

**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 or affecting persons engaged, 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 participate 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 18 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 State Corporation Commission Bureau of Insurance (“Commission”) will not process incomplete Applications. Additional information may be requested.

The filing of the application does not constitute written consent to engage in the business of insurance within Virginia. Any consent or waiver given by the Commission will be in writing and expressly given. Criminal sanctions are authorized for those who willfully permit a prohibited individual to engage in the business of insurance without written consent.

Application for 1033 Consent

(Please Print or Type)

Check appropriate box.

- New Application
- Amended Application

Demographic Information

① Soc. Security Number		② If assigned, National Producer Number (NPN)				
③ If applicable, FINRA Individual Central Registration Depository (CRD) Number						
④ Last Name JR./SR. etc		⑤ First Name	⑥ Middle Name	⑦ Date of Birth (month) ___ (day) ___ (year) ___		
⑧ Residence/Home Address (Physical Street)			⑨ City	⑩ State	⑪ Zip Code	
⑬ Home Phone Number		⑮ Gender: (Check One) Male <input type="checkbox"/> Female <input type="checkbox"/>	⑯ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)			
⑭ Individual Applicant Email Address:						
⑰ Business Entity Name						
⑱ Business Address (Physical Street)		⑲ P.O. Box	⑳ City	㉑ State	㉒ Zip Code	㉓ Foreign Country
㉔ Business Phone Number (include extension)		㉕ Business Fax Number		㉖ Business E-Mail Address		㉗ Business Web Site Address
㉘ Applicant's Mailing Address			㉙ P.O. Box	㉚ City	㉛ State	㉜ Zip Code
㉝ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.						
b. List any trade names under which you are currently doing business or intend to do business.						
(May be subject to state approval)						

Agency or Business Entity Affiliations

㉞ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

㉞ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	From		To		Position Held
	Month	Year	Month	Year	
Name City State Foreign Country					
Name City State Foreign Country					
Name City State Foreign Country					

(State Use)

Applicant Name: _____

Background Questions

38 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. 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? N/A ___ Yes ___ No ___

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

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 of fiduciary duty? Yes ___ No ___

Applicant Name: _____

Applicant's Certification and Attestation

39 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 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 Commonwealth of Virginia ("Commission") in the execution of his or her duties under the Insurance Code, and 18 U.S.C. § 1033, in making a decision on this Application.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Insurance Commissioner to be my agent for service of process regarding all insurance matters and agree that service upon the Insurance Commissioner, is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commission 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 jurisdiction 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 jurisdiction and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I am aware that submitting false information or omitting pertinent or material information in connection with 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 waiver issued under 18 U.S.C. § 1033 that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statement(s) would also constitute a violation of 18 U.S.C. § 1033.
7. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted.
8. By signing this Application, I acknowledge that the Commission may conduct an independent investigation to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Commission 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.
9. I hereby certify that upon request, I will furnish the Commission to which I am applying, certified copies of any documents attached to this application or requested by the Commission.

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

40 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Fingerprints required. Schedule an appointment to be fingerprinted at one of FieldPrint's locations. Visit FieldPrintVirginia.com and use code "FPVABOICHRR" to create a secure user account. This FieldPrint code ensures that the results are provided to the Bureau of Insurance.
2. A detailed written statement explaining the circumstances surrounding the offense(s).
3. Copy of the indictment, criminal complaint, or docket sheet or other initiating documents for the charge(s) which is the subject of this Application.
4. A copy of the order of judgment and sentence of the court for the conviction that is the subject of this Application, including certification of completion and performance of all conditions imposed by the court.
5. If applicable, a copy of the court document or a letter from the probation officer indicating completion of probation.
6. If applicable, documentation demonstrating the conviction has been pardoned or expunged.
7. If applicable, documentation that you're Civil Rights has been restored.
8. If applicable, a signed letter from your employer or prospective employer on letterhead indicating they are aware of the felony conviction.

Attach the completed form and documentation to an email and send to AgentLicensing@sec.virginia.gov, or fax to 804-371-9290, or mail to:

**Bureau of Insurance
Agent Licensing Section
PO Box 1157
Richmond, VA 23218**