



OFFICE OF COMMISSIONER OF INSURANCE

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., Suite 707, West Tower, Atlanta, GA 30334

Phone: 404-656-2101 ♦ Fax: 404-656-0874 ♦ Email: agents@oci.ga.gov



www.oci.ga.gov

AGENTS LICENSING
GID-103-AL MAR2013

RESIDENT INSURANCE LICENSE APPLICATION

ONLINE APPLICATION SERVICES
www.slrcon.com/georgia

LICENSURE INFORMATION
www.oci.ga.gov

SCHEDULING AN EXAMINATION
www.pearsonvue.com or 1-800-274-0488

License Number

I. [] LICENSE [] NEW TEMPORARY LICENSE * [] TEMPORARY LICENSE RENEWAL* [] REINSTATEMENT

II. TYPE OF LICENSE

- [] AGENT
[] ADJUSTER
[] COUNSELOR
[] CROP HAIL ADJUSTER
[] FRATERNAL AGENT
[] LIMITED GROUP HEALTH COUNSELOR
[] LIMITED SUBAGENT **
[] PUBLIC ADJUSTER
[] SURPLUS LINES BROKER
[] WORKERS COMPENSATION ADJUSTER

III. CLASS (ES) OF INSURANCE

- [] LIFE, ACCIDENT & SICKNESS
[] ACCIDENT & SICKNESS
[] CASUALTY
[] CREDIT
[] LIFE
[] LTD. COUNSELOR-HEALTH
[] PERSONAL LINES
[] PROPERTY
[] PROPERTY AND CASUALTY
[] TITLE
[] TRAVEL ACCIDENT & SICKNESS
[] TRAVEL TICKET
[] VARIABLE PRODUCTS
[] WORKERS COMPENSATION (FOR ADJUSTER)

* FOR A TEMPORARY LICENSE:
** FOR A LIMITED SUBAGENT LICENSE:
NAME OF SPONSORING INSURANCE COMPANY
NAME OF SUPERVISING AGENT
NAME OF SPONSORING AGENT
NAIC COMPANY CODE
LICENSE NUMBER
LICENSE NUMBER

APPLICANT'S INFORMATION:

4. FULL LEGAL NAME: (FIRST) (MIDDLE) (LAST) (SUFFIX)
5. SOCIAL SECURITY NUMBER: 6. DATE OF BIRTH: 7. SEX:
8. RESIDENCE ADDRESS (PHYSICAL LOCATION): (STREET AND NUMBER REQUIRED)
(CITY) (STATE) (ZIP) (COUNTY) (HOME TELEPHONE)
9. RESIDENCE MAILING ADDRESS: (IF OTHER THAN 8) (INCLUDE P.O.BOX, STREET, CITY, STATE, ZIP CODE AND COUNTY)
10. BUSINESS ADDRESS (PHYSICAL LOCATION): (BUSINESS NAME) (STREET NUMBER, STREET NAME, SUITE NUMBER)
(CITY) (STATE) (ZIP) (COUNTY) (BUSINESS TELEPHONE)
11. BUSINESS MAILING ADDRESS: (IF OTHER THAN 10) (INCLUDE BUSINESS NAME, P.O.BOX, STREET, CITY, STATE, ZIP CODE AND COUNTY)
12. FAX NUMBER: EMAIL:

MANDATORY QUESTIONNAIRE:

13. Does any insurer or general agent claim that you are indebted or had an agency contract canceled for indebtedness?
14. Have you ever been convicted of or are you currently charged with a felony?
15. Have you been convicted of or are you currently charged with the commission of any crime or pled nolo contendere in a criminal proceeding or have you received first offender treatment or had adjudication of guilt withheld in a criminal proceeding, other than a minor traffic offense?
16. Have you ever been refused or had suspended or revoked an insurance license in any state?
17. Have you ever had any other administrative action instituted against you by the insurance regulatory authority of any state?
18. Have you ever: A. Had any license, permit, authorization, registration, or privilege denied, refused, revoked, suspended, limited, withdrawn, or restricted? B. Had any other disciplinary action taken against you? C. Had the renewal of any license, permit, authorization, registration, or privilege refused by any authority pursuant to a disciplinary proceeding other than that of the Insurance Commissioner. D. Failed to notify the Insurance Commissioner in writing within sixty days of the occurrence of any event listed above.
If yes to any of the above, attach supplement giving full details and attach certified copies of all orders.

RESIDENT INSURANCE LICENSE APPLICATION

19.	Have you ever withdrawn an application for any business or professional license granted by any licensing authority? If yes, attach supplement indicating the type of license, reason for withdrawal and the licensing authority.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Do you or will you maintain an office as an insurance agent, adjuster, counselor, limited subagent or surplus lines broker in this state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	Have you ever held an insurance license issued by this department? If yes, list license type, number and last year licensed. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	Have you held an insurance license of any type in any other state within the last 5 years? If yes, attach an original clearance letter from prior state dated within 90 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23.	Have you completed and attached the notarized Citizenship Affidavit Form GID-276-EN to this application? If not, you must do so in order for this application to be processed. The form is available at www.oci.ga.gov.	<input type="checkbox"/> YES <input type="checkbox"/> NO

!!! Submit Application WITH ALL required documents !!!

Check box to confirm that ALL required documents are attached.

APPLICANT'S ATTESTATION:

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE APPLICATION, FORM GID-103, INCLUDING ANY DOCUMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I HAVE ATTACHED ALL APPLICABLE SUPPLEMENTARY DOCUMENTS AND I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN REGULATORY ACTION. I HEREBY GIVE MY PERMISSION FOR A CRIMINAL BACKGROUND INVESTIGATION.

SIGNATURE OF APPLICANT →		DATE	
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NOTARY SEAL & SIGNATURE REQUIRED	Sworn to and Subscribed before Me this _____ day of _____, _____.	(Seal)
	In the County of _____, State of _____.	
	_____ (Signature Of Notary Public)	_____ (My Commission Expires)

SPONSOR'S CERTIFICATE:

REQUIRED IF APPLYING FOR A TEMPORARY LICENSE OR LIMITED SUBAGENT LICENSE ONLY

I HAVE READ THE QUESTIONS AND ANSWERS GIVEN BY THIS APPLICANT HEREIN, AND HAVE MADE A DILIGENT INQUIRY AND INVESTIGATION RELATIVE TO THIS APPLICANT'S CHARACTER, IDENTITY, RESIDENCE, EXPERIENCE AND INSTRUCTION. THE FINDINGS OF SAID INQUIRY AND INVESTIGATION ENABLE ME TO CERTIFY AS FOLLOWS: (1) SAID ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; (2) I AM SATISFIED THAT THE APPLICANT IS TRUSTWORTHY AND QUALIFIED TO ACT AS OUR TEMPORARY AGENT OR LIMITED SUBAGENT AND TO HOLD HIMSELF OR HERSELF IN GOOD FAITH TO GENERAL PUBLIC AS SUCH TEMPORARY AGENT OR LIMITED SUBAGENT; (3) WE DESIRE THAT THE APPLICANT BE LICENSED AS INDICATED TO REPRESENT US IN THE STATE OF GEORGIA.

Name of insurance company if applying for temporary license or sponsoring agent if applying for limited subagent license		
Name and Title of company official for temporary license or name of sponsoring agent for limited subagent	Name	
	Title	
Signature of company official for temporary license or sponsoring agent for limited subagent license	Signature →	

EFFECTIVE 7-1-2012, ALL NEW LICENSES, EXCLUDING TEMPORARY LICENSES, WILL BE ISSUED ON A BIENNIAL BASIS.

INSTRUCTIONS:

BOND	COUNSELOR, PUBLIC ADJUSTER, SURPLUS LINES BROKER, or LIMITED GROUP HEALTH COUNSELOR applications must include the appropriate BOND with this application.
CITIZENSHIP AFFIDAVIT	Form GID-276-EN verifying lawful presence of all new and renewal applicants must be submitted with this application for processing.
FINGERPRINTS	All New Applicants, excluding active licensees and individuals that apply for reinstatement within 6 months of expiration date, shall be required to submit electronic fingerprints for a criminal background check. The applicant shall bear the cost for electronic fingerprinting. Fingerprinting information can be found on the department's website.
VARIABLE PRODUCTS	A current U-4/WEB CRD status report showing NASD Series 6 or 7 approved registrations must be submitted with this application.
COUNSELOR LICENSE	Attach supplement showing evidence of 5 years experience as an agent, subagent or adjuster or in some other phase of the insurance business or sufficient teaching experience or educational qualifications.

FEE SCHEDULE:

AGENT LICENSE (FOR ONE CLASS/MAJOR LINE OF INSURANCE)	\$115 (\$100 LICENSE, \$15 APPLICATION) THE AGENT LICENSE FEE IS BASED ON CLASSES OF INSURANCE AND LICENSES REQUESTED
TEMPORARY LICENSE	\$ 75 (\$50 LICENSE, \$15 APPLICATION, \$10 CERTIFICATE OF AUTHORITY)
LIMITED SUBAGENT LICENSE	\$120 (\$100 LICENSE, \$15 APPLICATION, \$5 SUBAGENT CERTIFICATE OF AUTHORITY)
ADJUSTER, COUNSELOR & LIMITED GROUP HEALTH COUNSELOR LICENSES	\$115 (\$100 LICENSE, \$15 APPLICATION)
SURPLUS LINES BROKER LICENSE	\$615 (\$600 LICENSE, \$15 APPLICATION)

MAKE CHECKS OR MONEY ORDERS PAYABLE TO → GEORGIA INSURANCE DEPARTMENT

ADDRESS TO REMIT BY MAIL: Georgia Dept. of Insurance-Agents Licensing Division, P.O. Box 935132, Atlanta, GA 31193-5132	ADDRESS TO REMIT BY COURIER: Wells Fargo, Georgia Dept. of Insurance-Agents Licensing Division, Lockbox 935132, 3585 Atlanta Ave, Hapeville, GA 30354
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**Illegal Immigration Reform And Enforcement Act
Notice**

**ENFORCEMENT
GID-276-EN JUL2013
(replaces GID-235-SF)**

In accordance with O.C.G.A. §50-36-1, the Office of Insurance and Safety Fire Commissioner is required to verify the lawful presence of all new and renewal applicants. **Therefore, the following documents must be included with [a] every *new* application submitted to this Office, regardless of the citizenship status of the applicant, AND for [b] every *renewal* application submitted to this Office thereafter by non-citizen (alien) applicants:**

- 1. A signed and notarized copy of the attached Citizenship Affidavit Form; and**
- 2. A copy of the front AND back of one secure and verifiable identification document.** *(Attached is a list of ALL secure and verifiable documents that this Office can accept in order to satisfy this requirement. We cannot accept any documents that are not included in this list. These documents may be submitted to this Office electronically.)*

All applicants are required to submit LEGIBLE COPIES of these two (2) documents, as set forth in [a] and/or [b] above, before an application can be processed. If applying on behalf of a business entity, then an employee or officer of the business entity, who has authority, must complete and submit these documents as set forth in [a] and/or [b] above. However, if there has been a change in the person who has authority to apply for licensure on behalf of a licensed business entity, these documents must be completed and submitted by the individual who currently has authority, regardless of the citizenship status of such individual.

In addition, if you (or, for a business entity, the employer or officer with authority) are not a United States citizen, we are required by law to verify your immigration status through the Federal Systematic Alien Verification of Entitlement (SAVE) program.

MAILING INSTRUCTIONS

Submit the two (2) required documents referenced above with your complete application to the email address (if submitted digitally) **OR** to the mailing address (if submitted in paper form) specified in the application instructions.

HOW TO FILL OUT THE CITIZENSHIP AFFIDAVIT FORM

In the boxes at the top of the form, indicate in which of the three business types: INSURANCE (for this choice specify Agent, Agency or Carrier), SAFETY FIRE, or INDUSTRIAL LOAN the affidavit pertains. Indicate the business name on the line where the asterisk * is applicable to the choice. Also, provide the License #, NAIC# or Employer ID# if known.

Spaces #1 - #3 – Applicant should put an X in the space that best describes the applicant’s citizenship status. Please note that applicant should put an X in ONLY ONE of these spaces.

- If you put an X in Space #2 (legal permanent resident) OR Space #3 (qualified alien or non-immigrant), then applicant **MUST** write down the alien number that was issued by the Department of Homeland Security or other federal immigration agency in the space provided.

Spaces #4 - #5 – Applicant should fill in the city and state in which this affidavit form is being notarized.

**AN APPLICATION CANNOT BE PROCESSED IF THE
CITIZENSHIP AFFIDAVIT FORM IS NOT *COMPLETELY* FILLED OUT.**



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Illegal Immigration Reform And Enforcement Act
Citizenship Affidavit Form

ENFORCEMENT
GID-276-EN JUL2013
(replaces GID-235-SF)

This affidavit is provided to satisfy the new or renewal requirements for an application in which one of the following types of business:

- INSURANCE** (specify below): **SAFETY FIRE*** **INDUSTRIAL LOAN***
- Agent Agency* Carrier*

* If the person providing the affidavit serves as "the designated responsible party" (ex.: owner/operator, partner, executive, etc...) for one of these business types, please provide the name of the business: _____

If you know one of the following identifiers, please enter it here:

License # _____ NAIC # _____ Employer ID # _____

O.C.G.A. §50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a license, certificate, registration, permit, etc., as referenced in O.C.G.A. §50-36-1, from the Office of Insurance, Safety Fire and Industrial Loan Commissioner, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

Check ONLY ONE of the following:

- 1) I am a United States citizen; OR
- 2) I am a legal permanent resident of the United States; OR
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____
- 3) I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20___

NOTARY PUBLIC

My Commission Expires:

!! SUBMIT ONLY THIS COMPLETED CITIZEN AFFIDAVIT PAGE WITH THE REQUIRED DOCUMENTATION !!



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Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]



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- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]