe in detail the criminal conviction or convictions which are the subject of this Application. Attach additional pages if needed.

2. Other than described in Section IV, No. 1, during your lifetime have you ever been charged, arrested, indicted, entered into a negotiated plea agreement, entered a plea of guilty or nolo contendere to an Information or indictment, had a sentence suspended or had pronouncement of a sentence suspended, in connection with any other felony or misdemeanor criminal activities?
☐ yes ☐ no
If yes, provide a narrative statement describing the circumstances of every instance.

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3. Have you received any type of pardon to the offense or offenses that are the subject of this Application, or any other offense listed in this Application?
☐ yes ☐ no

If yes, provide the following information (add additional pages if needed):

Pardoning Authority	County	State	Convicted Offense	Date of Pardon	Terms of Pardon

4. Have you made full payment of any and all outstanding court costs, supervision fees, fines and ordered restitution concerning any and all offenses? ☐ yes ☐ no

If no, provide explanation (add additional pages if needed):

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5. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed in Section IV? If yes, explain (attach additional pages as needed).

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6. List all evidence that exists regarding your rehabilitation (attach additional pages as needed).

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SECTION V – PRESENT/PROPOSED INSURANCE EMPLOYMENT

1. Provide complete details about your present employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Employer	Address	City	State	ZIP	Telephone
Name of Insurance Entity	Address	City	State	ZIP	Telephone
Applicant's Direct Supervisor	Address	City	State	ZIP	Telephone

Business Location of Applicant's Employment/Insurance Related Activity Offices Held or Job Title

2. Describe in detail the nature, duties and activities of your present employment or business association/relationship with an entity engaged in the business of insurance, including office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

3. Provide complete details about your proposed employment or business association/relationship with an entity engaged in the business of insurance (attach additional pages as needed):

Name of Employer	Address	City	State	ZIP	Telephone
Name of Insurance Entity	Address	City	State	ZIP	Telephone
Applicant's Direct Supervisor	Address	City	State	ZIP	Telephone

Business Location of Applicant's Employment/Insurance Related Activity Offices Held or Job Title

4. Describe in detail the nature, duties and activities of your proposed office, position, occupation, trade, vocation, or profession (attach additional pages as needed):

5. Explain why your conviction(s) will not affect your fitness or ability to perform any of the above duties or activities (attach additional pages as needed):

_____

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6. List the names and locations of all insurers and entities providing services to insurers for which you have advised, represented or in any manner worked for or provided services to, together with a description of the activities performed for each such entity (attach additional pages as needed).

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7. Provide details of any proposed or current written or oral agreements, contracts or understandings between yourself and any entities engaged in the business of insurance (attach additional pages as needed).

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SECTION VI – FINANCIAL INFORMATION

1. Attach financial statement(s) indicating your net worth, including all assets held by you, or held in the names of others for you, the amount of each secured and unsecured liability owed by you, or by you together with any other person.

2. Do you have any judicial or administrative penalties, fines or outstanding (include pending) actions? ☐ yes ☐ no

   If yes, describe in detail (attach additional pages as needed):

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_____

3. Do you have any civil judgments, tax or other liens or penalties outstanding (include pending) actions? ☐ yes ☐ no

   If yes, describe in detail (attach additional pages as needed):

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4. Do you have any past due or delinquent loans, child support or alimony?
☐ yes ☐ no
If yes, describe in detail (attach additional pages as needed):

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5. Attach a list indicating the amount and sources of all income for five (5) calendar years prior to the Application through the date of the Application.

6. Have you ever been in a position which required a fidelity bond? ☐ yes ☐ no

If yes, and any claims were made on the bond, provide details (attach additional pages as needed):

_____

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7. Have you ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? ☐ yes ☐ no

If yes, provide details (attach additional pages as needed):

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8. Have you, or any business entity in which you served as an officer, director, trustee, investment committee member, key employee, stockholder or owner become insolvent, placed in bankruptcy, receivership, rehabilitation or liquidation? ☐ yes ☐ no

If yes, provide details (attach additional pages as needed):

_____

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9. List any and all entities (corporations, partnerships, sole proprietorships, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which you hold directly or beneficially (or hold in joint tenancy, or in the name of others for you) a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

_____

_____

10. List any and all entities (corporations, partnerships, sole proprietors, trusts, etc.) engaged, directly or indirectly, in the business of insurance in which your relatives, by blood or marriage, hold directly or beneficially a stock or other ownership interest. Include any option agreements to purchase or participate in an ownership interest (attach additional pages as needed):

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SECTION VII - GROUNDS RELIED UPON FOR APPLICATION FOR WRITTEN CONSENT

1. Provide a complete explanation of the reasons or grounds the applicant relies upon to establish that the applicant's insurance activities for which written consent is sought will not be contrary to the intent and purpose of 18 U.S.C. § 1033, and will not pose a risk to the insurance consumer or the insurance companies (attach additional pages if needed):

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2. You may enclose letters of recommendation addressed to the insurance regulatory official in the state where the Application is being submitted, attesting to your character and reputation. These letters should indicate the length of time that the writer has known you, and should describe your character traits as they relate to the employment, position or activities for which written consent is sought. Each letter should indicate that it is being submitted in compliance with these procedures and that you have informed the writer of the factual basis of the Application being filed with the regulatory official and the purpose thereof.

3. Have you ever applied for written consent with any other Commissioner or equivalent?
_____yes _____no

If yes, provide the following information, together with a copy of the Application filed in other state(s):

Name of Commissioner	State	Date of Application	Outcome of Request

SECTION VIII - ATTACHMENTS

Attach the following documents to this Application for Written Consent. Applications without attachments, or Applications with incomplete attachments, will be returned to the applicant.

1. A certified copy of the applicant's criminal history.
2. A certified copy of the indictment, criminal complaint or other initiating document for the charge(s) which is (are) the subject of this Application.
3. A certified copy of the order of judgment and sentence of the Court for the conviction which is the subject of this Application (including certification of performance of all conditions imposed by the Court) and/or a certified copy of the Court docket.
4. A current financial statement and list of sources of income (described in Section VI).
5. A current certified copy of applicant's credit report.
6. Copies of any and all current or proposed agreements between you and any entity engaged in the business of insurance.
7. A sworn affidavit from the president, or other designated officer or director of the insurer, that states; the basis under which the Affiant is authorized to execute and attest to the statements made in the affidavit; the applicant will in fact perform only those insurance activities as fully described in the Application; the Application is to the best of his/her knowledge and belief, true and correct; the applicant will not be placed in a position in which his/her activities will constitute a risk or threat to insurance consumers or the insurer.
8. A copy of any pardon.
9. Any other attachments that the insurance regulatory official deems appropriate.

The applicant may include the following evidence of rehabilitation for the Commissioner's consideration:

1. Post-conviction community service
2. Post-conviction charitable activity.
3. Any other information the applicant believes will assist the Commissioner in determining whether to grant written consent.
4. Letters of recommendation, addressed to the insurance regulatory official in the state where the Application is being submitted, attesting to the character and reputation of the applicant. The statement shall indicate the length of time the writer has know the applicant, their business or social relationship, and should include a description of the applicant's character traits and reputation in the community. The recommendation shall also verify that the writer knows of the applicant's criminal history.

SECTION IX - APPLICANT'S SWORN STATEMENT VERIFYING TRUTH OF INFORMATION IN APPLICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

I. _____ (name of applicant), swear under penalty of law that my statements in the attached Application and the documents appended thereto are true and correct and complete. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Insurance Commissioner of the State of Tennessee in the execution of his or her duties under the Insurance Code and 18 U.S.C. § 2033 in making a decision on this Application. I understand if I have made any false statement in this Application or if there are any false statements included in the attachments to this Application I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license (s) that I currently hold or for which I have applied will be subject to suspension or revocation. I further understand that these false statements would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application I do not contest the validity of any felony conviction upon which this request would be granted. *By signing this Application I acknowledge that the Department of Commerce and Insurance may conduct an independent investigation to confirm information in this Application and I expressly consent and authorize any person, business or agency to release any information the Department of Commerce and Insurance may request as part of the investigation including but not limited to records of my former employment, state and federal tax returns, business records and banking records.*

_____

Signature of Applicant Date

State of _____

County of _____

Subscribed, sworn to, and acknowledged before me by _____ to

Be his/her free act and deed this _____ day of _____, 20_____.

_____

Notary Public, State at Large Commission Expires