



APPLICATION FOR A BUSINESS-ENTITY
LIMITED-LINE INSURANCE LICENSE

LICENSING

602-364-4457 | insurancelicensing@difi.az.gov

For use by Portable Electronics Vendor, Rental Car Agent, Self-Service Storage Agent or Travel Insurance Producer.

- USE FORM L-176 if applying for a business-entity license that is not listed above.
- USE FORM L-169 if you are an individual applying for a self-service storage agent license.
- CAREFULLY READ THE INSTRUCTIONS. You may need to submit additional forms or documents with your application. If your application does not contain all the necessary forms or documents, or is otherwise not complete, the application will be returned as deficient.
- CLEARLY PRINT IN INK OR TYPE all information and carefully review the application before submitting it.
- SIGN AND DATE the application in the Authorization and Release section.
- Mail the completed application with all required documents and fees to:
INSURANCE LICENSING SECTION
100 NORTH 15 AVENUE SUITE 261
PHOENIX, AZ 85007-2630
- KEEP THESE INSTRUCTIONS. **DO NOT RETURN THEM with your application.**

QUESTIONS? Before calling, look for answers on the department’s Internet website found at <https://difi.az.gov/>. For questions not addressed on our website, contact the Insurance Licensing Section:

- **E-mail:** Insurancelicensing@difi.az.gov
- **Phone:** 602-364-4457
- **Additional forms** are also available on the department’s website.

1. OFFICE LOCATIONS: If the applicant transacts business at any **office** location other than the address provided in Section I, *submit Form L-LOC* with the application.
2. FEE:
 - **\$120.00** to obtain a new license OR add authority to an existing license
 - Fees are **NON-REFUNDABLE** and are not prorated [A.R.S. § 20-167(B)].
 - Make your check or money order payable to **INSURANCE LICENSING SECTION.**
3. If you answered “Yes” to one or more of the questions in Section V, *include a SIGNED statement describing in detail ALL incidents including:*
 - names of all parties involved
 - dates and locations,
 - the names and localities of any courts and/or administrative agencies involved,
 - the disposition of each matter,
 - whether the conviction, plea or finding was for a felony or open-ended charge;

AND INCLUDE copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. If copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.
4. ASSUMED NAME (OR DBA): While conducting insurance business, you must use your legal name or an acceptable assumed name. To use an assumed name, *submit Form L-193.*

THE ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS IS AN EQUAL EMPLOYMENT OPPORTUNITY AGENCY THAT COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT (“ADA”) OF 1990. PERSONS WITH DISABILITIES MAY REQUEST ACCOMMODATION BY CONTACTING THE ADA COORDINATOR AT 602-364-3471. REQUESTS SHOULD BE MADE AS EARLY AS POSSIBLE TO ALLOW TIME FOR THE DEPARTMENT TO MAKE APPROPRIATE ARRANGEMENTS.



APPLICATION FOR A BUSINESS-ENTITY LIMITED-LINE INSURANCE LICENSE

Portable Electronics Vendor | Rental Car Agent | Self-Service Storage Agent | Travel Insurance Producer

Part 1 Business Information

FULL NAME OF APPLICANT <i>(If intending to use an assumed name or dba name, see instructions.)</i>			FEIN	
PHYSICAL STREET ADDRESS* <i>(cannot be a PO Box or PMB)</i>		CITY	STATE	ZIP CODE
MAILING ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER (with area code)	FAX NUMBER (optional)	EMAIL ADDRESS		

IMPORTANT: If the licensee will conduct business at locations other than the address identified in Part 1, *complete and attach Form L-LOC* available online at <https://difi.az.gov/>

Part 2 License Type

Check a box to indicate the license authority for which you are applying:

<input type="checkbox"/> Portable Electronics Vendor	<input type="checkbox"/> Self-Service Storage Agent
<input type="checkbox"/> Rental Car Agent	<input type="checkbox"/> Travel Insurance Producer

Part 3 Principals of the Applicant

Is the applicant a portable electronics vendor that derives more than 50% of its revenue from selling portable electronics insurance? Yes No

If "No," skip the remainder of this section. If "Yes," the applicant must list all its officers and directors, and all shareholders of record having beneficial ownership of 10% or more of any class of securities registered under the federal securities law. Provide additional signed and dated sheets as required.

NAME	TITLE
NAME	TITLE
NAME	TITLE
NAME	TITLE

Part 4 Designated Responsible Licensed Producer (Travel Insurance Producers ONLY)

If you are NOT a travel insurance producer, skip this section. Enter the FULL name and Arizona license number of the individual who will be responsible for the applicant's compliance with Arizona insurance laws:

NAME	AZ LICENSE NO.
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FOR USE ONLY BY THE DEPARTMENT OF INSURANCE									
AZ License Number: L-LTD <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>							<input type="checkbox"/> 56 Quad Other (120.00)	LICENSE TYPE	APPROVED BY

Part 5 ADDITIONAL INFORMATION

Carefully read and respond to each of the following questions. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground to deny your application.

- **YOU SHOULD ANSWER "YES" EVEN IF YOU BELIEVE AN INCIDENT WAS CLEARED FROM YOUR RECORD.**
- You must provide additional information if you respond "YES" to any question in this section. *See instructions.*

For the purposes of this application, "judgment" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. You must answer "Yes" even if a conviction was dismissed, expunged, pardoned, appealed, set aside, vacated or reversed, etc., OR even if applicant had civil rights restored, had a plea withdrawn, or was given probation, a suspended sentence or a fine, or successfully completed a diversion program.

<p>A. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, OR been issued a consent order or administrative action OR a fine/assessment/forfeiture, etc. imposed by any public authority that has not been previously disclosed in a written format by you to this agency?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>B. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license that has not been previously disclosed in a written format by you to this agency?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>C. Has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license been convicted or found guilty of, had a judgment made against for, or admitted to, any of the following that has not been previously disclosed in a written format by you to this agency:</p>	
<p>1. A felony (of any kind)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>2. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Forging another's name to any document related to an insurance transaction?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Withholding, misappropriating, converting or stealing money or property?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>5. Committing an insurance unfair trade practice or fraud?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Using fraudulent, coercive or dishonest business practices including forgery with intent to defraud?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Conducting business in an incompetent, untrustworthy or financially irresponsible manner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Transacting, or helping someone else transact, insurance without the required license authority?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>D. Is any case currently pending against the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license in any jurisdiction accusing you of any issue listed in Question C?:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>E. If you are not applying for a bail bond agent license, <i>answer "Not applicable"</i></p>	<input type="checkbox"/> Not applicable
<p>Otherwise, IF YOU ARE RENEWING A BAIL BOND AGENT LICENSE, has the applicant or any individual designated in the application as a principal or individual who is to exercise the powers conferred by the license EVER been convicted in any jurisdiction of any crime (felony, open-ended or misdemeanor) that involved carrying, illegally using or possessing a deadly weapon or dangerous instrument that has not previously been disclosed to this agency in writing?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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APPLICANT NAME	FEIN
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Part 6 AUTHORIZATION AND RELEASE

By my signature below, I hereby attest and affirm all of the following:

- 1) I am the authorized individual who represents the applicant named hereon which is organized under the laws of the State of Arizona or possesses official authority to do business in Arizona;
- 2) I have read the application and accompanying materials, and each statement, answer, attachment and enclosure provided in the application and accompanying materials are true, complete and correct;
- 3) I acknowledge that if there exists any fraud or misrepresentation in attempting to obtain any insurance license in this State, the Director of Insurance may refuse to accept any application for a license;
- 4) I understand that pursuant to A.R.S. § 20-291, application for and acceptance of a non-resident license constitutes an irrevocable appointment of the Director of insurance as attorney of the licensee for the acceptance of service of process issued in this state in any action or proceeding against the licensee arising out of such licensing or out of transactions under the license;
- 5) Service of process on the director on behalf of a non-resident licensee constitutes service on the licensee as though the licensee were personally served with process in this state.
- 6) LIMITED LINE TRAVEL PRODUCERS ONLY: I certify that the registered travel retailer is not in violation of 18 United States Code § 1033.

TITLE OF SIGNER	
_____	_____
EMAIL ADDRESS OF SIGNER	TELEPHONE NO. (with area code)
➤ _____	_____
SIGNATURE OF A PRINCIPAL OF THE APPLICANT	DATE
➤ _____	
PRINT OR TYPE NAME OF SIGNER	