


CALIFORNIA LIFE & HEALTH INSURANCE LICENSE APPLICATION INSTRUCTIONS FOR NEW AGENTS

License Applications

 If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#)

[Renew an Existing License](#)

NEW INSURANCE LICENSES

Start an application for a new license or add new lines of authority to an existing license

[New Insurance License](#)

Is this a Resident or Non-Resident license?

☒ Resident

☐ Non-Resident

Are you an individual or a firm?

☒ Individual

☐ Firm


[Cancel](#)

[Continue](#)

- Click “NEW INSURANCE LICENSE”
- Choose “RESIDENT”
- Choose “INDIVIDUAL”
- Click on “CONTINUE”

License Applications

Email Address:

 [Why do you need my email?](#)

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- Enter your Email Address then click on “CONTINUE”

Individual Resident License Application

Last Name * Required
SSN * Required
Confirm SSN * Required
Preparer ☐ Applicant ☐ Authorized Submitter * Required

A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).

States Accepting Electronic License Applications

Click on a state name to view the license types available for each submission method.

Attention Alabama applicants: All individual license applicants must submit proof of US citizenship by going to <https://aldoi.gov/LicenseeCZ/Initial.aspx> before your license is issued.

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at <https://oci.georgia.gov/citizenship-affidavit>.

- | | | | | |
|--|---|--|--|---|
| <input type="radio"/> Alabama | <input type="radio"/> Idaho | <input type="radio"/> Minnesota | <input type="radio"/> North Dakota | <input type="radio"/> Utah |
| <input type="radio"/> Alaska | <input type="radio"/> Illinois | <input type="radio"/> Mississippi | <input type="radio"/> Ohio | <input type="radio"/> Vermont |
| <input type="radio"/> Arizona | <input type="radio"/> Indiana | <input type="radio"/> Missouri | <input type="radio"/> Oklahoma | <input type="radio"/> Virginia |
| <input type="radio"/> Arkansas | <input type="radio"/> Iowa | <input type="radio"/> Montana | <input type="radio"/> Oregon | <input type="radio"/> Washington |
| <input type="radio"/> California | <input type="radio"/> Kansas | <input type="radio"/> Nebraska | <input type="radio"/> Pennsylvania | <input type="radio"/> West Virginia |
| <input type="radio"/> Colorado | <input type="radio"/> Kentucky | <input type="radio"/> Nevada | <input type="radio"/> Puerto Rico | <input type="radio"/> Wisconsin |
| <input type="radio"/> Connecticut | <input type="radio"/> Louisiana | <input type="radio"/> New Hampshire | <input type="radio"/> Rhode Island | <input type="radio"/> Wyoming |
| <input type="radio"/> Delaware | <input type="radio"/> Maine | <input type="radio"/> New Jersey | <input type="radio"/> South Carolina | |
| <input type="radio"/> District of Columbia | <input type="radio"/> Maryland | <input type="radio"/> New Mexico | <input type="radio"/> South Dakota | |
| <input type="radio"/> Georgia | <input type="radio"/> Massachusetts | <input type="radio"/> New York | <input type="radio"/> Tennessee | |
| <input type="radio"/> Hawaii | <input type="radio"/> Michigan | <input type="radio"/> North Carolina | <input type="radio"/> Texas | |

➤ Enter your Last Name

➤ Enter your Social Security#

➤ Enter your Social Security# a second time to confirm

➤ For 'Preparer' choose "Applicant"

➤ Click on your state of residence

States Accepting Paper License Applications

There are currently no states accepting paper license applications.

Payment Method

- ☒ Credit Card/Electronic Check Submission
** We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **
- ☐ I am actively working with a Siron insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.
** We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **
- ☐ I am actively working with a Siron insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

➤ Select "Credit Card / Electronic Check Submission"

➤ Click on "CONTINUE"

The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.

Individual Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)

License Information

Not sure which option to choose?

[Click here](#) for more information.

State California

- License Type
- ☐ Apprentice Public Ins Adjuster
 - ☐ Bail
 - ☐ Credit Endorsee
 - ☐ Crop Adjuster
 - ☐ Fugitive Recovery Agent
 - ☐ Independent Adjuster
 - ☒ Insurance Producer
 - ☐ Public Adjuster
 - ☐ Res Credit insurance Agent
 - ☐ Res Life Settlement Broker
 - ☐ Res-Title Insurance Mktg Rep.

Previously licensed ? ☐ Yes ☒ No

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- For 'License Type', select "INSURANCE PRODUCER"
- For 'Previously Licensed?', if first time getting licensed, select "NO"
- Click "CONTINUE"

Individual Resident License Application

Lines of authority that are currently held by the producer in the resident state will appear below, but they will not be selectable.

Qualification Information for State of California: Insurance Producer

Life and Disability Analyst must be 23 years old and the lines of authority "Life" and "Accident & Health or Sickness" must be held for 5 years.

Applicants that apply for Variable Life and Variable Annuity must be registered with and supply his or her Financial Industry Regulatory Authority (FINRA) Central Registration Directory (CRD) number and be approved in California.

Qualification Code

**At least one qualification must be selected.*

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Accident & Health or Sickness | <input type="checkbox"/> Limited Lines Auto Ins Agent | <input type="checkbox"/> Self-Service Storage Agent |
| <input type="checkbox"/> Burial and Funeral Expense | <input type="checkbox"/> Motor Club Agent | <input type="checkbox"/> Special Lines SL Broker |
| <input type="checkbox"/> Car Rental | <input type="checkbox"/> Part Time Fraternal | <input type="checkbox"/> Surplus Lines Broker |
| <input type="checkbox"/> Cargo Shipper's Agent | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Variable Life/Variable Annuity |
| <input type="checkbox"/> Casualty | <input type="checkbox"/> Portable Electronics | |
| <input checked="" type="checkbox"/> Life | <input type="checkbox"/> Property | |

[Cancel](#) [Back](#) [Continue](#)

➤ If you took the Life Only course, select "Life".

➤ If you took the Life & Health course, select "ACCIDENTAL & HEALTH" and "LIFE"

➤ If LIFE-ONLY, select "LIFE" by itself.

➤ Click "CONTINUE"

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Individual Resident License Application

Individual Information

If applying for variable line of authority, the FINRA CRD number is required. Please note that the e-mail address entered on this page is the address to which the license application confirmation e-mail and PDF file will be sent. This is only applicable to individuals who do not have an active subscription to SIRCON. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past or are currently doing business as or intend to do business as.

Social Security Number *** - ** - ****
National Producer Number [What's this?](#)
First Name * Required
Middle Name
Last Name Alvarado
Suffix (Jr, Sr, etc.)
Birth Date MM-DD-YYYY * Required (mm-dd-yyyy)
Gender * Required
Citizen Country Code * Required
Business Email Address * Required
Applicant Email Address * Required
Business Website
FINRA CRD Identifier [What's this?](#)

Individual Alias Information (Optional)

The information in this section is optional.
If you elect to provide this information, please enter all required fields.
List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)

Type * Required

Individual Residence Address

California law requires that you provide a residential and business street address as your addresses of record. Do NOT use a P.O. Box Number instead of a street address.

Line One * Required
Line Two
Line Three
City * Required
State
Postal Code * Required
Country * Required

Individual Business Address

California law requires that you provide a residential and business street address as your addresses of record. Do NOT use a P.O. Box Number instead of a street address.

Line One * Required
Line Two
Line Three
City * Required
State
Postal Code * Required
Country * Required

Individual Mailing Address

Line One * Required
Line Two
Line Three
City * Required
State
Postal Code * Required
Country * Required

- Fill in your general information
- Leave “National Producer Number” field blank. As a new unlicensed agent, you will not have an NPN until you are licensed.
- Both Business Email and Applicant Email can be the same
- Leave “Business Website” and “FINRA CRD Identifier” field blank.
- Skip “Individual Alias Information” section
- Fill in your Residence Address
- If you have an office, you may enter your office address as the Business Address. Otherwise, use your Residence Address
- For Individual Mailing Address, enter the address you wish your mail or correspondence from the Department of Insurance to go to

Residence Phone Information

Phone Number * Required

Business Phone Information

Phone Number * Required

Extension

Business Fax Information (Optional)

*The information in this section is optional.
If you elect to provide this information, please enter all required fields.*

Fax Number

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➤ Enter your Residence Phone#

➤ If you have a separate Business Phone#, enter in 'Business Phone Information'. Otherwise, use your Residence Phone#

➤ Leave Fax Number Blank

➤ Click "CONTINUE"

Individual Resident License Application

Employment History Information

*Please enter information into the sections below (at least one is required).
Account for all time for the past five years. Give 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.
If providing current employment, please enter current month and year as the end date.*

Current Employment ☐

Employment Type

Beginning Date * Required (mm-yyyy)

Ending Date * Required (mm-yyyy)

Employer Name * Required

City * Required

State

Province

Country * Required

Position Description * Required

Current Employment ☐

Employment Type

Beginning Date * Required (mm-yyyy)

Ending Date * Required (mm-yyyy)

Employer Name * Required

City * Required

State

Province

➤ Fill in your employment history for the last 5 years.

➤ When finished, Click "CONTINUE"

Individual Resident License Application

CA Disclosure Agreement

All questions are required unless otherwise specified

Please answer the following CA Disclosure Agreement

Question 1

I consent to the publication, on the public Department of Insurance licensee directories, of any business telephone number I provide, including, but not limited to, personal, residential, or cellular telephone numbers. This consent is valid for the term of my license and for five years after license expiration, consistent with the authority granted in California Insurance Code Section 1743.

NOTE: Pursuant to California Civil Code Section 1798.61, the Department publishes the names and business addresses of licensees, and is not required to obtain consent to release that information.

Select 'Yes' to Accept or 'No' to Deny.

- ☐ No
☒ Yes

- Select “YES”
- Click “Continue”

- The next section begins the background questionnaire.
- [CLICK HERE](#) to view the License Application Background Questionnaire section.
- Answer all questions honestly. Even if your record has been expunged, include those details in the background questionnaire to avoid delays in processing.
- For any questions answered “YES”, create a document per “YES” explaining the situation in detail including dates and current outcome. Save your document as a PDF labeled “Written Statement”.
- For any “YES”, you will need to obtain “certified” copies of the court case documents if it pertains to a legal issue. Once you get the certified copies, scan them and save them as a pdf to upload at the end of the application.
- At the very end of the application, you will be able to attach all explanation documents to your application.
- After completing background questions, click “CONTINUE”

Individual Resident License Application

CA Individual License Requirements - DBA

All questions are required unless otherwise specified

Please answer the following CA Individual License Requirements - DBA

Question 1

Do you intend to use a fictitious (Doing Business As (DBA)) name?
If yes list the name. The name must be approved by the Department prior to use.

- ☒ No
☐ Yes

Comment

- Select “NO”
- Click “CONTINUE”

Individual Resident License Application

CA Individual License Requirements - Resident Fingerprinting

All questions are required unless otherwise specified

Please answer the following CA Individual License Requirements - Resident Fingerprinting

Question 1

I am a resident of California and I attest I understand, fingerprint impressions are required for all unlicensed applicants.

- ☐ No
☒ Yes

- Click “YES”
- Click “CONTINUE”

Individual Resident License Application

CA Individual License Requirements - Resident Insurance Producer

All questions are required unless otherwise specified

Please answer the following CA Individual License Requirements - Resident Insurance Producer

Question 1

Have you ever held an insurance license as a resident in this state or any other state?
If you answer yes, please provide the following:
Type of license
State or province
Date license held
Expiration date if license is currently active

- ☒ No
☐ Yes

Comment

If you are a new unlicensed agent, select “NO”

Question 2

Do you certify you have completed your precensing education?
If no, your precensing education must be completed prior to taking your examination.
If yes, please provide the completion date.

- ☐ No
☒ Yes
☐ Not Applicable

Comment

Course Completion Date: 1/15/2024

Question 3

Life only agent specific question

Do you intend to limit your activity to the sale of funeral and burial expense policies in accordance with Section 1749.01 of the California Insurance Code?

- ☐ No
☐ Yes
☒ Not Applicable

➤ Select “YES”

➤ In the comment section, put the date that you completed your precensing courses

➤ If applying for LIFE-ONLY, click “NO”

➤ If applying for both Life and Health, select “NOT APPLICABLE”

➤ Click “CONTINUE”

CA Insurance Producer License Questions

All questions are required unless otherwise specified

Please answer the following CA Insurance Producer License Questions

Question 1 (Optional)

*Applicant **MUST** answer this question if applying for Special Lines Broker LOA otherwise your application will be **REJECTED**.*

NOTE: Special Lines SL Broker Applicants must select from the following two options (Only one option may be selected):

- ☐ A) I am an individual applicant applying for Special Lines Surplus Line who only transacts on behalf of a Special Lines' Surplus Line Broker business entity.
☐ B) I am an individual applicant applying for Special Lines' Surplus Line Broker that has a \$10,000 bond on file.

Question 1A (Optional)

If you answered B, I attest I will attach an [LIC 447-32](#) \$10,000 bond form with a properly executed power of attorney

If you answer A, I attest I will attach a Business Entity endorsement form [LIC 411-8A](#) completed by sponsoring Business Entity and Form [LIC 050](#)

- ☐ No
☐ Yes

Question 2 (Optional)

*Applicant **MUST** answer this question if applying for Surplus Lines Broker LOA otherwise your application will be **REJECTED**.*

NOTE: Surplus Line Broker Applicants must select from the following two options (Only one option may be selected):

- ☐ A) I am an individual applicant applying for Surplus Line who only transacts on

➤ Skip this section, go to the bottom of the page and click “CONTINUE”

Individual Resident License Application

CA State Optional Questions

All questions are required unless otherwise specified

Please answer the following CA State Optional Questions

Question 1 (Optional)

To assist the Department with reporting and outreach efforts, licensees are asked to voluntarily provide their race/ethnicity, sexual orientation, and veteran/disabled veteran status.

Race/Ethnicity

Question 1A (Optional)

African American/Black

- ☐ No
☐ Yes

Question 1B (Optional)

American Indian or Alaska Native

- ☐ No
☐ Yes

Question 1C (Optional)

Asian American/Asian

- ☐ No
☐ Yes

Question 1D (Optional)

Caucasian/White

- ☐ No
☐ Yes

Question 1E (Optional)

➤ Skip this section, go to the bottom of the page and click “CONTINUE”

Individual Resident License Application

Attestation Information for State of California: Insurance Producer

The Applicant must read the following very carefully:

I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I understand that pursuant to sections 1668(h) and 1738 of the insurance code, any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to insurance code sections 1703 and 1733, I authorize disclosure to the insurance commissioner of all financial institution records of any fiduciary accounts for the duration of this license. I understand if I fail to fully disclose any information requested in this application or if I make a false statement, my application may be denied. All fees are filing fees and are not refundable, whether the application is acted upon or an examination taken.

You must provide all information requested, omission of information will result in the application being rejected as incomplete. Per 1798.17 of the California civil code the information will be used to determine qualifications for licensure, compliance with the law, child support obligations, and establish positive identification. You have the right to review file maintained by this agency, unless the information is classified as confidential under section 1798.3(a) of the civil code.

☒ I Agree* *Required*

➤ Check the ‘I Agree’ box

➤ Click “CONTINUE”

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License Application Summary			
State to Apply <small>California</small>			
Last Name <small>Alvarado</small>			
Review License Application			
Electronic Applications			
Dest. State	License Type	Qualification Type	Total State Fee
California	Insurance Producer	Accident & Health or Sickness Life	\$188.00
State Fee Total			\$188.00
Sircon Service Fee			\$0.00
Fee Summary			
Electronic Applications State Fee Total			\$188.00
Sircon Service Fee Total			\$0.00
Processing Fee Total			\$0.00
Total			\$188.00
<small>Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.</small>			
<input checked="" type="checkbox"/> I understand that all license application fees are non-refundable.			
Click here to view additional state requirements			
<input type="checkbox"/> I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.			
Please send email notifications to: <input type="text"/>			
<input checked="" type="checkbox"/> Use my information to create a Sircon account so I can track and manage my license credentials and continuing education (CE) requirements for free. What's this?			
Sircon account email <input type="text"/>			
Confirm your email to sign up <input type="text"/>			
<input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Submit"/>			

License Application Payment	
<small>* indicates required fields</small>	
Payment Details	
Amount: \$188.00	
* Payment Method: <input checked="" type="radio"/> Pay by Credit Card <input type="radio"/> Pay by ECheck	
Credit Card Information	
* Credit Card Number:	<input type="text" value="1234123412341234"/>
* Expiration Date:	<input type="text" value="MM/YY"/>
* Card Type:	<input checked="" type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> AMERICAN EXPRESS <input type="radio"/> DISCOVER
<small>If you are using a company/corporate card, you must be a signer on the account to use the card.</small>	
Billing Information	
* First Name:	<input type="text"/>
* Last Name:	<input type="text"/>
Company:	<input type="text"/>
* Street Address 1:	<input type="text"/>
Street Address 2:	<input type="text"/>
* City:	<input type="text"/>
* Country:	<input type="text" value="United States"/>
* State:	<input type="text"/>
* Postal Code:	<input type="text" value="99999-9999"/>
* Phone Number:	<input type="text" value="(999) 999-9999"/>
* Email Address:	<input type="text" value="user@email.com"/>
<input type="button" value="Submit"/>	

- Check the 'I understand that all license application fees are non-refundable'
- Check last box as shown so that you can create a Sircon account for future license tracking and management.

IMPORTANT

After payment section, there will be a section where you can attach all of your explanation documents and all other documents that apply to your application.