

PORTABLE ELECTRONICS VENDOR LICENSE INSTRUCTIONS

RHODE ISLAND PORTABLE ELECTRONICS VENDOR LICENSE CHECKLIST:

- ❑ Completed Portable Electronics Vendor License Application
- ❑ A check or money order in the amount of \$200.00 made payable to the General Treasurer, State of Rhode Island

Portable Electronics licenses are governed by the provisions of R.I. Gen. Laws §§ 27-2.7. All licensees should make themselves aware of the provisions of that chapter, and of [R.I. Gen. Laws §§ 27-2.4](#) the chapter governing other insurance producer licenses, and any changes to those statutes as may occur from time to time.

Licensees are required to notify the Department of any of the following within thirty (30) days of the change:

- ❑ Change in legal name of the licensee.
- ❑ Change in any assumed name or dba of the licensee.
- ❑ Change in address, telephone number or email address of the licensee.
- ❑ Change in any officer or employee whom the licensee has designated as responsible on the application or, if applicable based on revenue from the sale of portable electronic insurance, change in any owners with 10% ownership or voting interest, partners, officer or directors.
- ❑ Any administrative action taken against the licensee or designated responsible officer or employee.

Notification may be made by sending an email to DBR.InsLic@dbr.ri.gov .

Mail to:
State of Rhode Island and Providence Plantations
Department of Business Regulation
Insurance Division
1511 Pontiac Avenue, Bldg. 69-2 Cranston, RI 02920

PORTABLE ELECTRONICS VENDOR LICENSE APPLICATION

(Please Print or Type)

① Portable Electronics Vendor Name		② Incorporation/Formation Date		③ FEIN -	
④ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			⑤ State of Domicile		⑥ Country of Domicile
⑦ Business Address		⑧ City		⑨ State	⑩ Zip Code
⑪ Foreign Country		⑫ Phone Number () -	⑬ Fax Number () -	⑭ Business Web Site Address	
⑮ Business E-Mail Address		⑯ Mailing Address	⑰ P.O. Box	⑱ City	⑲ State
⑲ State	⑳ Zip Code	㉑ Foreign Country			
Locations at which portable electronics insurance offered to customers					
㉒ Identify all locations at which authorized employees or representatives of the vendor will sell or offer portable electronics coverage pursuant to R.I. Gen. Laws §§ 27-2.7					
Name of Location _____		City or Town _____		Zip Code _____	
Name of Location _____		City or Town _____		Zip Code _____	
Name of Location _____		City or Town _____		Zip Code _____	
Responsible Parties and Owners, Partners, Officers and Directors					
㉓ Identify all officers and employees whom the vendor designates as responsible for compliance with R.I. Gen. Laws §§ 27-2.7. <u>In addition</u> , if the vendor derives more than 50% of revenue from the sale of portable electronics insurance provide information for owners with 10% ownership or voting interest, partners, officers and directors of the business entity:					
Responsible Officer(s) and/or Employee(s):					
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Owners, Partners, Officers and Directors					
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No	

Background Information

27 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the vendor or designated responsible owner or employee or any owner, partner, officer or director (if applicable) ever been convicted of, or currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

These questions are applicable to owner, partner, officer or director if the vendor meets the requirement of R.I. Gen. Laws §§ 27-2.7-7 with regard to deriving more than 50% of its revenue from the sale of portable electronics insurance.

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 having been given probation, a suspended sentence or a fine.

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

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the vendor or designated responsible owner or employee or any owner, partner, officer or director (if applicable) ever been involved in an administrative proceeding regarding any professional or occupational license? 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 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. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. 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) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified 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 the vendor or designated responsible owner or employee or any owner, partner, officer or director (if applicable) for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the vendor or designated responsible owner or employee or any owner, partner, officer or director (if applicable) ever 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. Is the vendor or designated responsible owner or employee or any owner, partner, officer or director (if applicable) a party to, or ever been found liable in any lawsuit or arbitration 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) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the vendor or designated responsible owner or employee or any owner, partner, officer or director (if applicable) 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) certified copies of all relevant documents.

Applicants Certification and Attestation

②8 The undersigned designated responsible owner or employee of the vendor hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation and may subject me and the vendor to civil or criminal penalties.
2. Where required by law, the vendor hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The vendor grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every designated responsible owner or employee or owner, partner, officer or director (if applicable) of the vendor either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.

Must be signed by a designated responsible owner or employee:

Month Day Year

Signature

Typed or Printed Name