## 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

## Start an application for a new license or add new lines of authority to an existing license Is this a Resident or Non-Resident license? Are you an individual or a firm? New Insurance License New Insurance License New Insurance License Individual Individual One-Resident Cancel Continue

- Click "NEW INSURANCE LICENSE"
- **➤ Choose "RESIDENT"**
- Choose "INDIVIDUAL"
- > Click on "CONTINUE"

License Applications		
Email Address:  Continue	Why do you need my email?	

Home | News | State Information | NAIC Information | Privacy | Terms of Use | Help | FAQ

Copyright @ 1998-2024 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste. 100 | East Lansing, MI 48823

➤ Enter your Email Address then click on "CONTINUE"

	Applicant Ceach requeste	*Required  *Required  *Required  Authorized Submitter  and license applicate  agardless of submitter  g Electronic License	* Required ntion will be ger mission method	
	-	he license types available fo		nod.
Attention Alabama applica https://aldoi.gov/Licensee				zenship by going to
Attention Georgia Applica Form GID-276-EN with yo https://oci.georgia.gov/citi	our application. This			enship Affidavit
O <u>Alabama</u>	O <u>Idaho</u>	O Minnesota	O North Dakota	O <u>Utah</u>
O Alaska	O <u>Illinois</u>	O <u>Mississippi</u>	Ohio	O <u>Vermont</u>
O Arizona	O Indiana	O Missouri	Oklahoma	O <u>Virginia</u>
O Arkansas	O lowa	O Montana	Oregon	O Washington
O <u>California</u>	O Kansas	O Nebraska	O <u>Pennsylvania</u>	O West Virginia
O Colorado	O Kentucky	O Nevada	O Puerto Rico	O <u>Wisconsin</u>
O Connecticut	O <u>Louisiana</u>	O New Hampshire	O Rhode Island	O Wyoming
O <u>Delaware</u>	O Maine	O New Jersey	O South Carolina	
O <u>District of Columbia</u>	O Maryland	O New Mexico	O South Dakota	
O <u>Georgia</u>	O Massachusetts	O New York	O <u>Tennessee</u>	
O <u>Hawaii</u>	O Michigan	O North Carolina	O <u>Texas</u>	

- > 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

Statue Accounting	Danor I	liconeo	Anni	ications
States Accepting	, Paper i	LICENSE I	Appi	Icauviis

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 Sircon 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 Sircon 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.

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.

Cancel Continue

- Select "Credit Card / Electronic Check Submission"
- ➤ Click on "CONTINUE"

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 O Apprentice Public Ins Adjuster
O Bail
Credit Endorsee
Crop Adjuster
Fugitive Recovery Agent
○ Independent Adjuster
<ul> <li>Insurance Producer</li> </ul>
O Public Adjuster
Res Credit insurance Agent
Res Life Settlement Broker
Res-Title Insurance Mktg Rep.
Previously licensed ? O Yes O No
Cancel Back Continue

Home | News | State Information | NAIC Information | Privacy | Terms of Use | Help | FAQ

Copyright © 1998-2024 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste. 100 | East Lansing, MI 48823

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

Individual Resident Lice	пооттррисации		I ➤ If you took th
Lines of authority that a	re currently held by the producer in the r but they will not be selectable.	resident state will appear below,	Life Only course select "Life".  If you took the select
Qualification Inf	ormation for State of California	a: Insurance Producer	•
Life and Disability Analyst must be 23	years old and the lines of authority "Life" held for 5 years.	and "Accident & Health or Sickness" must be	Life & Health
		d with and supply his or her Financial Industry umber and be approved in California.	course, select
	Qualification Code		HEALTH" and
	*At least one qualification must be se	lected.	"LIFE"
✓ Accident & Health or Sickness	Limited Lines Auto Ins Agent	Self-Service Storage Agent	> If LIFE-ONLY
☐ Burial and Funeral Expense	☐ Motor Club Agent	☐ Special Lines SL Broker	select "LIFE" by
☐ Car Rental	☐ Part Time Fraternal	Surplus Lines Broker	The second secon
Cargo Shipper's Agent	Personal Lines	☐ Variable Life/Variable Annuity	itself.
☐ Casualty	☐ Portable Electronics		
☑ Life	☐ Property		> Click
	Cancel Back Continue		"CONTINUE"

Home | News | State Information | NAIC Information | Privacy | Terms of Use | Help | FAQ

Individual I	nformation
If applying for variable line of authority, the FINRA CRD entered on this page is the address to which the license This is only applicable to individuals who do not have an	number is required. Please note that the e-mail address application confirmation e-mail and PDF file will be sent. active subscription to SIRCON. List any other assumed,
fictitious, alias, maiden or trade names which you have use to do bus	
Social Security Number	***_**_****
National Producer Number	What's this?
First Name	* Required
Middle Name	1044
Last Name	Alvarado
Suffix (Jr, Sr, etc.)	
	MM-DD-YYYY * Required (mm-dd-yyyy)
Gender	
Citizen Country Code	* Required
Business Email Address	* Required
Applicant Email Address	* Required
Business Website	
FINRA CRD Identifier	What's this?
Individual Alias Info	
The information in thi If you elect to provide this informati	
List any other assumed, fictitious, alias, maiden or trade names which you are currently doing business or intend to	
Туре	<b>∨</b> * Required
Individual Resi	dence Address
California law requires that you provide a residential and NOT use a P.O. Box Number	
Line One	
Line One Line Two	* Required
Line Two	
City	* Required
State	
Postal Code	* Required
Country	
Individual Bus	iness Address
California law requires that you provide a residential and NOT use a P.O. Box Number	business street address as your addresses of record. Do instead of a street address.
Line One	* Required
Line Two	
Line Three	
City	* Required
State	
Postal Code	
Country	<b>∨</b> * Required
Individual Ma	iling Address
man and ma	
Line One	* Required
Line Two	
Line Three	
City	* Required
State	
	<u> </u>
Postal Code	* Required
Postal Code 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
Cancel Back Continue

Home | News | State Information | NAIC Information | Privacy | Terms of Use | Help | FAQ

Copyright © 1998-2024 Sircon Corp. | Email Support | 877-876-4430 | 1500 Abbot Rd Ste. 100 | East Lansing, MI 48823

### Enter your Residence Phone#

- ➤ If you have a separate Business Phone#, enter in 'Business Phone Information'. Otherwise, use your Residence Phone#
- Leave FaxNumber Blank
- > Click "CONTINUE"

### Individual Resident License Application

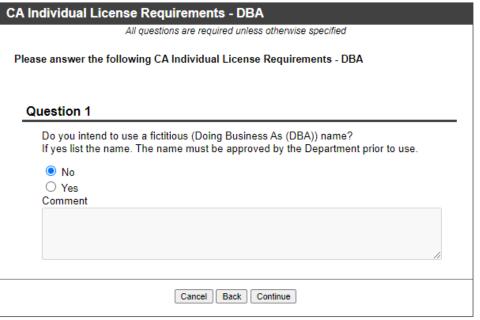
Employment Hist	ory Information
Please enter information into the secti Account for all time for the past five years. Give all employment	, , ,
five years. Include full and part-time work, self-employment If providing current employment, please ente	
Current Employment	
Employment Type	<u> </u>
Beginning 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"



- 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"



- 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 No Yes Cancel Back Continue

- 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"

I	Oo you certify you have completed your prelicensing education? f no, your prelicensing education must be completed prior to taking your examination. f yes, please provide the completion date.
	○ No
	Yes
	Not Applicable Comment
- 0	Course Completion Date: 1/15/2024
l	
u	estion 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
	O Yes
	Not Applicable
_	Cancel Back Continue
_	
15	surance Producer License Questions
15	surance Producer License Questions  All questions are required unless otherwise specified
	All questions are required unless otherwise specified
	All questions are required unless otherwise specified
S	All questions are required unless otherwise specified
u	All questions are required unless otherwise specified e answer the following CA Insurance Producer License Questions
u	All questions are required unless otherwise specified e answer the following CA Insurance Producer License Questions  estion 1 (Optional)  Applicant MUST answer this question if applying for Special Lines Broker LOA otherwise your application
u	All questions are required unless otherwise specified  e answer the following CA Insurance Producer License Questions  estion 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
u	All questions are required unless otherwise specified  e answer the following CA Insurance Producer License Questions  estion 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.
u	All questions are required unless otherwise specified  e answer the following CA Insurance Producer License Questions  estion 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
u	All questions are required unless otherwise specified  e answer the following CA Insurance Producer License Questions  estion 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
u	All questions are required unless otherwise specified  e answer the following CA Insurance Producer License Questions  estion 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.
u	e answer the following CA Insurance Producer License Questions  estion 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
u	estion 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 property executed power of attorney  If you answer A, I attest I will attach a Business Entity endorsement form LIC 411-84

Applicant MUST answer this question if applying for Surplus Lines Broker LOA otherwise your application

NOTE: Surplus Line Broker Applicants must select from the following two options (Only

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

one option may be selected):

- Select "YES"
- > In the comment section, put the date that you completed your prelicensing courses
- If applying for LIFE-ONLY, click "NO"
- ➢ If applying for both Life and Health, select "NOT APPLICABLE"
- Click "CONTINUE"

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

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
O Yes
Question 1C (Optional)
Asian American/Asian
○ No
O 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.

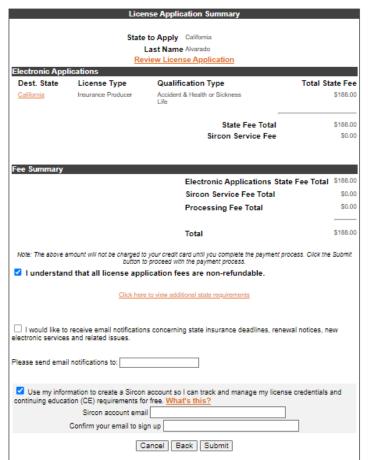
You must provide all information requested, omission of information will result in the application being rejected as incomplete. Per 1798.17 of the California civil code the information will be used to determine qualifications for licensure, compliance with the law, child support obligations, and establish 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.

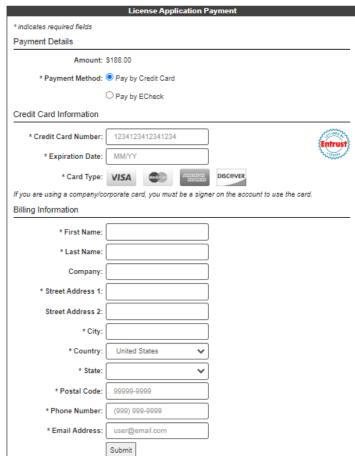
✓ I Agree\* Required

Cancel Back Continue

- Check the 'I Agree' box
- Click "CONTINUE"

Home | News | State Information | NAIC Information | Privacy | Terms of Use | Help | FAQ





- 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.