



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
APPLICATION FOR SURPLUS LINES PRODUCER

Email Application To: dci.ins.deposit@insurance.mo.gov

Mail: Missouri Department of Commerce and Insurance

PO Box 4001

Jefferson City, MO 65102

Questions: licensing@insurance.mo.gov

If you or an immediate family member are a veteran in the state of Missouri and are interested in learning more about benefits and resources available to you, visit <https://mvc.dps.mo.gov/MoVeteransInformation/Survey/DCI>.



CHECK APPROPRIATE BOX

New Application Renewal Application

PART I – INDIVIDUAL IDENTIFICATION

A. SOCIAL SECURITY NUMBER		B. DATE OF BIRTH (MM/DD/YYYY)		C. NATIONAL PRODUCER NUMBER (NPN), IF RENEWAL	
D. FULL LEGAL NAME OF APPLICANT - LAST NAME		FIRST NAME		MIDDLE NAME (IF NONE, ENTER N/A)	
E. RESIDENCE ADDRESS		STREET ADDRESS		CITY	
				STATE	
				ZIP CODE	
BUSINESS ADDRESS		STREET ADDRESS		CITY	
				STATE	
				ZIP CODE	
MAILING ADDRESS		PO BOX/STREET ADDRESS		CITY	
				STATE	
				ZIP CODE	
F. HOME/CELL PHONE		INDIVIDUAL APPLICANT'S EMAIL ADDRESS		BUSINESS TELEPHONE	

G. ARE YOU A CITIZEN OF THE UNITED STATES?
 YES NO If NO, of which country are you a citizen? _____

H. HAS RESIDENCE ADDRESS CHANGED IN THE LAST 12 MONTHS?
 YES NO If YES, list former residence address:
(street) _____ (city) _____ (state) _____ (zip code) _____

PART II – BACKGROUND INFORMATION

A. DO YOU NOW HOLD, OR HAVE YOU EVER HELD, AN INSURANCE PRODUCER OR BAIL BOND LICENSE IN ANOTHER STATE IN THE U.S. OR THE PROVINCES OF CANADA?
 YES NO If YES, and the license is still in force, attach a certification letter from your home state.

B. HAS ANY DISCIPLINARY ACTION, INCLUDING BUT NOT LIMITED TO, REFUSAL, SUSPENSION, REVOCATION, EVER BEEN TAKEN BY ANY REGULATORY AGENCY IN ANY STATE OR PROVINCE OF CANADA AGAINST YOU OR ANY BUSINESS WITH WHICH YOU HAVE BEEN DIRECTLY CONNECTED?
 YES NO If YES, provide full explanation on a separate sheet of paper and a certified copy of the documents from the agency imposing discipline.

C. HAVE YOU EVER BEEN CONVICTED OF OR PLED NOLO CONTENDERE (NO CONTEST) TO ANY MISDEMEANOR OR FELONY, OR CURRENTLY HAVE PENDING MISDEMEANOR OR FELONY CHARGES FILED AGAINST YOU? (MISDEMEANOR DOES NOT MEAN MINOR TRAFFIC VIOLATIONS.)
 YES NO If YES, give date, name and address of court, basis of charge, outcome, and whether you received an executive pardon. Also, attach certified copies of the information or indictment and the final adjudication.

D. HAS ANY PROFESSIONAL LICENSE (OTHER THAN INSURANCE) HELD OR APPLIED FOR BY YOU BEEN REVOKED, SUSPENDED, REFUSED, OR THE RENEWAL THEREOF DENIED BY A REGULATORY BODY OR OFFICIAL OF ANY STATE, DISTRICT, OR TERRITORY?
 YES NO If YES, provide full explanation on a separate sheet of paper and a certified copy of the documents from the agency imposing discipline.

E. DOES ANY INSURANCE COMPANY, BUSINESS ENTITY PRODUCER (AGENCY), OR PRODUCER (AGENT OR BROKER) CONTEND OR ALLEGE THAT IT HAS MONEY OR SUMS DUE FROM YOU OTHER THAN SUMS DUE FOR THE APPLICANT'S PERSONAL INDIVIDUAL INSURANCE NEEDS?
 YES NO If YES, provide full explanation on a separate sheet of paper and any documents related to the matter.

F. HAVE YOU EVER HAD A SURETY BOND REFUSED, REVOKED, OR CANCELLED?
 YES NO If YES, provide full explanation on a separate sheet of paper and any documents related to the matter.

G. HAVE YOU EVER BEEN A DIRECTOR, OFFICER, OR OWNER OF AN INSURANCE COMPANY OR AGENCY, WHICH WAS PLACED IN BANKRUPTCY, CONSERVATORSHIP, REHABILITATION, OR ANY OTHER FORM OF DELINQUENCY PROCEEDINGS?
 YES NO If YES, provide full explanation on a separate sheet of paper.

H. DO YOU HAVE A CHILD SUPPORT OBLIGATION IN ARREARAGE?
 YES NO If YES, how many months are you in arrearage? _____ months State of: _____

PART III – EMPLOYMENT RECORD (DO NOT COMPLETE IF YOU ARE RENEWING YOUR LICENSE.)

A. WILL YOU BE EMPLOYED BY AN INSURANCE BUSINESS ENTITY?
 YES NO If YES, complete 1-4 below.

1. FULL AND EXACT NAME OF INSURANCE BUSINESS ENTITY

2. MO BUSINESS ENTITY LICENSE NUMBER LICENSE ISSUED BY THE MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

(continued)

3. ADDRESS OF BUSINESS ENTITY	STREET	CITY	STATE	ZIP CODE
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4. TELEPHONE NUMBER OF BUSINESS ENTITY
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B. List below your employment history for the past 5 years, **beginning with your current place of employment.** (If additional space is needed, attached a separate sheet of paper.)

DATES OF EMPLOYMENT		FULL AND EXACT NAME OF COMPANY	ADDRESS OF COMPANY	POSITION HELD
FROM	TO			

PART IV – APPLICANT CERTIFICATION

This applicant certifies that the statements contained in this application are true to the best of his/her knowledge and belief.

SIGNATURE OF APPLICANT	PRINTED NAME	DATE
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PART V – GENERAL INSTRUCTIONS

NEW APPLICANTS
 A. \$100 application fee
 B. Residents must take and pass the Surplus Lines Examination.
 C. Residents must hold, or be applying for, an active Missouri property and casualty producer license.

RENEWAL APPLICANTS
 A. \$100 application fee
 B. Residents must hold, or be applying for, an active Missouri property and casualty producer license.

Email Completed Application and Attachments To: dc.ins.deposit@insurance.mo.gov
 Applications submitted via email will receive a response email outlining convenient electronic payment instructions.

OR

Mail Completed Application and Attachments To:
 Missouri Department of Commerce and Insurance
 P.O. Box 4001
 Jefferson City, MO 65102
 Payment will be in the form of a check or money order.