



# Individual Surplus Line Broker License Renewal/Continuation

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215  
614-644-2665 | 614-387-0096 (Fax) | insurance.ohio.gov

(Please Print or Type)

**Check appropriate box for license requested:**

- Resident **OH** License #: \_\_\_\_\_
- Non-Resident **OH** License #: \_\_\_\_\_
  - Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

### Demographic Information

① National Producer Number (NPN)		② Date of Birth	
③ Last Name	JR./SR. etc	④ First Name	
⑤ Residence/Home Address (Physical Street)	⑥ City	⑦ State	⑧ Zip or Foreign Country
⑨ Individual Applicants Email Address			
⑩ Business Entity's Name			
⑪ Business Address (Physical Street)	⑫ P.O. Box	⑬ City	⑭ State
⑮ Business Phone Number (extension)	⑯ Business Fax Number	⑰ Business E-Mail Address	⑱ Business Web Site Address
⑳ Mailing Address	㉑ P.O. Box	㉒ City	㉓ State
			㉔ Zip or Foreign Country

### Agency or Business Entity Affiliations

⑲ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

### Background Questions

⑳ The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Have you ever been convicted of a **MISDEMEANOR**, had a judgment withheld or deferred, or are you currently charged with committing 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.

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

1b. Have you ever been convicted of a **FELONY**, had a judgment withheld or deferred, or are you currently charged with committing 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

**Background Questions (Continued)**

- 1c. Have you ever been convicted of a **MILITARY OFFENSE**, had a judgment withheld or deferred, or are you currently charged with committing 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 written statement explaining the circumstances of each incident,
- a copy of the charging document, and
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department?  Yes  No

“**Involved**” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned 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, or registration. “**Involved**” also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. **INCLUDE** any business so named because of your actions in your capacity as an owner, partner officer, director, or member or manager of a Limited Liability Company. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answered “**Yes**” to question 2, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department?  Yes  No

If you answered “**Yes**” to question 3, answer the following:

- by how many months are you in arrearage? \_\_\_\_\_ Months
- are you currently subject to and in compliance with any repayment agreement?  Yes  No
- are you the subject of a child support related subpoena/warrant?  Yes  No

4. Are you a member or veteran of the armed forces, or the spouse or surviving spouse of a service member or veteran?  Yes  No

**Applicant’s Certification and Attestation****27 The Producer 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.
- Unless provided otherwise by law or regulation of the jurisdiction, 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.
- 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.
- 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.
- I authorize the jurisdictions to which this application is made 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.
- I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

\_\_\_\_\_  
Original Producer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Application Attachments****28 The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.**

- Non-refundable fee (check or money order) made payable to the “State of Ohio Treasurer” in the amount of \$100.00;
- Continuation certificate for \$25,000 surplus lines broker bond (resident applicants only);
- Completion of the attached Ohio Specific Bond Form (resident applicants only); and
- If necessary, any required supporting details or documents.

**Application Attachments**

**SURPLUS LINES BROKER BOND  
AS PROVIDED BY SECTION 3905.35, REVISED CODE OF OHIO**

Bond Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

**KNOW ALL MEN BY THESE PRESENTS;**

We, \_\_\_\_\_ as Principal, an applicant for an Ohio Surplus Lines Broker license, and \_\_\_\_\_ as Surety, hereon and admitted To conduct surety business in Ohio, bind ourselves to the State of Ohio in the sum of twenty-five thousand (\$25,000) dollars, for the payment of such sum, which sum shall be the limit of total aggregate liability hereunder.

The condition of this obligation is such that whereas the said Principal has made application to the Superintendent of Insurance for a license as a surplus lines broker, in accordance with section 3905.30 of the Revised Code of Ohio, and is required by section 3905.35 of the Revised Code of Ohio to give bond payable to said state, in the sum of twenty-five thousand (\$25,000) dollars, and conditioned as set forth in section 3905.35 of the Revised Code of Ohio.

If such license is issued to the said Principal, the Principal shall faithfully comply with sections 3905.30 to 3905.36, inclusive, of the Revised Code of Ohio.

The Surety shall be released from liability for future breaches of the condition of this bond upon giving sixty (60) days written notice to the Principal and the Superintendent of Insurance of its desire to be released.

In witness whereof, the Principal has subscribed the Principal's full and correct name on the date and at the place entered opposite the Principal's signature, and the Surety has subscribed its full and correct name and affix its corporate seal, if any, on the date and at the place shown opposite its signature.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

**A COPY OF THE POWER OF ATTORNEY EVIDENCING AUTHORITY OF THE SIGNER OF THE BOND  
ON BEHALF OF THE SURETY MUST BE ATTACHED.**