Email Application To: dci.ins.deposit@insurance.mo.gov
Mail: Missouri Department of
Commerce and Insurance
PO Box 4001
Jefferson City, MO 65102
Questions: regulatory.services@dci.mo.gov

MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE

APPLICATION FOR PORTABLE ELECTRONICS INSURANCE LICENSE

(Vendor with Ten (10) or fewer locations)

☐ New ☐ Renewal

PLEASE PRINT OR TYPE

1. VENDOR/BUSINESS ENTITY NAME	2. INCORPORATION/FORMATION DATE (MONTH/DAY/YEAR)	3. FEIN

4. LIST ALL NAMES UNDER WHICH YOU ARE DOING BUSINESS	5. STATE OF DOMICILE	6. COUNTRY OF DOMICILE

7. CONTACT NAME

8. BUSINESS ADDRESS	9. CITY	10. STATE	11. ZIP OR FOREIGN COUNTRY

12. TELEPHONE NUMBER	13. FAX NUMBER	14. BUSINESS WEBSITE ADDRESS	15. BUSINESS EMAIL ADDRESS

16. MAILING ADDRESS	17. P.O. BOX	18. CITY	19. STATE	20. ZIP OR FOREIGN COUNTRY

LOCATIONS

21. IDENTIFY ALL PHYSICAL LOCATIONS WHERE YOU OFFER COVERAGE OR PLAN TO OFFER COVERAGE.

NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:
NAME:	ADDRESS:

IDENTIFY ALL WEBSITES WHERE YOU OFFER COVERAGE OR PLAN TO OFFER COVERAGE. ATTACH ADDITIONAL LISTING IF NECESSARY.

WEB ADDRESS:
WEB ADDRESS:
WEB ADDRESS:
WEB ADDRESS:
WEB ADDRESS:
WEB ADDRESS:
WEB ADDRESS:

DESIGNATED/RESPONSIBLE PERSON

Identify at least one employee or officer of the vendor responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

NAME
ADDRESS

SUPERVISING BUSINESS ENTITY PRODUCER

Identify the supervising business entity producer designated by the insurer to supervise the actions of the vendor.

NAME	MISSOURI LICENSE NUMBER OR FEIN
ADDRESS	

OWNERS, PARTNERS, OFFICERS AND DIRECTORS

Identify all owners of the business entity with at least 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company. Attach additional listing if necessary.

NAME		LAST 4 DIGITS OF SSN	TITLE
PERCENT OF OWNERSHIP	BUSINESS ADDRESS		
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PERCENT OF OWNERSHIP	BUSINESS ADDRESS		
NAME		LAST 4 DIGITS OF SSN	TITLE
PERCENT OF OWNERSHIP	BUSINESS ADDRESS		

BACKGROUND INFORMATION

23. Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

    1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication or sentencing was withheld? ☐ YES ☐ NO

       "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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.

       "Adjudication or sentencing was withheld" 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").

BACKGROUND INFORMATION (CONTINUED)

If you answer yes, you must attach to this application:
a) a written statement explaining the circumstances of each incident,
b) a copy of the charging document, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? ☐ YES ☐ NO

"Involved means having a license censured, suspended, revoked, canceled, terminated or being assessed a fine, 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.

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 copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? ☐ YES ☐ NO

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director 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? ☐ YES ☐ NO

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach or fiduciary duty? ☐ YES ☐ NO

If you answer yes, you must attach to this application:
a) a written statement summarizing the details of each incident,
b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had a contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ YES ☐ NO

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 an insurance license, and
b) copies of all relevant documents.

APPLICANT'S CERTIFICATION AND ATTESTATION

24. The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalties of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.

2. The business entity hereby designates the Director of the Department of Commerce and Insurance to be its agent for service of process regarding all insurance matters in Missouri and agrees that service upon the Director is of the same legal force and validity as personal service upon the business entity.

3. The business entity grants permission to the Director to verify any information supplied herein with any federal, state or local government agency, current or former employer or insurance company.

4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.

APPLICANT'S CERTIFICATION AND ATTESTATION (CONTINUED)

5. Each authorized representative and empoyee has the brochures and policy documents described in Section 379.1510, RSMo.

6. I authorize the Director to give any information the Director may have concerning the business entity to any federal, state or municipal agency, or any other organization and I release the Director and any person 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 am familiar with the insurance laws and regulations of Missouri.

8. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.

SIGNATURE	
TYPED OR PRINTED NAME	
TITLE	LAST 4 DIGITS OF SSN
ADDRESS (CITY, STATE, ZIP CODE)	

INSTRUCTIONS

Application for initial licensure for a portable electronics insurance license shall include the following, as applicable:

1. A complete Application for Portable Electronics Insurance License
2. $100 (one-hundred dollar) fee in the form of a check or money order, made payable to Missouri Department of Commerce and Insurance.

Email Completed Application and Attachments To: dci.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.