

**New York State Department of Financial Services  
INSTRUCTIONS FOR PC (PROPERTY AND CASUALTY AGENT) APPLICANT**

Online licensing is available to first time RESIDENT applicants applying for an INDIVIDUAL/TBA license who have taken the exam within the past two (2) years. RESIDENT applicants are to apply online by visiting our website at: [www.dfs.ny.gov](http://www.dfs.ny.gov) Complete online licensing instructions are available on the Department's website. Non-resident online licensing is also available to first time non-resident applicants applying for an INDIVIDUAL license through the website of – National Insurance Producer Registry (NIPR) - <http://www.licenseregistry.com>

**INDIVIDUAL/TBA LICENSE WILL BE ISSUED WITH AN EXPIRATION DATE DETERMINED BY DATE OF BIRTH:**

**\*\*If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.**

**\*\*If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.**

Match the submission code numbers listed under the “\*Resident” or “\*Non-Resident” columns with the corresponding numbers on “Submission Requirement Code Chart” to determine what is needed to obtain a license

\*Resident - one who has declared New York as their Home State; Home State means the District of Columbia or any state or territory of the United States in which the applicant maintains his, her or its principal place of residence or principal place of business.

\*Non-Resident” - licensee who has declared a state OTHER than New York as their Home State. Home State is where you maintain a principal place of residence or business AND are licensed in good standing for the lines of authority being applied for in this application.

CODE	DESCRIPTION OF LICENSE	INS/LAW SECTION	SUBMISSION CODES		EXEMPT FROM #3 (EXAM)	LICENSING PERIOD	FEES
			RESIDENT	NON-RESIDENT			
PC	Property and Casualty agent	2103(b)	1,2,3,4,7	1,2,5,6,7	(1) one qualified by examination who was licensed PC agent within last 2 years (2) one who has been licensed within the last 90 days and in good standing in the declared home state for the lines of authority being applied for in this application, (3) current resident BR (4) non-resident (5) baggage only	Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above)  Entities - 2 yrs-07/01 to 06/30 of even years	See Attached Fee Schedule
CODE	<b>SUBMISSION REQUIREMENT CODE CHART</b>						
1	Application. Process electronically or download from this Department's website at <a href="http://www.dfs.ny.gov">www.dfs.ny.gov</a>						
2	FEE – See Attached Fee Schedule. <b>Full fees</b> are charged when a license is issued for a licensing period greater than one year; <b>half fees</b> are charged when a license is issued for a licensing period of one year or less. Make check payable to “Superintendent of Financial Services.” \$20 will be charged for each check dishonored by the bank. RESIDENT: Partnership, corporation, limited liability company fee is per sub-licensee. NON-RESIDENT: See attached list.						
3	Original passed score report for exam taken within 2 years unless “exempt from #3” above. Call Prometric* for examination information. A first time applicant must submit a copy of his or her school certificate. (Course must be completed prior to sitting for the examination).						
4	Proof of accumulation of Continuing Education credits if such proof was required had the last license been renewed and the \$10.00 Continuing Education filing fee unless applying under #3.						
5	Must be currently licensed and in compliance in your declared home state. <b>NOTE:</b> Your license information MUST be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.						
6	Code 4, if applicable, unless the home state information shows that the Continuing Education requirements of that state have been met.						
7	Proof of required filing of a partnership, corporation, limited liability company, or trade name. It is recommended that applicant obtain name approval for use of the name in the insurance industry from this Department before filing the name with a County Clerk office or the New York State Department of State. You may submit a list of proposed names in the order of preference to New York State Department of Financial Services, Licensing Bureau, One Commerce Plaza, Albany, NY 12257 or to our e-mail address, <a href="mailto:licensing@dfs.ny.gov">licensing@dfs.ny.gov</a> Once a name is approved, licensing instructions will be provided.						

**\*Prometric, Inc., NY Insurance Exam Registration, 7941 Corporate Drive, Nottingham, MD 21236, Telephone 800-324-7147  
[www.prometric.com/newyork/ins](http://www.prometric.com/newyork/ins)**

**A Company Appointment must be filed with the Superintendent of Insurance within fifteen (15) days from the date the agency contract is executed or the first insurance application (contract/policy) is submitted.**

**Please retain this instruction sheet for your information.**

[www.dfs.ny.gov](http://www.dfs.ny.gov)

**ORIGINAL/RELICENSING PROPERTY/CASUALTY AGENT &  
PROPERTY/CASUALTY BROKER FEES**

**DETERMINATION OF RESIDENT OR NON-RESIDENT STATUS:**

- If you declared New York State as your home state, pay the fee listed on the chart for New York.
- If you declared a home state other than New York, pay the license fee listed on the chart for the state declared as the home state and in which you are a licensed insurance producer.

**COMPUTATION OF FEE TO BE SUBMITTED WITH APPLICATION:**

- The term for broker licenses is up to two years.
  - **INDIVIDUALS/TBA – Effective Date of Issued License to Date of Birth Expiration:** If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.  
If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.
  - **PROPERTY/CASUALTY AGENT ENTITIES – July 1 to June 30 of even numbered years.**
  - **PROPERTY/CASUALTY BROKER ENTITIES – November 1 to October 31 of even numbered years.**
- To compute a licensing fee for an application to be issued for a period greater than one year, add the licensing fee plus any retaliatory fee indicated. To compute a licensing fee for an application to be issued for one year or less, add *one-half (1/2)* the licensing fee plus the *whole* of any retaliatory fee indicated.
- In addition, a relicensing applicant whose license expired within the last 2 years and who was required to document Continuing Education had he/she renewed the license, must also include both the required documentation of the accumulation of 15 credits of Continuing Education and a \$10.00 filing fee (per application, not per sub-licensee).

STATE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Alabama	\$20	\$ 80	\$80 plus \$80 per sub-licensee
Alaska		\$200	\$400 plus \$80 per sub-licensee
Arizona		\$ 80	\$80 plus \$80 per sub-licensee
Arkansas		\$ 80	\$135 with 1 sub-licensee plus \$80 for each additional sub-licensee
California		\$144	\$144 plus \$144 per sub-licensee.
Colorado		\$ 93.50	\$93.50 per sub-licensee
Connecticut	\$25	\$ 80	\$80 plus \$80 per sub-licensee
Delaware		\$ 80	\$80 plus \$80 per sub-licensee
District of Columbia		\$100	\$100 with 1 sub-licensee plus \$100 for each additional sub-licensee
Florida	\$50	\$ 80	\$80 per sub-licensee
Georgia		\$100	\$100 per sub-licensee
Hawaii		\$300	\$300 up to 4 sub-licensees; \$80 for each additional sub-licensee
Idaho		\$ 80	\$80 plus \$80 per sub-licensee
Illinois		\$250	\$150 plus \$250 per sub-licensee
Indiana		\$ 80	\$80 plus \$80 per sub-licensee
Iowa		\$ 80	\$80 per sub-licensee
Kansas	\$30	\$ 80	\$100 per sub-licensee
Kentucky		\$ 80	\$120 plus \$120 per sub-licensee
Louisiana		\$ 80	\$80 plus \$80 per sub-licensee
Maine		\$ 85	\$85 plus \$85 per sub-licensee
Maryland		\$ 80	\$80 plus \$80 per sub-licensee
Massachusetts		\$200	\$200 per sub-licensee
Michigan	\$10	\$ 80	\$80 per sub-licensee
Minnesota		\$ 100	\$200 plus \$100 per sub-licensee
Mississippi		\$ 80	\$100 plus \$80 per sub-licensee
Missouri		\$100	\$100 plus \$100 per sub-licensee
Montana		\$200	\$200 plus \$80 per sub-licensee

STATE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Nebraska		\$80	\$80 per sub-licensee
Nevada		\$135	\$135 plus \$135 per sub-licensee
New Hampshire		\$210	\$210 per sub-licensee
New Jersey		\$190	\$190 plus \$80 per sub-licensee
New Mexico		\$ 80	\$80 plus \$80 per sub-licensee
New York		\$ 80	\$80 per sub-licensee
North Carolina		\$ 200	\$200 plus \$80 per sub-licensee
North Dakota		\$ 80	\$80 plus \$80 per sub-licensee
Ohio		\$ 80	\$80 per sub-licensee
Oklahoma		\$ 80	\$80 plus \$80 per sub-licensee
Oregon		\$ 80	\$80 plus \$80 per sub-licensee
Pennsylvania		\$110	\$110 plus \$80 per sub-licensee
Rhode Island		\$110	\$110 plus \$80 per sub-licensee
South Carolina		\$80	\$80 per sub-licensee
South Dakota		\$80	\$80 per sub-licensee
Tennessee		\$ 80	\$80 per sub-licensee
Texas		\$ 80	\$80 plus \$80 per sub-licensee
Utah		\$ 80	\$80 plus \$80 per sub-licensee
Vermont		\$ 80	\$80 plus \$80 per sub-licensee
Virginia		\$ 80	\$80 plus \$80 per sub-licensee
Washington	\$ 5	\$ 80	\$80 plus \$80 per sub-licensee
West Virginia		\$ 80	\$80 per sub-licensee
Wisconsin		\$135	\$135 plus \$135 per sub-licensee
Wyoming		\$150	\$150 per sub-licensee

### CANADA

PROVINCE	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Alberta		\$ 150	\$ 150 plus \$150 per sub-licensee
Manitoba		\$ 340	\$ 340 per sub-licensee
Northwest Territories	\$10	\$ 80	\$ 80 per sub-licensee
Nova Scotia		\$ 80	\$ 225 plus \$80 per sub-licensee
Ontario	Individuals & Sub-licensees must pass exam	\$ 270	\$ 270 per sub-licensee
Quebec	\$100	\$1,000	\$1,000 per sub-licensee
Saskatchewan		\$ 140	\$ 190 plus \$140 per sub-licensee
Yukon Territories	\$ 5	\$ 200	\$ 200 per sub-licensee

### U.S. TERRITORIES

TERRITORY	INDIVIDUAL / PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY RETALIATORY FEES	INDIVIDUAL LICENSE FEES	PARTNERSHIP / CORPORATION / LIMITED LIABILITY COMPANY LICENSE FEES
Puerto Rico		\$1,682.00	\$ 800 includes all sub-licensees
Virgin Islands		\$ 400	\$ 400 plus \$ 400 per sub-licensee

**INDIVIDUAL FORM  
ORIGINAL/RELICENSING**

**STATE OF NEW YORK  
DEPT. OF FINANCIAL SERVICES  
ONE COMMERCE PLAZA  
ALBANY, NEW YORK 12257**  
[www.dfs.ny.gov](http://www.dfs.ny.gov)

<b>FOR DEPARTMENT USE ONLY</b>	
License No. ....	.....
Ex. by .....	App. by .....
Issued .....	Exp.....
<input type="checkbox"/> Original .....	<input type="checkbox"/> Relicensing .....
<input type="checkbox"/> Add a Line .....	

**PRODUCER APPLICATION FOR PROPERTY/CASUALTY AGENT'S  
LICENSE UNDER SECTION 2103(b) OF THE INSURANCE LAW**

Resident \_\_\_\_\_  
 Non-Resident \_\_\_\_\_  
 Identify Home State \_\_\_\_\_  
 Identify Home State License # \_\_\_\_\_ (If Home State is Not NY)

1.

Name of Applicant		Last	First	M.I.*		
Social Security Number	If assigned, National Producer Number (NPN)		Date of Birth	Gender M____ F____		
Trade Name (Sole Proprietorship) Read instructions before entering anything in this space)						
c/o if any (pertaining to Principal Insurance Business Address)					Telephone Number	
Principal Insurance Business Address: No. & Street (required)		P.O. Box, if any	City/Town/Village	County	State/Country	Zip Code
Residence: No. and Street (required)		P.O. Box, if any	City/Town/ Village	County	State/Country	Zip Code
Mailing Address: (required)(Indicate if same as Bus or Res)		P.O. Box, if any	City/Town/Village	County	State/Country	Zip Code

2. Check below the lines of authority for which you are applying.

\_\_\_\_\_ **PROPERTY**      \_\_\_\_\_ **CASUALTY**      \_\_\_\_\_ **PERSONAL LINES**      \_\_\_\_\_ **BAGGAGE**

3. Are you under obligation to pay child support?..... Yes or No

**If "Yes,"**

(a) Are you current or less than 4 months in arrears? ..... Yes or No

(b) Are you paying by income execution plan agreed to by courts or parties?..... Yes or No

(c) Is the obligation the subject of pending court proceeding?..... Yes or No

(d) Are you receiving public assistance or supplemental income?..... Yes or No

If answer to the question regarding obligation to pay child support is "Yes," one of the answers to (a)-(d) must be "Yes" or license will expire 6 months from its effective date unless you notify the Department by that time which answer has changed to "Yes."



## Applicant Certification and Attestation

- ◆ The Applicant must read the following very carefully:
- ◆ 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.
- ◆ Where required by law, I hereby designate the Commissioner, Director or Superintendent of Financial Services, 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 Financial Services, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- ◆ I further certify that I grant permission to the Commissioner, Director or Superintendent of Financial Services, 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.
- ◆ I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- ◆ 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 as referenced in Section 110 of the New York State Insurance Law 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.
- ◆ I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- ◆ For **Non-Resident License Applicants**, I certify that I have been licensed within the last ninety (90) days and in good standing in the home state/resident state for the lines of authority requested from the non-resident state.

Dated \_\_\_\_\_ 20 \_\_\_\_

Telephone No. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

URL/Website Address \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Applicant Name (Printed)

### \* \* CHILD SUPPORT NOTIFICATION \* \*

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

### \* \* PRIVACY NOTIFICATION \* \*

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.