

FEDERAL TAX ID (EIN) NUMBER _____

BUSINESS ENTITIES ONLY
COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT
INSURANCE PRODUCER AND TITLE AGENCY LAPSED LICENSE RENEWAL FORM

Please allow 4 to 6 weeks for processing. WE NO LONGER MAIL LICENSES. Print a copy of your renewed license from our web site at www.insurance.pa.gov (click the Services for Producers & Other Licensees Link on the left hand side of the home page and then click the Print Your License link).

NOTICE: Since you are renewing a lapsed license you must mail this completed form to us along with a lapsed license fee of \$165.00. This must be done within one year from the date of expiration of the license. All license fees are non-refundable.

MANDATORY BACKGROUND INFORMATION

- YES NO 1. Since the last renewal or initial application in this state, has the business entity, or the owners, officers, partners or any designated licensee of the business entity been subject to an administrative action, penalized or fined, had an insurance license or other financial services license or its equivalent refused, suspended or revoked by a Government entity or is any such action now pending? (If yes, please email an explanation to our Compliance Division at ra-in-compliance@state.pa.us.)
- YES NO 2. Do any unlicensed owners, officers, partners or employees perform any act which would require a license as an Insurance Producer in Pennsylvania?
- YES NO 3. Since the last renewal or initial application in this state, have any of the corporate officers or any designated licensee been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against them? (If yes, please email an explanation to our Compliance Division at ra-in-compliance@state.pa.us.)

OWNERS, PARTNERS, OFFICERS AND DESIGNATED LICENSEE INFORMATION

NAME	SS#	TITLE	NAME	SS#	TITLE
NAME	SS#	TITLE	NAME	SS#	TITLE
NAME	SS#	TITLE	NAME	SS#	TITLE

MANDATORY CERTIFICATION AND ATTESTATION

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania, regarding the lines of authority for which I am licensed. (Note: False statements may result in criminal penalties, administrative enforcement action, or all of the aforementioned.)

Business Entity Name

Designated Licensee (printed or typed)

Designated Licensee Signature

Date

COMPLETE THE SECTION BELOW ONLY IF YOUR ADDRESS HAS CHANGED.

Physical Business Address

Business Name:

Street Address:

City State Zip Code:

Telephone:

This completed form should be mailed to the following address:

Pennsylvania Insurance Department
Bureau of Licensing and Enforcement
1209 Strawberry Square
Harrisburg, Pa 17120
Make checks payable to: Commonwealth of PA