

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



APPLICATION FOR RENEWAL OF BUSINESS ENTITY NAVIGATOR CERTIFICATION

(Please Print or Type)

Demographic Information

Business Entity Name		Incorporation/Formation Date (MM/DD/YY)		FEIN	
National Producer Number (NPN)	Ohio License Number	Federal Navigator ID Number			
List and other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			State of Domicile		Country of Domicile
Business Address (Physical Street)	P.O. Box	City	State	Zip or Foreign Country	
Business Phone Number (include extension) ()		Business Fax Number ()			
Business E-Mail Address		Business Web Site Address			
Mailing Address	P.O. Box	City	State	Zip or Foreign Country	

Designated/Responsible Navigator

Identify at least one Designated/Responsible Navigator responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state.

Name _____	SSN _____	Federal Nav. # _____	
Name _____	SSN _____	Federal Nav. # _____	

Owners, Partners, Officers and Directors

Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company.

Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____

Background Questions

The Applicant must read the following very carefully and answer every question.

- 1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company been convicted of, or is currently charged with, committing a **MISDEMEANOR** or had a judgment withheld or deferred for a **MISDEMEANOR** which has not been previously reported to this insurance department? 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. Yes No

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

- 1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company been convicted of, or is currently charged with, committing a **FELONY** or had a judgment withheld or deferred for a **FELONY** which has not been previously reported to this insurance department? Yes No

You may also 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. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company been convicted of, or is currently charged with a **MILITARY OFFENSE** which has not been previously reported to this insurance department? 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 answered "**Yes**" to any of the above questions (1a, 1b, or 1c), you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, been notified by Ohio of any delinquent tax obligation that is not the subject of a repayment agreement, which has not been previously reported to this insurance department? Yes No

3. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty, which has not been previously reported to this insurance department? Yes No

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

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company had a contract or any other business relationship terminated for any alleged misconduct, which has not been previously reported to this insurance department? Yes No

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

- a) a written statement summarizing the details of each incident, and explaining why you feel this incident should not prevent you from receiving an insurance navigator certification; and
- b) copies of all relevant documents.

5. Does the business entity currently hold an active insurance license? Yes No

Applicant's FEIN _____

Applicant's Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license, certification or registration denial, revocation or suspension and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of Ohio, the business entity or limited liability company hereby designates the Superintendent of Insurance to be its agent for service of process regarding all insurance matters in Ohio and agree that service upon the Ohio Superintendent of Insurance is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Ohio Superintendent of Insurance to verify any information supplied with any federal, state or local government agency, current or former employer.
4. I authorize the jurisdictions to which this application is made to give any information they may have concerning me 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.
5. I acknowledge that I understand and comply with Ohio's laws and regulations for licensure, certification or registration.
6. I acknowledge and understand that the business entity and its affiliates, in order to be certified as an insurance navigator, may not receive any financial compensation, including monetary and in-kind compensation, gifts, or grants, on or after October 1, 2013, from an insurer offering a qualified health benefit plan through an exchange operating in this state.
7. I acknowledge that I understand that Insurance Navigators cannot make eligibility determinations and cannot select qualified health plans (QHP) for consumers, or enroll applicants into a QHP and that the Insurance Navigators must provide fair, impartial and accurate information to assist consumers.
8. I hereby certify that all individual Insurance Navigators affiliated with this business entity have met the required initial and continuing education training requirements, licensure/certification/registration requirements, passage of appropriate State or Federal Insurance Navigator examinations, background checks, and disclosure standards and do not have any conflicts of interest that will impact their ability to be an Insurance Navigator under 45 CFR.155.210.
9. I hereby certify that I shall maintain a list of every individual Insurance Navigator affiliated with the business entity and will provide the list to the Superintendent of Insurance upon request.
10. I certify that the Designated Responsible Navigator(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulations of this State.
11. I hereby certify that upon request, I will furnish the Ohio Superintendent of Insurance certified copies of any documents attached to this application or requested by the jurisdiction.

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Signature

Date (month/day/year)

Full Legal Name (Printed or Typed)

Social Security Number

Title

Address

City/State/Zip

Fees

The following registration fee is required to be submitted with your application.

Entity with 99 or fewer certified associated navigators \$100.00

Entity with 100 or more certified associated navigators \$250.00

Late renewal registration fee \$50.00, only if submitting renewal application during allowable late renewal period

Application Attachments

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

1. Non-refundable registration fee (check or money order) made payable to the "State of Ohio Treasurer";
2. Proof that the business entity is authorized to do business in the State of Ohio by the Ohio Secretary of State;
3. All documents listed under background questions 1a, 1b, 1c, 2, 4, and 5, if applicable; and
4. Proof of Federal funding under division (i) of section 1311 of the Affordable Care Act.

All documents should be submitted to:

Ohio Department of Insurance
Licensing Division
50 West Town Street, Suite 300
Columbus, Ohio 43215

For questions regarding the Navigator registration process, please contact the Ohio Department of Insurance, Licensing Division at 614-644-2665 or via email at Licensing@insurance.ohio.gov.