



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
**APPLICATION FOR MOTOR VEHICLE EXTENDED SERVICE
CONTRACT BUSINESS ENTITY 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

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 OR INTEND TO DO BUSINESS				5. LIST ALL NAMES UNDER WHICH YOU HAVE DONE BUSINESS IN THE PAST			
6. STATE OF DOMICILE		7. COUNTRY OF DOMICILE		8. CONTACT NAME		9. NATIONAL PRODUCER NUMBER (NPN)	
10. BUSINESS ADDRESS (PHYSICAL STREET)		11. P.O. BOX	12. CITY		13. STATE	14. ZIP CODE	15. COUNTRY
16. TELEPHONE NUMBER		17. FAX NUMBER		18. BUSINESS WEBSITE ADDRESS			
19. BUSINESS EMAIL ADDRESS							
20. MAILING ADDRESS		21. P.O. BOX	22. CITY		23. STATE	24. ZIP CODE	25. COUNTRY

BRANCH LOCATIONS

26. IDENTIFY ALL BRANCH LOCATIONS WHERE COVERAGE IS OFFERED. ATTACH ADDITIONAL LISTING IF NECESSARY.	
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:	

OWNERS, PARTNERS, OFFICERS AND DIRECTORS

27. Identify all individuals with at least 10% ownership interest or with any voting interest in the business entity, as well as any partners, officers and directors of the business entity (or if the entity is a Limited Liability Company ("LLC"), please identify all members, managers and/or officers). Attach additional listing if necessary.			
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		
NAME		SOCIAL SECURITY NUMBER	TITLE
PERCENT OF OWNERSHIP	RESIDENT ADDRESS		

BACKGROUND INFORMATION

28. 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 and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), ever been convicted of a crime , had a judgment withheld or deferred, received a suspended imposition of sentence ("SIS"), or received a suspended execution of sentence ("SES"), which has not been previously reported to this insurance department?	
☐ YES ☐ NO	

BACKGROUND INFORMATION (CONTINUED)

Is the business entity **or** any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), **currently charged** with committing a crime, which has not been previously reported to this insurance department?

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

"Crime" includes a misdemeanor, felony, or a military offense. You may exclude any of the following if they are/were misdemeanors or misdemeanor traffic citations: 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. However, you must disclose all felony convictions, misdemeanor convictions, and pending charges unless excluded above.

"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. Has the business entity **or** any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), 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.

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 the business entity **or** any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), 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

Has the business entity **or** any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), ever been subject to a bankruptcy proceeding, which has not been previously reported to this insurance department?

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 summarizing the details of the indebtedness and arrangements for repayment,
- b) a written statement detailing the case number, type of bankruptcy, and the court it was filed before,
- c) a copy of the "Notice of Bankruptcy" or its equivalent, and
- d) a copy of the "Order Discharging Debtor" or its equivalent.

4. Has the business entity **or** any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), failed to pay state or federal income tax, which has not been previously reported to this insurance department?

☐ YES ☐ NO

Has the business entity **or** any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), 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?

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 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. Is the business entity **or** any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), currently a party to, ever been a party to, or ever been found liable in, any lawsuit, arbitration proceeding, 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

BACKGROUND INFORMATION (CONTINUED)

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 proceeding, or mediation proceeding, and
- c) a certified copy of the official document which demonstrates the resolution of the charges and/or a final judgment.

6. Has the business entity **or** any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager, and/or officer) ever had a contract or any other business relationship with a provider, an administrator, or an insurance company terminated for any alleged misconduct, 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 and explaining why you feel this incident should not prevent you from receiving a business entity producer license, and
- b) copies of all relevant documents.

APPLICANT'S CERTIFICATION AND ATTESTATION

29. The undersigned owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager, and/or officer) 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 or denial and may subject me and the business entity to civil or criminal penalties.
2. The business entity grants permission to the Director to verify any information supplied herein with any federal, state and/or local government agency, current or former employer, or insurance company.
3. Neither the business entity nor any owner, partner, officer and/or director of the business entity (or if the entity is a Limited Liability Company ("LLC"), any member, manager and/or officer), has any outstanding, delinquent, or overdue state or federal tax obligations except those disclosed and properly documented as part of this application in response to question number 28.4 or previously reported to this insurance department.
4. 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 governmental organization and I 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.
5. I acknowledge that I am familiar with 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.
6. If required, I have received a Certificate of Good Standing from Missouri's Secretary of State.
7. I certify that the business entity is licensed (or registered, as applicable) and in good standing in its home state/resident state to sell, offer, negotiate and solicit motor vehicle extended service contracts. (Applies only to Non-Resident Business Entity Producer Applicants whose home state/resident state issues licenses or requires registration authorizing the sale, offer, negotiation or solicitation of motor vehicle extended service contracts.)

SIGNATURE

MONTH/DAY/YEAR

FULL LEGAL NAME (TYPED OR PRINTED)

TITLE

SOCIAL SECURITY NUMBER

ADDRESS (CITY, STATE, ZIP CODE)

INSTRUCTIONS

Application for renewal licensure for a motor vehicle extended service contract business entity producer shall include the following, as applicable:

1. A completed Motor Vehicle Extended Service Contract Business Entity Producer Renewal application.
2. \$100 nonrefundable fee in the form of a check or money order, made payable to Department of Commerce and Insurance.
3. Attach a list of all persons employed by the business entity and to whom it pays any salary or commission for the sale, solicitation, negotiation, or procurement of any motor vehicle extended service contract.
4. Attach a listing of Motor Vehicle Extended Service Contract Providers with which you have a contract.

Email Completed Application and Attachments To: dcf.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.