

Matthew Denn
Insurance Commissioner



Department of Insurance
841 Silver Lake Blvd.
Dover, DE 19904-2465
(302) 674-7300
(302) 739-5280 fax

INDIVIDUAL

Delaware Resident Renewal Application

Please complete all information including the Background Questions. Sign and date the "Applicant's Certification and Attestation" section, then forward all pages and applicable fee(s) to:

Department of Insurance
841 Silver Lake Boulevard
Dover DE 19904

Name _____

Social Security Number or License Number _____

Please check off which License Type Code(s) you are renewing.

- | | | |
|------------------------|--------------------------|---------------------------------------|
| Producer | <input type="checkbox"/> | \$50 + \$50 Late Fee = \$100 |
| Adjuster | <input type="checkbox"/> | \$50 + \$50 Late Fee = \$100 |
| Public Adjuster | <input type="checkbox"/> | \$50 + \$50 Late Fee = \$100 |
| Appraiser | <input type="checkbox"/> | \$50 + \$50 Late Fee = \$100 |
| Fraternal Producer | <input type="checkbox"/> | \$50 + \$50 Late Fee = \$100 |
| Limited Lines Producer | <input type="checkbox"/> | \$50 + \$50 Late Fee = \$100 |
| Surplus Lines Broker | <input type="checkbox"/> | \$100 + \$100 Late Fee = \$200 |

TOTAL DUE \$ _____

Background Information

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 ___

“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.

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

- 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, and
- d) charging document.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

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

Yes ___ No ___

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?

“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) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) 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 arrearage? Yes ___ No ___

If you answer yes,

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

Applicant’s Certification and Attestation

The producer 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. 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.
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 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. 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)