



MISSISSIPPI INSURANCE DEPARTMENT

P.O. BOX 79, JACKSON, MS 39205
MIKE CHANEY, *Commissioner of Insurance*
MARK HAIRE, *Deputy Commissioner of Insurance*

DEPARTMENT USE ONLY

SUPERVISING GENERAL AGENT ENTITY LICENSE APPLICATION

Check appropriate box for license requested.

Privilege Tax: \$100.00

- Resident License
- Non-Resident License: Identify Home State: _____ Identify Home State License #: _____

This license does not convey authority to the holder to act as an insurance producer entity. A supervising general agent is defined in Miss. Code § 83-17-1, and specific prohibitions relating to a supervising general agent who is engaging in credit life, accident and health insurance business are found in Miss. Code § 83-53-27.

Demographic Information

Business Entity Name		Incorporation/Formation Date (month) __a__(day) __a__(year) ____		FEIN -	
If assigned, National Producer Number (NPN#)			If applicable, FINRA Firm Central Registration Depository (CRD) Number		
List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			State of Domicile		Country of Domicile
Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Business Address		City	State	Zip Code	Foreign Country
Phone Number (include extension) () - () - ()	Fax Number () - ()	Business Web Site Address		Business E-Mail Address	
Mailing Address		P.O. Box	City	State	Zip Code
					Foreign Country

Designated/Responsible Mississippi Licensed Producer

Identify at least one Designated/Responsible Mississippi Licensed Producer or Individual Supervising General Agent responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

Name _____	SSN _____ - -	MS License Number _____
Name _____	SSN _____ - -	MS License Number _____
Name _____	SSN _____ - -	MS License Number _____
Name _____	SSN _____ - -	MS License Number _____

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: Yes ""No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes ""No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes ""No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes ""No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes ""No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes ""No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes ""No
Name _____	Title _____	SSN/FEIN _____ - -	Owner: Yes ""No

Background Information

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

<p>1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?</p> <p>“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “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 having been given probation, a suspended sentence or a fine.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explain the circumstances of each incident, b) a copy of the charging document, c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment. 	<p>Yes ___ No ___</p>
<p>2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration?</p> <p>“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation 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. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident, b) a copy of the Notice of Hearing or other document that states the charges and allegations, and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	<p>Yes ___ No ___</p>
<p>3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.</p>	<p>Yes ___ No ___</p>
<p>4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes ___ No ___</p>
<p>5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> a) a written statement summarizing the details of each incident, b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings and c) a copy of the official document which demonstrates the resolution of the charges or any final judgment. 	<p>Yes ___ No ___</p>
<p>6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> 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 license, and b) copies of all relevant documents. 	<p>Yes ___ No ___</p>

