



**MISSISSIPPI INSURANCE DEPARTMENT**  
**P.O. BOX 79, JACKSON, MS 39205**

*MIKE CHANEY, Commissioner of Insurance*  
*MARK HAIRE, Deputy Commissioner of Insurance*

<b>DEPARTMENT USE ONLY</b>

**LEGAL AGENT/REPRESENTATIVE OF SPONSOR OF PREPAID  
LEGAL PLANS LICENSE APPLICATION**

Check the appropriate box for the license type requested

Privilege Tax \$10.00

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

**Demographic Information**

Social Security Number		If assigned, National Producer Number (NPN), Mississippi Privilege License Number and/or FINRA Number			
Last Name JR./SR. etc		First Name	Middle Name	Date of Birth (month) ____ (day) ____ (year) ____	
Residence/Home Address (Physical Street)		City	State	Zip Code	Foreign Country
Home Phone Number ( ) -	Gender (Circle One) Male Female	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, you must supply proof of eligibility to work in the U.S.)			
Business Entity Name					
Business Address (Physical Street)		P.O. Box	City	State	Zip Code Foreign Country
Business Phone Number (include extension) ( ) -	Business Fax Number ( ) -	Business E-Mail Address		Business Web Site Address	
Applicant's Mailing Address		P.O. Box	City	State	Zip Code Foreign Country

- a. List any other assumed, fictitious, alias, maiden or trade names you have used in the past:  
b. List any trade names under which you are currently doing business or intend to do business:

**Agency or Business Entity Affiliations**

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 _____

**Employment History**

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					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					
City State Foreign Country					
Name					

**Background Information**

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

<p><b>1a. Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?</b></p> <p>You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.</p> <p>You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</p> <p><b>1b. Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?</b></p> <p>You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)</p> <p>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? <span style="float:right">N/A ___</span></p> <p>If so, was consent granted? (Attach copy of 1033 consent approved by home state) <span style="float:right">N/A ___</span></p> <p><b>1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?</b></p> <p><b>NOTE:</b> For questions 1a, 1b and 1c, “<b>Convicted</b>” 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.</p> <p>If you answer yes to any of these questions, you must attach to this application:</p> <ol style="list-style-type: none"> <li>a written statement explaining the circumstances of each incident,</li> <li>a copy of the charging document,</li> <li>a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ol>	<p>Yes ___ No ___</p> <p>Yes ___ No ___</p> <p>Yes ___ No ___</p> <p>Yes ___ No ___</p>
<p><b>2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?</b></p> <p>“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. <b>INCLUDE</b> Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member, or manager of an LLC.</p> <p><b>You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.</b></p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> <li>a written statement identifying the type of license and explaining the circumstances of each incident,</li> <li>a copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ol>	<p>Yes ___ No ___</p>
<p><b>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 limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? <u>Do not include personal bankruptcies, unless they involve funds held on behalf of others.</u></b></p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<p>Yes ___ No ___</p>
<p><b>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?</b></p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes ___ No ___</p>
<p><b>5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</b></p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> <li>a written statement summarizing the details of each incident,</li> <li>a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration or mediation proceedings, and</li> <li>a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ol>	<p>Yes ___ No ___</p>
<p><b>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?</b></p> <p>If you answer yes, you must attach to this application:</p> <ol style="list-style-type: none"> <li>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</li> <li>copies of all relevant documents.</li> </ol>	<p>Yes ___ No ___</p>

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

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

If you answer yes,

- a) by how many months are you in arrearage?
- b) are you currently subject to and in compliance with any repayment agreement?
- c) are you the subject of a child support related subpoena/warrant?

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

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

**Applicant's Certification and Attestation**

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 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)

The Corporation should send this form with all fees due to: The Mississippi Department of Insurance,  
P.O. Box 79, Jackson, MS 39205-0079

**LEGAL SERVICES INSURANCE CORPORATION ENDORSEMENT  
SECTION II**

NAME of \_\_\_\_\_  
Legal Services Insurance Corporation

ADDRESS \_\_\_\_\_  
Number Street  
\_\_\_\_\_  
City State Zip Code

Telephone Number of Legal Service Insurance Corporation \_\_\_\_\_

Requests that \_\_\_\_\_  
Name of Sales Agent  
\_\_\_\_\_  
City State Zip Code

be registered and licensed as a contracting agent to represent this Corporation

This certifies that we have duly investigated the character and record of the applicant named herein and are satisfied that the answers such applicant has given in the foregoing application are true, correct and complete and are satisfied such applicant is trustworthy to act as an agent in the solicitation and selling of prepaid legal services plans. It is further certified that prior to our appointment of the named applicant, such applicant successfully completed the three (3) hour pre-licensing training and educational requirement of the Mississippi Insurance Department. We hereby endorse the applicant named herein as an individual of good business standing, character, training and knowledge of this product. We further certify that the applicant has not been given a contract, nor furnished supplies nor has he been permitted to write or solicit business or act as an agent in any capacity and will not be permitted to do so until the license applied for herein is received.

We, therefore, authorize issuance of the license for the herein named applicant to solicit prepaid legal services contracts in the State of Mississippi as a representative of the following named company and hereby agree to notify the Commissioner of Insurance of Mississippi in writing of the termination of the employment of the above agent, and facts pertaining thereto.

\_\_\_\_\_  
(Company Identification Number) (Name & Title of Company official or Appointing Agent)

\_\_\_\_\_  
Date (Signature of Company official or Appointing Agent)

SWORN TO AND SUBSCRIBED BEFORE ME this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

\_\_\_\_\_  
My Commission Expires: (Notary Public)