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

1. Full name of applicant:

_____
Last First Middle

Home Address:

_____
P.O. Box or Street City State Zip County

Telephone No.: (_____)_____ Daytime: __(_____)_____
Area Code Area Code

Social Security No. _____ - _____ - _____

Date of Birth: _____

(You are not limited to the space below. Attach additional pages if necessary.)

2. Please list below the details regarding all felony convictions and whether or not your civil and political rights have been restored.

_____
_____
_____
_____
_____

3. The date of the offense or offenses, your age on such date, and the time that has since elapsed since the offense.

_____
_____
_____

4. Please indicate whether or not you have made full payment of all court costs and supervision fees, fines and restitution concerning the offense or offenses.

_____
_____
_____

5. Please specify the name and location of the insurer or insurance agency that you are currently employed with or that you currently work for.

_____

_____

6. Please describe in detail the office, position, title, etc., you will hold and a complete description of the activities and responsibilities which you seek to perform and for which the issuance of written consent is requested. Please attach any written agreements or contracts that you have entered into with any insurer or agency or that you seek to enter into with any insurer or agency. If consent is given, it will be applicable only to the activities described herein.

_____

_____

_____

_____

7. Please describe your present employment or business activities, including office or offices held, with a description of the duties and activities.

_____

_____

_____

_____

8. Please list any professional licenses held, at the present time or at any time in the past, relating to the business of insurance, including third-party administration for insurers or employee pension and welfare plans.

_____

_____

_____

9. Have you ever had a consumer complaint filed, any administrative or other legal proceeding filed against you regarding your insurance activities by DISR or any other State Insurance Department?

_____

_____

10. Have you received any pardon to the offenses listed in Question No. 2?

_____

_____

11. Have you made full payment of any outstanding court costs, supervision, fees, fines or restitution concerning the offenses listed in Question No. 2?

_____

_____

12. Please supply an affidavit from the insurer or insurance agency that seeks to employ you stating in detail the duties and responsibilities that you are performing or are to perform and for which you seek written from the Commissioner of the District of Columbia Department of Insurance and Securities Regulation.

I, the above named applicant, under penalty of perjury as set out in the D.C. Criminal Code, hereby swear or affirm that I have read and understood every question in this application, and that my answers and responses to the questions and inquiries contained in this application are true and correct and complete, and that all answers and responses herein are to be considered by the Commissioner of Insurance as material to the execution of his/her duties under the D.C. Insurance Code in his/her decision upon this application. I understand that if I answer any question on this application falsely, in addition to being criminally prosecuted for perjury, I may be subject to the suspension or revocation of my insurance license.

CAUTION: Do not sign unless you have carefully reviewed the instructions and all your answers are true and correct.

_____
Original Signature of Applicant

Before me, the undersigned authority, personally appeared the above-named applicant, who is known to me and who acknowledge before me that he/she signed the foregoing instrument for the purposes therein contained.

In witness whereof, I have hereunto set my hand and official seal, this the _____day of _____, 200_____.

(Notary Seal)

_____
Notary Public

My Commission expires: _____