



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**APPLICATION FOR MOTOR VEHICLE EXTENDED SERVICE  
 CONTRACT PRODUCER LICENSE RENEWAL**

**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>.



1. SOCIAL SECURITY NUMBER			2. DATE OF BIRTH		3. NATIONAL PRODUCER NUMBER (NPN)			
4. LAST NAME		JR./SR., ETC.		5. FIRST NAME		6. MIDDLE NAME		
7. RESIDENCE/HOME ADDRESS (PHYSICAL STREET)		8. P.O. BOX	9. CITY		10. STATE	11. ZIP CODE	12. COUNTRY	
13. HOME TELEPHONE NUMBER			14. MOBILE TELEPHONE NUMBER		15. PERSONAL EMAIL ADDRESS			
16. GENDER (CHECK ONE) <input type="checkbox"/> Male <input type="checkbox"/> Female	17. ARE YOU A CITIZEN OF THE UNITED STATES? (CHECK ONE) (IF NO, PLEASE ATTACH DOCUMENTATION THAT PROVES YOUR ELIGIBILITY TO WORK IN THE UNITED STATES) <input type="checkbox"/> Yes <input type="checkbox"/> No If no, of which country are you a citizen? _____							
18. BUSINESS ENTITY NAME								
19. BUSINESS ENTITY ADDRESS (PHYSICAL STREET)			20. P.O. BOX	21. CITY		22. STATE	23. ZIP CODE	24. COUNTRY
25. BUSINESS TELEPHONE NUMBER (INCLUDE EXT.)		26. BUSINESS FAX NUMBER		27. BUSINESS EMAIL ADDRESS		28. BUSINESS WEBSITE ADDRESS		
29. APPLICANT'S MAILING ADDRESS		30. P.O. BOX	31. CITY		32. STATE	33. ZIP CODE	34. COUNTRY	
35A. LIST ALL OTHER ASSUMED, FICTITIOUS, ALIAS, MAIDEN OR TRADE NAMES YOU HAVE USED IN THE PAST.								
35B. LIST ALL TRADE NAMES UNDER WHICH YOU ARE CURRENTLY DOING BUSINESS OR INTEND TO DO BUSINESS.								

**EMPLOYMENT HISTORY**

36. Account for all time for the past five years. List all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	FROM		TO		POSITION HELD
	MONTH	YEAR	MONTH	YEAR	
NAME					
CITY	STATE	COUNTRY			
NAME					
CITY	STATE	COUNTRY			
NAME					
CITY	STATE	COUNTRY			
NAME					
CITY	STATE	COUNTRY			

**BACKGROUND INFORMATION**

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

- Have you ever been convicted of a crime, had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS") or suspended execution of sentence ("SES"), or are you currently charged with committing a crime, which has not been previously reported to this insurance department?  YES  NO

**BACKGROUND INFORMATION**

“Crime” includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanor traffic citations or misdemeanors: 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 misdemeanor juvenile convictions.

“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, having entered an Alford Plea, or having been given probation, a suspended sentence, or a fine.

“Had a judgment withheld or deferred” includes circumstances in which a guilty plea was entered and/or a finding of guilt was made, but imposition or execution of the sentence was suspended (for instance, the defendant was given a suspended imposition of sentence or a suspended execution of sentence – sometimes called an “SIS” or “SES”).

Unless excluded by the language above, you must disclose convictions that have been expunged.

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

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified 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 or action regarding any professional or occupational license or registration, or regarding the lack of such 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, a voluntary forfeiture, a cease and desist order, a prohibition order, a consent order, or being placed on probation. “Involved” also includes the act of surrendering a license to resolve an administrative proceeding or 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 is related to the lack of such license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You must INCLUDE any business so named because of your actions or because of 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 answer yes, you must attach to this application:

- a) a written statement identifying the type of license 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 certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

3. Has any demand been made or judgment rendered against you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company, for overdue monies by a provider, an administrator, an insurer, an insured, or a producer, which has not been previously reported to this insurance department?  YES  NO

Have you or any business of which you are or were an owner, partner, officer or director, or member or manager of a Limited Liability Company ever been subject to a bankruptcy proceeding, which has not been previously reported to this insurance department?  YES  NO

Answer “Yes” if the answer to either question (or both) is “Yes.”

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

- a) a written statement explaining the circumstances of the demand or judgment,
- b) a certified copy of the judgment, a copy of the demand, and copies of any other relevant documents,
- c) a certified copy of the official document which demonstrates the resolution of the demand or judgment,
- d) a written statement detailing the case number, type of bankruptcy, the court it was filed before and summarizing the details of the indebtedness and arrangements for repayment,
- e) a certified copy of the “Notice of Bankruptcy” or its equivalent, and
- f) a certified copy of the “Order Discharging Debtor” or its equivalent.

4. Have you failed to pay state or federal income tax, which has not been previously reported to this insurance department?  YES  NO

Have you failed to comply with an administrative or court order directing payment of state or federal income tax, which has not been previously reported to this insurance department?  YES  NO

Answer “Yes” if the answer to either question (or both) is “Yes.”

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

**BACKGROUND INFORMATION**

- a) a written statement explaining the circumstances of each administrative or court order,
- b) copies of all relevant documents (i.e. demand letter from the Department of Revenue or Internal Revenue Service, etc.),
- c) a certified copy of each administrative or court order, judgment, and/or lien, and
- d) a certified copy of the official document which demonstrates the resolution of the tax delinquency (i.e. tax compliance letter, etc.).

5. Are you currently 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, 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 certified copy of the Petition, Complaint or other document that commenced the lawsuit and/or arbitration, or mediation proceedings, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

6. Have you ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?  YES  NO

Has any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct, which has not been previously reported to this insurance department?  YES  NO

Have you or any business in which you are or were a 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, which has not been previously reported to this insurance department?  YES  NO

Answer "Yes" if the answer to any question above (or all) is "Yes."

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 a motor vehicle extended service contract producer license, and
- b) copies of all relevant documents.

7. Do you currently have or have you had a child support obligation, which has not been previously reported to this insurance department?  YES  NO

If you answer yes:

- a) are you in arrearage?  YES  NO
- b) by how many months are you in arrearage? \_\_\_\_\_ months
- c) what is the total amount of your arrearage? \_\_\_\_\_
- d) are you currently subject to a repayment agreement to cure the arrearage? (If you answer yes, provide documentation showing an approved repayment plan from the appropriate state child support agency.)  YES  NO
- e) are you in compliance with said repayment agreement? (If you answer yes, provide documentation showing proof of current payments from the appropriate state child support agency.)  YES  NO
- f) are you the subject of a child support related subpoena/warrant? (If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)  YES  NO
- g) have you ever been convicted of a misdemeanor or felony for failure to pay child support?  YES  NO

**APPLICANT'S CERTIFICATION AND ATTESTATION**

38. The Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that 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.
2. I hereby designate the Director of the Department of Commerce and Insurance to be my agent for service of process regarding all insurance matters and matters concerning motor vehicle extended service contracts in Missouri and agree that service upon the Director is of the same legal force and validity as personal service upon me.
3. I further certify that I grant permission to the Director to verify my information with any federal, state and/or local government agency, current or former employer, or insurance company.
4. I further certify, under penalty of perjury, that a) I have no outstanding state or federal income tax obligations, or b) I have an outstanding state or federal income tax obligation and I have provided all information and documentation requested in Background Information Question 37.4.

**APPLICANT'S CERTIFICATION AND ATTESTATION (CONTINUED)**

- 5. I further certify, under penalty of perjury, that 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 a child support obligation that is in arrears, I am in compliance with a repayment plan to cure the arrears, and I have provided all information and documentation requested in Background Information Question 37.7.
- 6. I authorize the Director to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other governmental organization. I further release the Director and all persons acting on the Director's behalf from any and all liability of whatever nature by reason of furnishing such information.
- 7. I acknowledge that I understand and will comply with the motor vehicle extended service contract laws and regulations of Missouri and of any other jurisdiction to which I apply for licensure.
- 8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from Missouri. (Applies only if Applicant's home state/resident state issues licenses that authorize the marketing of motor vehicle extended service contracts.)

RENEWAL APPLICANT'S ORIGINAL SIGNATURE

FULL LEGAL NAME (PRINTED OR TYPED)

TITLE

MONTH/DAY/YEAR

**INSTRUCTIONS**

- 1. All applicants must submit a nonrefundable \$25 application fee in the form of a check or money order, made payable to Department of Commerce and Insurance.

**Email Completed Application and Attachments To:** [dc.ins.deposit@insurance.mo.gov](mailto: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.