



State of Rhode Island and Providence Plantations  
DEPARTMENT OF BUSINESS REGULATION  
1511 Pontiac Avenue, Bldg. 69-2  
Cranston, Rhode Island 02920

Insurance Division

**INSURANCE PRODUCER LICENSING INSTRUCTIONS**

**\*\*All producers are strongly encouraged to apply online at [www.nipr.com](http://www.nipr.com)\*\***

**\*\*Please note that Rhode Island no longer mails “hard copy” licenses. To print a license you should access the following link:  
<http://www.statebasedsystems.com/LicensePrint.htm>\*\***

**RHODE ISLAND RESIDENT INDIVIDUAL CHECKLIST**

- Completed NAIC Individual Uniform Application
- A **copy** of the original passed exam results (**exam results are valid for a period of one year**)
- A **copy** of the background report (BCI) from the Rhode Island Attorney General’s office. **Background reports are valid for a period of thirty days.**
- A check or money order in the amount of \$120.00 made payable to the General Treasurer, State of Rhode Island

**NON-RESIDENT INDIVIDUAL CHECKLIST**

- Completed NAIC Individual Uniform Application
- A check or money order in the amount of \$130.00 made payable to the General Treasurer, State of Rhode Island

**AMEND AN EXISTING LICENSE (ADDITION OF NEW LINE OF AUTHORITY)**

- Completed NAIC Individual Uniform Application with the new lines of authority checked on page 2
- A check or money order in the amount of \$50.00 made payable to the General Treasurer, State of Rhode Island

- **For Rhode Island residents only:** A copy of the original passed exam results for the new line of authority being added (**exam results are valid for a period of one year**)

### BUSINESS ENTITIES

**\*\*Please note that effective July 1, 2007 the State of Rhode Island no longer requires business entities to be licensed. All individuals who are conducting Rhode Island business on behalf of a business entity must include that business entity name as an “assumed name” on their individual Rhode Island license.**

### PRELICENSING (REQUIRED FOR RESIDENTS)

**\*\*Please note that effective January 1, 2012 Rhode Island has eliminated the mandatory pre-licensing requirement\*\***

### EXAM

**\*\*To schedule your exam please contact Pearson Vue at 1-800-274-3739 or [www.pearsonvue.com](http://www.pearsonvue.com) to make an appointment for the Rhode Island producer examination.**

### CONTINUING EDUCATION REQUIRMENTS

- Rhode Island residents must complete twenty-four (24) credits (this must include a minimum of three (3) credits of Ethics) for each biennial license period.
- Non-residents must comply with the continuing education requirements of their resident state.

### EXEMPTIONS TO CONTINUING EDUCATION

- Residents holding licenses to sell any kind and/or kinds of insurance for which examination is not required
- Residents holding a limited line credit license or a license which is otherwise exempted by the Department.
- Residents holding a license continuously (without lapse) for twenty-five (25) years and who are fifty-five (55) years of age at the time of renewal.

- Residents who were licensed for twenty (20) year and were 60years of age as of July 3, 2004.

### BACKGROUND REPORTS FOR RHODE ISLAND RESIDENTS ONLY

- Applicants must provide a background (BCI) report from the RI Attorney Generals' office. They can be contacted at 401-274-4400 for further information.

### ERRORS AND OMISSIONS FOR RESIDENTS

- Rhode Island **residents** are required to carry and maintain errors and omissions insurance.

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at [www.nipr.com](http://www.nipr.com).



## Uniform Application for Individual Producer License/Registration

(Please Print or Type)

**Check appropriate box for license requested.**

- Resident License
- Non-Resident License
  - Identify Home State: \_\_\_\_\_

### Demographic Information

<b>1</b> Soc. Security Number  - -		<b>2</b> If assigned, National Producer Number (NPN)			
<b>3</b> If applicable, FINRA Individual Central Registration Depository (CRD) Number					
<b>4</b> Last Name JR./SR. etc		<b>5</b> First Name	<b>6</b> Middle Name	<b>7</b> Date of Birth (month) ___ (day) ___ (year) ___	
<b>8</b> Residence/Home Address (Physical Street)			<b>9</b> City	<b>10</b> State	<b>11</b> Zip Code
<b>12</b> Foreign Country	<b>13</b> Home Phone Number ( ) -	<b>14</b> Gender (Circle One) Male Female	<b>15</b> Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)		
Individual Applicant Email Address: _____					
<b>16</b> Business Entity Name					
<b>17</b> Business Address (Physical Street)		<b>18</b> P.O. Box	<b>19</b> City	<b>20</b> State	<b>21</b> Zip Code
<b>22</b> Foreign Country	<b>23</b> Business Phone Number (include extension) ( ) -	<b>24</b> Business Fax Number ( ) -	<b>25</b> Business E-Mail Address		<b>26</b> Business Web Site Address
<b>27</b> Applicant's Mailing Address		<b>28</b> P.O. Box	<b>29</b> City	<b>30</b> State	<b>31</b> Zip Code
<b>32</b> Foreign Country	<b>33</b> a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past.  b. List any trade names under which you are currently doing business or intend to do business.  (May be subject to state approval)				

### Agency or Business Entity Affiliations

**34** List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

### Employment History

**35** 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.

Name	From		To		Position Held
	Month	Year	Month	Year	
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					
City State Foreign Country					

(State Use)

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## Uniform Application for Individual Insurance Producer License/Registration

### Jurisdiction and Type of License Requested

Ⓟ Next to each jurisdiction, check the license type(s) and line(s) of authority for which you are applying.

**License Types:**      A – Agent                      B – Broker                      P - Producer                      SLP – Surplus Lines Producer

**Lines of Authority:**      V – Variable                      L – Life                      H – Accident &                      P – Property                      C – Casualty                      PL – Personal Lines  
    Life/Variable Annuity                      Health or                      Sickness

**Limited Lines:**                      Credit– Credit                      CR – Car Rental                      CROP - Crop                      T – Travel                      S – Surety                      O – Other: Specify Type

Jurisdiction	License Type				Major Lines of Authority						Limited Lines of Authority					
	A	B	P	SLP	V	L	H	P	C	PL	Credit	CR	CROP	T	S	O _____
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
ME																
MI																
MN																
MO																
MS																
MT																
NC																
ND																
NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VI																
VA																
VT																
WA																
WI																
WV																
WY																



## Uniform Application for Individual Insurance Producer License/Registration

### Background Information

37) The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

**Note:** "Crime" includes a **misdemeanor**, a **felony** or a **military offense**.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"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 or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

2. Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative 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 registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions, in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

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## Uniform Application for Individual Insurance Producer License/Registration

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? 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 an insurance license, and
- b) copies of all relevant documents.

Yes \_\_\_ No \_\_\_

7. Do you have a child support obligation in arrearage?

If you answer yes,

\_\_\_\_\_ Months

- a) by how many months are you in arrearage? Yes \_\_\_ No \_\_\_
- b) are you currently subject to and in compliance with any repayment agreement? Yes \_\_\_ No \_\_\_
- c) are you the subject of a child support related subpoena/warrant?

(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8). In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A \_\_\_  
Yes \_\_\_ No \_\_\_

If you answer yes

Yes \_\_\_ No \_\_\_

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

**Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.



## Uniform Application for Individual Insurance Producer License/Registration

### Applicant's Certification and Attestation

38 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

### Attachments

39 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules ([www.nipr.com](http://www.nipr.com)).