



Financial Regulation Division - Agent and Adjuster Licensing Office (107-1A)
333 Guadalupe, Austin, Texas 78701 \* PO Box 12069 , Austin, Texas 78711-2069
(512) 676-6500 | F: (512) 490-1052 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

APPLICATION FOR INDIVIDUAL AGENT LICENSE

Applicant General Information Guide begins on Page 13.

This application form is to be used by individuals not required to pass a qualifying examination through Pearson VUE and for all provisional permits. It must be typed or printed in ink. Those applicants required to take a qualifying examination must contact Pearson VUE at 888-754-7667 or at www.pearsonvue.com/tx/insurance for application information and examination reservations.

All applications are subject to further review. Any affirmative response to a screening question may extend processing times. Failure to disclose criminal history information may result in denial of license.

Part I--To be completed by all individual applicants

Applicants must choose only one license type. Those who wish to apply for more than one license type must submit a separate application and fee for each type. Adjusters should read PART II of this application before continuing.

The license types with a "p" symbol below can be applied for as a provisional permit [Texas Insurance Code (TIC), Subchapter H, §4001.351

License Types - NOTE (ONLY check only ONE BOX per application submission):

- General Lines--Life, Accident & Health p
General Lines--Property & Casualty p
Life p
Life Insurance Not Exceeding \$25,000 p
Funeral Prearrangement Life p
Life & Health Insurance Counselor
Full-Time Home Office Salaried Employee
Personal Lines Property and Casualty
Limited Lines
County Mutual p
Insurance Service Representative
Managing General Agent
Surplus Lines
Risk Manager
Public Insurance Adjuster
Adjuster--All Lines
Adjuster-- Property & Casualty
Adjuster - Workers' Compensation
Adjuster--Trainee (no fee)
Adjuster-- Emergency (\$20 fee)
Adjuster--All Lines Designated Home State Texas
Adjuster P&C (DHS) Texas
Adjuster--Workers' Compensation Designated Home State Texas

License Fees: Unless otherwise indicated, fees are \$50.00 per license type, \$100 for a provisional permit, or \$150 for a temporary license. A \$75 fee is required for a license that has been expired for more than 90 days but less than one year (TIC §4003.007). Make check or money order payable to the Texas Department of Insurance. All license fees are nonrefundable and nontransferable. (TIC §4001.006)

Applicant Information - Please read carefully and provide all requested information.

1 Are you requesting a provisional permit (p) for the license type selected above?

No Yes

2 Applicant's Full Legal Name--nicknames and abbreviations are not acceptable.

LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3 Applicant's Social Security Number, Date of Birth, and Daytime Phone Number-- The application cannot be processed without this information. Disclosure of Social Security Number is required by Texas Family Code §231.302.

SOCIAL SECURITY NUMBER DATE OF BIRTH (MM/DD/YY) DAY TIME PHONE NUMBER EXT

4 Mailing Address (required--This is the address of record with TDI; TDI correspondence will be mailed to this address)

STREET, PHYSICAL LOCATION, ROUTE OR P.O. BOX APT, STE, ETC.
CITY STATE ZIP CODE

**5 Legal Resident Address (required—This is the address where you live and establishes state of residency)**

STREET, PHYSICAL LOCATION (P.O. BOX IS NOT ACCEPTED)

APT, STE, ETC.

CITY

STATE

ZIP CODE

**6 Official Business Address (required—This must be your primary office address where you will maintain business records of Texas insurance transactions)**

STREET, PHYSICAL LOCATION (P.O. BOX NOT ACCEPTED)

APT, STE, ETC.

CITY

STATE

ZIP CODE

**7 Applicant’s E-mail Address (required—E-mail will be used only as option when corresponding with TDI)**

E-MAIL ADDRESS

**Applications will not be processed until proper documentation or details are received and a review is completed.**

*All applications are subject to further review. Any affirmative response to a screening question may extend processing times. Failure to disclose criminal history information may result in denial of license.*

**8 Excluding traffic violations and first offense DWI:**

- a. Do you currently have **any pending misdemeanor or felony charges** (by indictment, information, or any other instrument) filed against you in Texas, in any other state or by the federal government?  
 No       Yes
- b. Have you **ever** been **convicted of any misdemeanor or felony offense** in Texas, in any other state or by the federal government?  
 No       Yes
- c. Have you **ever** had **adjudication deferred on any misdemeanor or felony charge or offense** in Texas, in any other state or by the federal government?  
 No       Yes
- d. Have you **ever served any period of probation** for any misdemeanor or felony offense in Texas, in any other state or by the federal government?  
 No       Yes

If you answer “**Yes**” to any of questions **8 a–d**, you must submit original **certified** copies of the charging document, indictment, information, or any other charging document, judgment of conviction, and/or deferred adjudication order, probation order, order terminating probation, community supervision and/or parole certificate for each and every crime or offense. If the court states they no longer have the records, please have the court provide us with a letter on their letterhead stating that fact. If you were arrested only and not prosecuted, please provide a records search from the appropriate jurisdiction indicating a final disposition. You must submit a statement describing the circumstances leading to the offenses. You must include your age at the times of the offenses. You may provide letters of recommendations from any persons in contact with you that are aware of your criminal past.

**9 Have you ever applied for a letter of consent, as required under section 18 U.S.C. 1033(e), from any insurance regulatory official from Texas or any other state?**

- No       Yes

If you answer “**Yes**”, the application will not be processed until you provide full details of the outcome of that proceeding and all supporting documents to the department.

If you answer “**No**”, and you have been convicted of any criminal felony involving dishonesty or breach of trust, or an offense under section 18 U.S.C. 1033, the application will not be processed until you submit a signed and notarized request for written consent with all supporting documentation to the department.

**10 Have you or has any corporation, partnership, association or firm in which you were a director, officer, shareholder, manager, member or partner, ever been the subject of an administrative or legal action filed by Texas or any other insurance department, or financial regulatory agency, or of an action filed on behalf of Texas or any other state or by the federal government based on alleged violations of state or federal insurance, securities or financial regulatory laws that you have not previously reported to the Texas Department of Insurance?**

If you answer “**Yes**”, a license will not be issued until full details of the administrative or legal action are provided.

- No       Yes

- 11 Are you indebted to any policyholder, insurance or reinsurance company, insurance agency, general agent, managing general agency, premium finance company or court appointed liquidator for premiums collected or commissions retained, or have any claims or judgments been filed against you for retaining premiums or commissions?**

No  Yes

If you answer "Yes", a license will not be issued until full details of the indebtedness are provided.

- 12 Have you ever had an agency contract or company appointment canceled for cause (e.g., misrepresentation, misappropriation, etc.)?**

No  Yes

If you answer "Yes", a license will not be issued until full details are provided. Cancellation for cause does not include cancellations due to license expiration (nonrenewal).

- 13 During the last 6 months, have you applied for or received a temporary license of the type for which you are now applying?**

No  Yes

If you answer "Yes", a temporary license will not be issued. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant.

- 14 Do you currently hold any insurance agent license, adjuster or public insurance adjuster license in any state other than Texas or have you held any insurance agent license, adjuster or public insurance adjuster license in any state other than Texas within the last five years?**

No  Yes

If you answer "Yes", you must provide the following:

***Applicants who have held a resident license in another state within the previous five years from the date of this application must attach a Clearance Letter from the Insurance Commission in the states in which the applicant was previously licensed. A NIPR Producer Database printout showing the termination of the license in the applicant's previous resident states can take the place of a Clearance Letter.***

***Applicants holding a current resident license in another state must attach an original Certificate of Good Standing from the Insurance Commission in the applicant's state of residence. The Certificate of Good Standing must be dated within 90 days of receipt of the completed application. A NIPR Producer Database print out showing that a current license is held in the applicant's resident state with the same license type that you are applying for can take the place of a Letter of Certification.***

- 15 This application is for a license I previously held that is expired for more than 90 days but less than one year. I will attach the required \$75 license fee. (TIC §4003.007)**

No  Yes Previous License Number \_\_\_\_\_

- 16 Do you qualify as any of the following?**

a. "Military service member" – means a person who is currently serving in the armed forces of the United States, or in a reserve component of the armed forces including the National Guard, or in a state military service of any state.

No  Yes

b. "Military spouse" – means a person who is married to a military service member who is currently on active duty.

No  Yes

c. "Military veteran" – means a person who has served in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States, or in an auxiliary service of one of those branches of the armed forces.

No  Yes

If you answer "Yes" to a, b, or c in question 16, please mark the top of **Page 1** of this application with a **highlighted "M"**.

- 17 Do you have a child support obligation in arrearage?**

No  Yes

If you answered "Yes", you must answer a, b, and c of question 17:

a. How many months are you in arrearage? \_\_\_\_\_

b. Are you currently subject to and in compliance with any repayment agreement?

No  Yes

c. Are you the subject of a child support related subpoena or warrant?

No  Yes

**Part II—Adjusters, Adjuster Trainees and Emergency Adjusters (Public Insurance Adjusters use Part III)**

**(All Lines Adjusters, Property & Casualty Adjusters, and Workers’ Compensation Adjusters Only)**

Adjusters may add additional qualifications without completing a new application by submitting to TDI a copy of the existing adjuster license along with a copy of the approved course certificate, or by passing the Texas examination provided by Pearson VUE. The Certificate of Completion must show that within the past 12 months the adjuster has completed a certified adjuster pre-licensing education program and passed an examination.

- 1. Adjuster Applicants – Must be completed** with the name of the firm or insurer with whom they will be employed or; if self-employed, with the applicant’s name.

\_\_\_\_\_  
 NAME OF FIRM OR INSURER (OR APPLICANT NAME, IF SELF-EMPLOYED)

- 2. I have qualified for the adjuster license selected on Page 1 and have:**

*(Applies to Texas resident/nonresident reciprocal adjuster applicants only. Adjuster Designated Home State applicants skip to #3.)*

- attached a course Certificate of Completion certifying that within the past 12 months I completed a Texas adjuster pre-licensing education program and passed its examination, or
- a **current similar resident** adjuster license or qualified with a current similar license as designated home state in good standing in the state of \_\_\_\_\_ as reflected in the National Association of Insurance Commissioner’s Producer Database or by the attached Letter of Certification from the licensing state, or
- attached my CPCU designation or Associate in Claims (AIC) certification.

- 3. Nonresident Adjuster Designated Home State Texas Applicants Only – I am a resident of another state that does not license adjusters for the line of authority sought.** I reside in a state that permits residents of Texas to act as an adjuster in that state, and I request that Texas be the designated home state of the adjuster license for which I am applying (**TIC §4101**). I have qualified for the Texas adjuster designated home state Texas license selected on **Page 1** and have:

- attached a course Certificate of Completion certifying that within the past 12 months, I have completed a Texas certified adjuster pre-licensing education program and passed an examination, or
- attached my CPCU designation or Associate in Claims (AIC) certification.

I understand that by designating Texas as the home state, I am subject to a Texas license qualifying examination and compliance with Texas’ adjuster continuing education and fingerprinting requirements (**TIC §4101.054, §4101.059, §4001.103 and 28 TAC §§19.1001-19.1020**).  No  Yes

- 4. Adjuster Trainee Registration:** An Adjuster Trainee is required to undergo education and training as an adjuster under the direction and supervision of a licensed sponsoring adjuster. Authorization to act as an Adjuster Trainee may not exceed 12 months. The Adjuster Trainee registration may not be renewed. An Adjuster Trainee must be sponsored by a licensed adjuster.

The **sponsoring licensed adjuster must complete** the following certification:

This is to certify that the applicant will undergo education and training as an adjuster under my direction and supervision as required in **TIC §4101.003**.

\_\_\_\_\_  
 SIGNATURE OF SPONSORING LICENSED ADJUSTER

\_\_\_\_\_  
 DATE SIGNED (MM /DD/YY)

\_\_\_\_\_  
 PRINT LEGAL NAME OF SPONSORING LICENSED ADJUSTER

\_\_\_\_\_  
 TDI LICENSE NUMBER OF SPONSORING ADJUSTER

- 5. Emergency Adjuster:** An Emergency Adjuster License may be issued to an individual to adjust losses as a result of a catastrophe or emergency. The sponsoring licensed adjuster or insurance company must provide specific details of the catastrophe requiring the issuance of an Emergency Adjuster License. The details must include the date, location, type of catastrophe, and a copy of official notice or other similar third party notices of the catastrophe or emergency. **An Emergency Adjuster must be sponsored by either a licensed adjuster or a licensed and approved insurance company.**

The mailing address of the Emergency Adjuster sponsor must be provided. Emergency Adjuster licenses are issued for 90 days. Emergency Adjuster applicants are not required to provide fingerprints.

Provide locations and details of the catastrophe that the applicant named on Page 1 intends to work.

---



---

6. **Certification for Emergency Adjuster:** This is to certify that the applicant named on Page 1 will be working catastrophe claims at the above locations resulting from the catastrophe named in the attached official notice. I will be responsible for the loss or claims practices of the Emergency Adjuster license holder as required in **TIC §4101.101**.

SIGNATURE OF SPONSORING LICENSED ADJUSTER OR SPONSORING COMPANY OFFICIAL	DATE SIGNED (MM/DD/YY)	
<b>Print</b> legal name of sponsoring licensed adjuster or company official and sponsoring company:		
NAME	TDI LICENSE # OF SPONSORING ADJUSTER	SPONSORING COMPANY NAIC #
MAILING ADDRESS OF SPONSORING ADJUSTER OR SPONSORING INSURANCE COMPANY		BUSINESS PHONE NUMBER (10 DIGIT)
CITY	STATE	ZIP CODE

**Part III—Public Insurance Adjusters (Public Insurance Adjusters Only)**

Public Insurance Adjuster (PIA) license applicants must complete this part of this application.

- 1 **Licensed Sponsor or Applicant** - Provide the name of the currently licensed firm or person for whom you will be performing services as a PIA, or if self-employed, enter your name.

NAME OF FIRM PERFORMING SERVICES FOR (OR APPLICANT NAME, IF SELF-EMPLOYED)	TEXAS PIA LICENSE NUMBER
--	--------------------------

- 2 **Financial Responsibility** – Each PIA license applicant must demonstrate proof of financial responsibility with a surety bond executed with the applicant as sole principal in the amount of not less than **\$10,000** payable to the Texas Department of Insurance on a bond form available at [www.tdi.texas.gov/forms/form11](http://www.tdi.texas.gov/forms/form11). See **TIC §4102.105** and **28 TAC §§19.705–19.707**. The **original bond** must be attached to this application.

I have attached my original PIA Bond.      No      Yes

- 3 **Fingerprints** – All resident and nonresident PIA insurance adjuster license applicants must file with this application an Identogo by MorphoTrust USA fingerprint receipt. If fingerprints were previously submitted to TDI for another application and the applicant continues to hold an active license, then a fingerprint receipt is not required. For complete information regarding fingerprinting, see [Fingerprint Requirements and Instructions](#).

- Fingerprint receipt from Identogo by MorphoTrust USA is attached (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions), or
- I hold active TDI license number \_\_\_\_\_, and previously submitted fingerprints to TDI. **Fingerprints provided for this application will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.**

**4 Criminal History Record** – Each **nonresident** PIA license applicant must file with this application an original criminal history record of the applicant obtained from the state law enforcement agency of the applicant’s state of residence. I have attached my original criminal history records.

No, I am a resident of Texas.  Yes, the record is attached.

**5 PIA Contract Requirements** – Effective January 1, 2014, contract requirements under amended **TAC §19.701, §19.708 and §19.713** apply to all applicants for a PIA license. The contract you propose to use must be submitted with the original PIA license application. Please review your contract to ensure compliance with all contract requirements as outlined in the **TAC**. TDI has developed the [Public Insurance Adjuster Contract](#) (TDI Form FIN535) that contains the required standard contract language. This form may be viewed at [www.tdi.texas.gov/forms/form11.html](http://www.tdi.texas.gov/forms/form11.html).

The failure by a PIA to use a properly authorized and approved contract may result in suspension, nonrenewal, revocation of the PIA’s license, or other administrative penalty (**TAC §19.708(f)**).

a. I have reviewed the [Public Insurance Adjuster Contract](#) (TDI Form FIN535), and I will be using that contract form with my clients once licensed.

No If no, answer 5b below  Yes

b. I have developed my own contract form that meets all requirements as outlined in **TAC §19.701 and §19.708**. I have attached a copy of my proposed contract form for TDI’s review and approval.

No  Yes

**Note: Your application for a PIA license cannot be approved until you have registered an approved contract with TDI.**

**6 Agent for Service of Process** – All **nonresident** applicants for a PIA license must provide the name and address of their agent for service of process in the state of Texas as required in **TIC §4102.107**.

---

NAME OF TEXAS AGENT FOR SERVICE OF PROCESS

---

TEXAS ADDRESS OF AGENT FOR SERVICE OF PROCESS

---

CITY

---

STATE

---

ZIP CODE

**Part IV–Surplus Lines Agents (Surplus Lines Agents Only)**

To qualify for a Texas Surplus Lines License, you must hold a current Texas General Lines-Property and Casualty License or a current Texas Managing General Agent License (**TIC §981.203**).

Provide your underlying license type and current Texas license number:

\_\_\_\_\_  
 UNDERLYING LICENSE TYPE

\_\_\_\_\_  
 TDI LICENSE NUMBER

**Part V–Insurance Service Representatives (Insurance Service Representatives Only)**

**Certificate for Insurance Service Representatives** – Must be completed by the appointing licensed General Lines–Property and Casualty Agent, or Personal Lines Property and Casualty Agent, or an officer or partner of a licensed General Lines–Property and Casualty Agency or Personal Lines Property and Casualty Agency.

<b>CERTIFICATE FOR INSURANCE SERVICE REPRESENTATIVES</b>		
This is to certify that the above-mentioned applicant is appointed to act as an Insurance Service Representative (ISR) for this General Lines–Property and Casualty Agent/Agency or Personal Lines Property and Casualty Agent/Agency in the state of Texas, subject to the applicant’s qualifying for a license. If and when this appointment is terminated or canceled, the TDI must be notified immediately of such termination. Notification should be made using the <a href="#">Insurance Representative (ISR) Transfer/Cancel Employment</a> (TDI Form FIN529), which can be accessed from our Information Update forms web page at <a href="http://www.tdi.texas.gov/forms/form11update.html">http://www.tdi.texas.gov/forms/form11update.html</a> .		
<b>Appointing General Lines–Property and Casualty or Personal Lines Property and Casualty AGENT:</b>		
_____ SIGNATURE OF SPONSORING AGENT	_____ PRINT OR TYPE SPONSORING AGENT’S LEGAL NAME	_____ AGENT’S TDI LICENSE NUMBER (AS APPEARS ON THE CURRENT LICENSE)
_____ DATE SIGNED (MM/DD/YY)		
<b>Appointing General Lines–Property and Casualty or Personal Lines Property and Casualty AGENCY:</b>		
_____ SIGNATURE OF AGENCY OFFICER OR PARTNER	_____ SIGNING OFFICER’S OR PARTNER’S NAME	
_____ SPONSORING AGENCY’S LEGAL NAME (AS IT APPEARS ON THE CURRENT LICENSE)	_____ AGENCY’S TDI LICENSE NUMBER	
_____ DATE SIGNED (MM/DD/YY)		

**Part VI—Notice of Appointment** (*appointments for provisional permits, see Part VII*)

To be completed by a sponsor on behalf of those applying for a General Lines Agent's [GL], Life Agent's [LAGT], Limited Lines Agent's [LL], Funeral Pre-arrangement Life Agent's [PN], Life Insurance Not Exceeding \$25,000 Agent's [LI], County Mutual Agent's [CM], Managing General Agent's [MGA], Personal Lines Property and Casualty Agent's [PLPC] licenses or a Full-Time Home Office Salaried Employee's [HOSE] registration only.

**Notice of Appointment.** To make a company or subagent appointment with the license application, the Notice of Appointment form on **Page 9** must be signed in ink by **an authorized appointing official** of the appointing INSURANCE COMPANY, AN EXECUTIVE OFFICER OR PARTNER OF THE SPONSORING AGENCY, OR THE SPONSORING INDIVIDUAL AGENT. The form will be rejected if it does not contain the title and original signature of the signing representative. The applicant's signature will not be accepted. The Notice of Appointment must include the date the form is signed. A Notice of Appointment does not apply to Insurance Adjuster, Public Insurance Adjuster, Risk Manager, Surplus Lines, Insurance Service Representative, or Life and Health Insurance Counselor Licenses.

**Temporary License.** Only applicants for a Funeral Prearrangement Life Agent, Life Insurance Not Exceeding \$25,000 Agent, or County Mutual Agent license may apply for a temporary license with this application. If a temporary license is requested by the appointing company and if the company and applicant are eligible, TDI will issue such a license for a period of 90 days, without examination. A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant. **A temporary license application must include a completed Notice of Appointment.** The temporary licensee must provide to TDI a certification by the appointing insurance company that the temporary agent has completed the required course of study and passed the written examination with a copy of the temporary license within one year of the temporary license's issue date in order to obtain the permanent license without a new application.

**An application to register a Full-Time Home Office Salaried Employee must include a completed Notice of Appointment.**

**Insurance Company Appointments.** If a completed Notice of Appointment is not received with a General Lines Agent, Life Agent, Limited Lines Agent, Funeral Prearrangement Life Agent, Life Insurance Not Exceeding \$25,000 Agent, County Mutual Agent, Managing General Agent or Personal Lines Property and Casualty Agent license application, the license may be issued. However, not later than the 30th day after the effective date of the agent's appointment by the insurance company, a TDI Notice of Appointment with the **\$10.00** fee must be submitted to TDI.

**Subagent Appointments.** ONLY GENERAL LINES AGENTS, PERSONAL LINES PROPERTY AND CASUALTY AGENTS AND LIFE AGENTS MAY APPOINT SUBAGENTS OR BE APPOINTED AS SUBAGENTS.

- A General Lines – Life, Accident and Health Agent may appoint a General Lines – Life Accident and Health Agent or a Life Agent.
- A Life Agent may appoint a General Lines – Life Accident and Health Agent or a Life Agent.
- A General Lines – Property and Casualty Agent may appoint a General Lines – Property and Casualty Agent or a Personal Lines Property and Casualty Agent.
- A Personal Lines Property and Casualty Agent may appoint a General Lines – Property and Casualty Agent or a Personal Lines Property and Casualty Agent.

Applicants for a Limited Lines, Funeral Prearrangement Life, Life Insurance Not Exceeding \$25,000, County Mutual, Managing General Agent License, or a Full-Time Home Office Salaried Employee Registration cannot be appointed by an agency or agent.

**NOTICE OF APPOINTMENT FORM FOLLOWS ON THE NEXT PAGE**



**Part VI—Notice of Appointment – Continued**

**PLEASE FOLLOW INSTRUCTIONS ON PREVIOUS PAGE**

**NOTICE OF APPOINTMENT FOR GL, LAGT, LL, PN, LI, CM, MGA, PLPC AND HOSE APPLICANTS**

\_\_\_\_\_  
 FULL LEGAL NAME OF APPLICANT (PRINT OR TYPE) LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX

**Only ONE sponsor per application. Enter company, agency or agent information.**

Name of Insurance Company appointing a GL, LAGT, LL, PN, LI, CM, MGA, PLPC or HOSE applicant:

\_\_\_\_\_  
 APPOINTING COMPANY NAME (GROUP NAMES NOT ACCEPTABLE)      NAIC NUMBER OF APPOINTING COMPANY

**OR—Name of Agency sponsoring a GL, LAGT OR PLPC applicant as a Subagent:**

\_\_\_\_\_  
 SPONSORING AGENCY NAME      AGENCY TAX ID NUMBER  
 (AS IT APPEARS ON THE CURRENT AGENCY LICENSE)

**OR—Name of Individual Agent sponsoring a GL, LAGT OR PLPC applicant as a Subagent:**

\_\_\_\_\_  
 SPONSORING AGENT NAME      SSN OF SPONSORING INDIVIDUAL  
 (AS IT APPEARS ON THE CURRENT AGENT LICENSE)

**Temporary License:** (for PN, LI, or CM license types only):

Does this company want the above named applicant to receive a temporary license to act as a full-time agent in accordance with the provisions of **TIC §4001, subchapter D**?       No       Yes

If **“Yes”**, please provide the telephone number of the office where the agent will be assigned: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Managing General Agent:** This section must be completed by an officer of the appointing company or carrier having personal knowledge that the applicant has had experience or instruction that would qualify the applicant as a managing general agent.

- Will the above managing general agent applicant have claim settlement authority for the company or carrier?       No       Yes
- Does the claim settlement authority exceed \$25,000 on any one claim?       No       Yes
- Does the claim settlement authority include third-party liability other than property damage?       No       Yes
- Are funds exceeding \$100,000 customarily held by the managing general agent for the purpose of paying losses and loss adjustment expenses for the company or carrier?       No       Yes

**The Appointing Official must read and sign the following statements:**

This is to certify that the applicant named on **Page 1** and above is appointed to act as an agent for this company, OR a subagent for my agency, OR a subagent for me in the state of Texas subject to the applicant qualifying for a license. If and when this appointment is terminated or canceled, the TDI will be notified immediately of such termination.

This applicant meets the requirements as set out in the TIC and the rules and regulations promulgated by the TDI for the type of license applied for herein.

I acknowledge my responsibility for ensuring that the applicant receives training, as required by the TIC.

\_\_\_\_\_  
**(SIGNATURE REQUIRED)**  
 SIGNATURE OF APPOINTING OFFICIAL FOR APPOINTING COMPANY, OR  
 SIGNATURE OF OFFICIAL FOR SPONSORING AGENCY, OR  
 SIGNATURE OF SPONSORING INDIVIDUAL AGENT

\_\_\_\_\_  
**(PRINT OR TYPE)**  
 APPOINTING OFFICIAL’S FULL LEGAL NAME AND TITLE, OR  
 OFFICER’S OR PARTNER’S FULL LEGAL NAME AND TITLE, OR  
 SPONSORING INDIVIDUAL AGENT’S FULL LEGAL NAME

\_\_\_\_\_  
 DATE SIGNED (MM/DD/YY)

**Part VII—Provisional Permit Appointment (*Appointments for provisional permits only*)**

Pursuant to TIC 4001, Subchapter H, this part must be completed by all provisional permit applicants and authorized by an appointing official of the sponsoring company or by a sponsoring agent (**TIC §4001.354**). Addresses provided in **Part VII** of the application, will only be used for the purpose of communication regarding this application for provisional authority.

\_\_\_\_\_  
 FULL LEGAL NAME OF APPLICANT (PRINT OR TYPE) LAST NAME      FIRST NAME      MIDDLE NAME      SUFFIX

*Enter sponsoring company, sponsoring agency or sponsoring agent information.*

**Name of sponsoring insurance company appointing a GL, LAGT, LI, CM, or PN applicant:**

\_\_\_\_\_  
 APPOINTING COMPANY NAME (GROUP NAMES NOT ACCEPTABLE)      NAIC NUMBER OF APPOINTING COMPANY

\_\_\_\_\_  
 APPOINTING COMPANY MAILING ADDRESS      APPOINTING COMPANY EMAIL ADDRESS

**OR—Name of sponsoring agency sponsoring a GL, LAGT or PLPC applicant as a subagent:**

\_\_\_\_\_  
 SPONSORING AGENCY NAME      AGENCY TAX ID NUMBER  
 (AS IT APPEARS ON THE CURRENT AGENCY LICENSE)

\_\_\_\_\_  
 SPONSORING AGENCY MAILING ADDRESS      SPONSORING AGENCY EMAIL ADDRESS

**OR—Name of sponsoring individual agent sponsoring a GL, LAGT or PLPC applicant as a subagent:**

\_\_\_\_\_  
 SPONSORING INDIVIDUAL AGENT’S NAME      SSN OF SPONSORING INDIVIDUAL AGENT  
 (AS IT APPEARS ON THE CURRENT AGENT LICENSE)

\_\_\_\_\_  
 SPONSORING INDIVIDUAL AGENT’S MAILING ADDRESS      SPONSORING INDIVIDUAL AGENT’S EMAIL ADDRESS

**The Appointing Official must read and sign the following statements:**

This is to certify that the applicant named on **Page 1** and above is appointed to act as an agent for this company, OR a subagent for my agency, OR a subagent for me in the state of Texas subject to the applicant qualifying for a license. If and when this appointment is terminated or canceled, the department will be notified immediately of such termination.

This applicant meets the requirements as set out in the TIC and the rules and regulations promulgated by the TDI for the type of permit applied for herein.

I acknowledge my responsibility for ensuring that the applicant has completed training, and passed the examination as required by the TIC.

I acknowledge my responsibility for ensuring that a background check on the applicant has been completed that shows that the applicant has not been convicted of:

- (i) a **felony**; or
- (ii) an act that requires the applicant to receive **written consent under 18 U.S.C. Section 1033** to engage in the business of insurance.

\_\_\_\_\_  
**(SIGNATURE REQUIRED)**  
 SIGNATURE OF APPOINTING OFFICIAL FOR APPOINTING COMPANY, OR  
 SIGNATURE OF OFFICIAL FOR SPONSORING AGENCY, OR  
 SIGNATURE OF SPONSORING INDIVIDUAL AGENT

\_\_\_\_\_  
**(PRINT OR TYPE)**  
 APPOINTING OFFICIAL’S FULL LEGAL NAME AND TITLE, OR  
 OFFICER’S OR PARTNER’S FULL LEGAL NAME AND TITLE, OR  
 SPONSORING INDIVIDUAL AGENT’S FULL LEGAL NAME

\_\_\_\_\_  
 DATE SIGNED (MM/DD/YY)

**Part VIII–Background Information and Fingerprints**

This part must be completed by all applicants except Emergency Adjuster, Full-Time Home Office Salaried Employee, and PIA. PIA license applicants must complete **Part III** and skip this part.

**1** I am a **resident** of Texas and:

- a.  I have attached a copy of my fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that my fingerprints have been submitted to the Texas Department of Public Safety (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions) or,
- b.  I have an active TDI agent/adjuster license and I have already submitted fingerprints to TDI or,
- c.  I have an active TDI license or registration, other than an agent/adjuster license, and I have already submitted my fingerprints to TDI with a:

\_\_\_\_\_, on \_\_\_\_\_  
 TYPE OF APPLICATION OR FILING DATE FINGERPRINTS SUBMITTED TO TDI  
 (MM/DD/YY)

Resident applicants must include a copy of their fingerprint receipt unless the applicant **(1)** has an active TDI license or registration and **(2)** submitted fingerprints to TDI with another license application or TDI filing. **Fingerprints will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.**

**2** I am a **nonresident** of Texas, and I meet the background information requirement as follows:

*(Adjuster Designated Home State applicants skip to #3.)*

- a.  I hold an active license in good standing in my resident state as reflected on the National Association of Insurance Commissioner’s Producer Database or,
- b.  I am not a PIA applicant and have attached my criminal history records that I have acquired from my resident state’s law enforcement agency or,
- c.  I have attached a current Certificate of Good Standing from my resident state or,
- d.  I have attached a copy of my fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that my fingerprints have been submitted to the Texas Department of Public Safety.
- e.  I hold a designated home state license in good standing in the following state: \_\_\_\_\_.

All nonresident license applicants, except PIAs, who do not hold a current insurance license in good standing in the applicant’s state of residence shall, through the **law enforcement agency of the state of residence**, submit a copy of the applicant’s criminal history records. If the resident state will not provide a criminal history record for licensing purposes, the applicant must provide a fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that fingerprints have been submitted to the Texas Department of Public Safety (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions).

**3** I am a **nonresident of Texas applying for a Designated Home State Adjuster License**, and I am a resident of another state that does not license adjusters for the line of authority sought on **Page 1**. I meet the Texas fingerprint requirement by either **a**, or **b**, or **c**, as I have indicated below.

- a.  I have attached a copy of my fingerprint receipt from IdentoGo by MorphoTrust USA evidencing that my fingerprints have been submitted to the Texas Department of Public Safety (see [Fingerprint Requirements and Instructions](#) for complete fingerprinting instructions) or,
- b.  I have an active TDI agent/adjuster license and I have already submitted fingerprints to TDI or,
- c.  I have an active TDI license or registration, other than an agent/adjuster license, and I have already submitted my fingerprints to TDI with a:

\_\_\_\_\_, on \_\_\_\_\_  
 TYPE OF APPLICATION OR FILING DATE FINGERPRINTS SUBMITTED TO TDI  
 (MM/DD/YY)

**Part IX—Individual Applicant Signature Page (to be completed by all applicants)**

All Applicants must read, sign, and have this section notarized before submitting the license application.

I hereby certify that I have personally answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance which relate to the issuance of the license for which I am applying and the grounds under which such license may be denied, suspended, revoked or non-renewed, and that I meet the requirements for the license type applied for herein. I further acknowledge that I am subject to both disciplinary action and criminal prosecution if my application contains a false, fictitious, or fraudulent statement or entry with regard to any material fact.

I understand that fingerprints provided with this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes.

I acknowledge and understand that I have the duty to inform the commissioner of insurance of any disciplinary action taken against me in any other state in which I may be licensed within thirty (30) days of the happening of such disciplinary action.

I further acknowledge that I have the duty to update the information contained on this application, including a change of my address, and that failure to do so may constitute grounds for revocation or suspension of my insurance licenses.

I understand all applications are subject to further review. Any affirmative response to a screening question may extend processing times. **Failure to disclose criminal history information may result in denial of license.**

\_\_\_\_\_  
SIGNATURE OF APPLICANT (PRINT OR TYPE BELOW)

\_\_\_\_\_  
FULL LEGAL NAME OF APPLICANT LAST NAME FIRST NAME MIDDLE NAME SUFFIX

The State of, \_\_\_\_\_ County of \_\_\_\_\_,

Before me, \_\_\_\_\_, on this day personally appeared  
(PRINTED NAME OF NOTARY PUBLIC)

\_\_\_\_\_, known to me (or proved to me)  
(PRINTED FULL LEGAL NAME OF APPLICANT)

on the oath of \_\_\_\_\_ or through \_\_\_\_\_  
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC) (DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he or she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. 20\_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
(NOTARY PUBLIC SIGNATURE)

Notary Public, State of \_\_\_\_\_

Send completed application, any other required documents, and a check or money order made payable to the **Texas Department of Insurance, to:**

**Texas Department of Insurance  
Agent and Adjuster Licensing, MC 107-1A  
P.O. BOX 12069  
Austin, TX 78711--2069**

## General Information Guide

LICENSE TYPE	PART I	PART II	PART III	PART IV	PART V	PART VI	PART VII	PART VIII	PART IX
General Lines–LAH (§ 4054.051) <sup>P</sup>	•					◆	<sup>P</sup>	•	•
General Lines–P&C (§ 4051.051) <sup>P</sup>	•					◆	<sup>P</sup>	•	•
Life Agent (§ 4054.301)	•					◆	<sup>P</sup>	•	•
Life Insurance Not Exceeding \$25,000 (§ 4054.201) * <sup>P</sup>	•					◆◆	<sup>P</sup>	•	•
Funeral Prearrangement Life (§ 4054.151) * <sup>P</sup>	•					◆◆	<sup>P</sup>	•	•
Life & Health Insurance Counselor (Chapter 4052)	•							•	•
Full-Time Home Office Salaried Employee (§ 4051.301)	•					•			•
Personal Lines Property and Casualty (§ 4051.401)	•					◆		•	•
Limited Lines (§§ 4054.101 and 4051.101)	•					◆		•	•
County Mutual (§ 4051.201) * <sup>P</sup>	•					◆◆	<sup>P</sup>	•	•
Insurance Service Representative (§ 4051.151)	•				•			•	•
Managing General Agent (Chapter 4053)	•					◆		•	•
Surplus Lines Agent (Chapter 981)	•			•				•	•
Risk Manager (Chapter 4153)	•							•	•
Public Insurance Adjuster (Chapter 4102)	•		•						•
Adjuster–All Lines (Chapter 4101)	•	•						•	•
Adjuster–P&C (Chapter 4101)	•	•						•	•
Adjuster–Workers’ Comp (Chapter 4101)	•	•						•	•
Adjuster–Trainee (§ 4101.003)	•	•						•	•
Adjuster–Emergency (§ 4101.101)	•	•							•
Adjuster–All Lines Designated Home State Texas (Chapter 4101)	•	•						•	•
Adjuster–P&C Designated Home State Texas (Chapter 4101)	•	•						•	•
Adjuster–Workers’ Comp Designated Home State (Chapter 4101)	•	•						•	•

- Required parts
- \* A temporary license is available for this license type. Part VI, Notice of Appointment is required for a temporary license, otherwise the Notice of Appointment is optional on this original application.
- <sup>P</sup> A provisional permit is available for this license type. Part VII, is required for a provisional permit.
- ◆ Notice of Appointment is optional for these types on an original application. However, not later than the 30th day after the effective date of the agent’s appointment by an insurance company, or subagent’s appointment by a General Lines agent/agency, a Notice of Appointment with the \$10 fee must be submitted to TDI, if the Notice of Appointment is not made on this application.
- ◆◆ If Notice of Appointment is not submitted, then company certification must be provided certifying the applicant has (1) completed a course of study and instructions and (2) passed without aid a written examination administered by the insurer as required in the TIC.

License type information and descriptions, including examination requirements and exemptions, may be found at [www.tdi.texas.gov/licensing/agent/aglity](http://www.tdi.texas.gov/licensing/agent/aglity).

This application with fee and required attachments **must** be mailed to:

**Texas Department of Insurance, MC 107-1A**  
**Agent and Adjuster Licensing**  
**P O Box 12069**  
**Austin, TX 78711-2069**

**Obtaining a Printed License:** A printed Texas Department of Insurance license may be obtained for free, **within 30 days** from when an application is approved and a license issued, if you applied through Compliance Express or if you have obtained a no cost ProducerEDGE account at: [www.sircon.com/Texas](http://www.sircon.com/Texas). **After 30 days**, a **\$5.00** fee will be required, unless you maintain a no cost ProducerEDGE account. You will need your license number to access a printable license; your license number may be obtained via a search at: <https://txapps.texas.gov/NASApp/tdi/TdiARManager>.

**NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES**

*With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*

**Fees: 28 TAC §§ 19.801–19.802:** All **\$50** application, **\$150** temporary license application, or **\$100** provisional permit fees are nonrefundable and nontransferable as authorized by the Texas Insurance Code. Make check or money order payable to the **Texas Department of Insurance**.

**Applicants with Expired Licenses:** If a person's license has been expired for more than 90 days but less than one year, the person may not renew the license, but is entitled to a new license without taking the applicable examination if the person submits to TDI a new application, the license fee, and an additional fee equal to one-half of the license fee. If a person's license has been expired for one year or more, the person may obtain a new license by submitting to reexamination, if examination is required for original issuance of the license, and by complying with the requirements and procedures for obtaining an original license.

**Temporary License Applicants:** Only applicants applying for a Funeral Prearrangement Life License, Life Insurance Not Exceeding \$25,000 License, or County Mutual License may apply for a temporary license with this application. All other temporary license applicants must submit a Pearson VUE application form to DataStream Technologies, 18568 Forty Six Pkwy, Suite 2001, Spring Branch, TX 78070. The temporary license application must include a completed Notice of Appointment, Part VI, signed by the appointing company. The temporary license is valid for 90 days after the date of issuance.

A temporary license holder must submit to TDI a certification by the appointing insurance company that the temporary agent has completed the course of study and examination as required by the Texas Insurance Code (TIC) with a copy of the temporary license to obtain a permanent Funeral Prearrangement Life License, Life Insurance Not Exceeding \$25,000 License, or the County Mutual License.

**A temporary license may not be renewed or issued more than once in a consecutive six-month period to the same applicant.**

**Nonresident Adjuster Designating Texas as Resident State:** Some states do not license adjusters. A resident of one of those states may obtain a Texas adjuster license by meeting all Texas resident license requirements and then designating Texas as the home state for the adjuster license only. Nonresident Adjuster Designating Texas as Resident State must comply with the continuing education requirements as outlined in **TIC §4101** and **28 TAC §§19.1001- 19.1020**.

**Names:** Applicants must provide their full legal name, and not a nickname. For instance, a "Christopher" may not apply as "Chris".

**Addresses:** The **Mailing Address** provided in Part I, number 4 must be your permanent mailing address and is the address of record to which official correspondence, forms, notices and other information will be sent. The applicant's current **Mailing Address** is presumed to be the address on the most recent license renewal for an existing license or on this license application form, whichever is latest. This address will be considered the applicant's or agent's last known address for the purposes of notice to the applicant or agent by TDI. The **Legal Resident Address** is the address where you currently live. The **Legal Resident Address** is used to determine the state of residence for licensing purposes.

**Address Changes:** Address changes must be reported to TDI as required in the TIC §4001.252 and §4003.009. If the mailing, legal resident, or official business address changes, the applicant/agent is responsible for notifying TDI **within 30 days** either by fax to **512-490-1029**, or in writing by mail to:

**Texas Department of Insurance, Mail Code 107-1A**  
**Agent and Adjuster Licensing**  
**P O Box 149104**  
**Austin TX, 78714-9104**

You may obtain the [Licensee Name/Address Change Request](#) (TDI Form FIN533), at

[www.tdi.texas.gov/forms/form11.html](http://www.tdi.texas.gov/forms/form11.html).

**Nonresident Individuals Changing Residency to Texas:**

Processing a change from a nonresident licensee status to a resident licensee status requires a completed [Application for Residency Change to Texas](#) (TDI Form FIN594).

You may obtain the Application for Residency Change to Texas (TDI Form FIN594), at

[www.tdi.texas.gov/forms/form11.html](http://www.tdi.texas.gov/forms/form11.html).

All address change request forms **MUST** be dated and signed by the license holder; and **MUST** include any of the required items listed in the appropriate form.

**Public Insurance Adjuster Contracts:** Effective January 1, 2014, contract requirements under amended **TAC §19.701, §19.708 and §19.713** apply to licensure of PIAs. PIA contracts must be submitted to TDI's Agent and Adjuster Licensing office for approval with an original application for license or application for renewal of PIA license. Also, contracts with any modifications or amendment of terms or conditions must be submitted to TDI between license renewals. A PIA license may not be issued or renewed until the applicant confirms that either a form FIN535, Public Insurance Adjuster Contract, or another approved contract form will be used once licensed. The contract you propose to use, once licensed, must be submitted with the original PIA license application.

*The failure by a Public Insurance Adjuster to use a properly authorized and approved contract may result in suspension, nonrenewal, revocation of the Public Insurance Adjuster's license, or other administrative penalty (ref. **TAC§19.708(f)**).*

**Fingerprint Requirements and Instructions:**

**Fingerprinting:** The fingerprint requirement is authorized in **TIC §801.056, §4001.103**, and by **28 TAC §1.501** and **§§1.503 – 1.509**.

Applicants claiming exemption from the fingerprint requirement based on **28 TAC §1.504(b)** must provide information on the type of license application or TDI filing with which the fingerprints were submitted and the date the fingerprints were submitted to TDI.

The department strongly encourages applicants to utilize electronic fingerprinting through approved vendors, as authorized under the rule. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.

Fingerprint cards are no longer accepted by TDI.

For detailed information about fee requirements and about [Fingerprint Requirements and Instructions](#), please click on the link here or visit: <http://www.tdi.texas.gov/licensing/agent/documents/fpinstructions.pdf>

**TDI cannot complete processing an application until it receives a criminal history report from the DPS and the FBI for applicants required to provide a fingerprint receipt.**

**References:** You may view the Texas Insurance Code at <http://www.statutes.legis.state.tx.us/> and the Texas Administrative Code at [http://texreg.sos.state.tx.us/public/readtac\\$ext.viewtac](http://texreg.sos.state.tx.us/public/readtac$ext.viewtac).



Department of Insurance Use Only

## Texas Fingerprint Service Code Form

### **Service Name: Dept. of Insurance**

To schedule your ten-minute fingerprint appointment, simply visit <https://uenroll.identogo.com> and enter the following Service Code

**11G6QF**

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

### **Background Check Waiver**

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.