



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE**

Insurance Division – Agent Licensing
500 James Robertson Parkway
Nashville, Tennessee 37243-1134
Telephone: (615) 741-2693

LICENSING PROCEDURES
FOR
NONRESIDENTS, LIMITED INSURANCE PRODUCERS AND ANY APPLICANT
WHO IS EXEMPT FROM WRITTEN EXAMINATIONS

These procedures do not apply for applicants who are required to take written examinations. The Handbook for such procedures may be obtained from prelicensing education providers or insurance companies.

1. GENERAL INSTRUCTIONS

- a. All applications must be completed in full; otherwise, they will be rejected.
- b. A nonrefundable Fifty (\$50) Dollar Filing Fee must accompany each application. All fees must be paid by guaranteed funds e.g. Money Order, Certified Check or Cashiers Check. Insurance Company Checks are acceptable.

2. TYPES OF LICENSES

a. Insurance Producer

- (1) An individual is required to be licensed under the laws of this state to sell, solicit, or negotiate a policy of insurance on the insurer's behalf.
- (2) Insurance Producer Licenses are issued for the following classifications:

Life	Property (includes VPD & Industrial Fire)
Accident & Health	Casualty (includes Surety)
Variable Contracts	Title
Personal Lines (Non Commercial Property and Casualty)	

b. Limited Insurance Producer

An individual other than an insurance producer who sells or negotiates contracts for any line of insurance listed below without examination.

- (1) Credit Products

Includes Credit Life, Credit Disability, Credit Property, Credit Unemployment, Involuntary Unemployment, Mortgage Life, Mortgage Disability, Guaranteed Automobile Protection (GAP) and any other form of insurance offered in connection with an extension of credit that is limited to, partially or wholly, extinguishing that credit obligation.

(2) Other - Limited Line (Must specify Limited Line on Uniform Application)

Bailbondsman	Crop Hail
Travel Accident & Baggage	Legal
Vehicle Rental	County Mutual Fire
Title – Practicing Attorney	

c. **Business Entity**

A business entity may obtain an insurance producer's license; however, only an individual licensed producer or limited lines producer shall sell, solicit or negotiate a contract of insurance in this state

3. **HOW TO APPLY FOR A LICENSE**

a. **Insurance Producer**

An insurance producer's license may be issued for one or all of the lines of insurance shown under No. 2 a (2) of this document if the applicant meets the following conditions.

- (1) An individual who applies for an insurance producer license in Tennessee who was previously licensed for the same lines of authority in another state shall not be required to complete any prelicensing or examination if:
 - a. Currently licensed in that state and make application to Tennessee within ninety (90) days of cancellation.
 - b. Applicant left previous state in good standing.

Submit:

--Uniform Application with \$50.00 filing fee
--Letter of Clearance

- (2) Previously held a Tennessee license within the past 12 months. Applicant submits a Uniform Application with a \$50.00 filing fee and clearance letter if applicable.

b. **Limited Insurance Producer**

- (1) Applicant submits a Uniform Application with a \$50.00 filing fee.

c. **Temporary Insurance Producer License**

- (1) Applicant submits a Uniform Application with \$50.00 filing fee.
- (2) A temporary license may be issued as provided by TCA, Title 56, Chapter 6.
- (3) Also required is the prelicensing education requirement prior to taking examinations.

d. **Business Entity**

- (1) Application shall be made on the Uniform Business Entity Application.
- (2) \$50.00 filing fee.
- (3) Nonresidents must file a home state certification current within ninety (90) days.
- (4) Filing fee is subject to retaliatory.

4. NONRESIDENT LICENSE

- a. An applicant may qualify for a nonresident license as an insurance producer or limited producer only if he holds a like license in another state, a Province of Canada or other foreign country.
- b. No written examinations shall be required.
- c. Applicant submits a Uniform Application with \$50.00 filing fee and home state certification.
- d. Filing Fee is subject to retaliatory.

5. VARIABLE CONTRACT PRODUCER (VARIABLE ANNUITIES & VARIABLE LIFE

- a. There shall not be a written examination for a variable contract agent; however, as a prerequisite to be so licensed as a variable contract agent, the following requirements shall be met:
 - (1) The applicant shall be a duly licensed life insurance producer in Tennessee at the time he files his application for a variable contract license.
 - (2) Any producer, resident or nonresident, applying for a variable contract license shall do so by filing a Uniform Application with \$50.00 filing fee.
 - (3) Producer shall be duly qualified by examination under one or more of the following:
 - Any State Securities Sales Examination accepted by the Securities and Exchange Commission;
 - The National Association of Securities Dealers, Inc. Examination for Principals, or Examination for Qualification as a Registered Representative;
 - The various securities examinations required by the New York Stock Exchange, or any other registered national securities exchange;
 - The Securities and Exchange Commission test given pursuant to Section 15 (b) (8) of the Securities Exchange Act of 1934.

6. TITLE LICENSE

- a. Applicant is a licensed attorney in this state who desires to write Title Insurance as an ancillary part of his practice of law.
 1. Applicant files a Uniform Application with \$50.00 filing fee.
 2. Certification on method of how business is to be conducted as provided by TCA 56-35-131. (Form available)
 3. File a \$25,000 Surety Bond within 30 days after license issued. (Form available)
- b. Applicant who is not a practicing attorney must qualify for license by written Title examination. Handbook on examination procedures may be obtained through Education Providers or Insurance companies.

7. TITLE AGENCY

- a. No person within this state shall act or hold himself out as a title insurance agency unless he has been issued a certificate of authority by the commissioner.
- b. Any application for such certificate shall be in writing and on forms prescribed by the commissioner and shall be accompanied by a filing fee of \$110.00. (Form available)
- c. Certification on method of how business is to be conducted. (Form available)

8. AGENCY CONTRACT OR AGREEMENT (Company Appointment)

- a. Every insurance producer or limited insurance producer shall enter into an agency contract or agreement with an insurer or insurers prior to engaging in the business as a producer or limited insurance producer for such insurer or insurers.
- b. Any insurance company which enters into an agency contract or agreement with a licensed insurance producer or limited insurance producer shall, within fifteen (15) days thereafter, notify the department on form IN-1175, NOTIFICATION OF AGENCY CONTRACT OR AGREEMENT or file electronically.
- c. Any insurance company which terminates an agency contract or agreement with a licensed insurance producer or limited insurance producer shall, within thirty (30) days thereafter, notify the department on form IN-1174, TERMINATION NOTICE OF AGENCY CONTRACT OR AGREEMENT or file electronically.
- d. A fee of \$15.00 will be charged for each agency contract, agreement, or termination. NO FEE IS REQUIRED AT THE TIME FORMS ARE SUBMITTED TO THE DEPARTMENT. The department will collect the fees from the insurance company through a billing process on a quarterly basis.

9. LICENSE RENEWAL AND REINSTATEMENT

- a. Every insurance producer or limited insurance producer license, resident or nonresident, shall be renewable each year on forms prescribed by the commissioner.
- b. Forty-five (45) days prior to the expiration date of insurance producer's and limited insurance producer's license, the commissioner shall mail a renewal notice with instructions to the licensee's current resident address on file with the department.
- c. The nonrefundable renewal fee for any insurance agent is thirty dollars (\$30.00).
- d. The nonrefundable renewal fee for a limited insurance producer license is fifteen dollars (\$15.00).
- e. An expired insurance producer's or limited insurance producer's license may be reinstated without examination at any time within twelve (12) months after the expiration date of the licenses by remitting the annual license fee plus a reinstatement penalty fee of double the renewal fee. Any producer or limited insurance producer who does not renew their license by the expiration date will be automatically mailed a second billing notice. Such notice will include the original renewal fee plus the penalty fee.

10. CHANGE OF ADDRESS

Every licensed insurance producer or limited insurance producer shall notify the commissioner of any change in his residential or business address within thirty (30) business days of the change.

11. CERTIFICATION

A certification is required when a Tennessee licensee applies for a license in another state. Indicate clearly:

- (1) Full Name
- (2) Producer ID Number
- (3) Social Security Number
- (4) Return Envelope
- (5) Name of Nonresident State
- (6) Fee - \$7.00 per Certification

*Business Entities may request a certification letter in the same manner as Producers.

NOTE: DO NOT SEND FORMS PROVIDED BY ANOTHER STATE. Tennessee will issue a computer-printed certification.

12. CLEARANCES

A clearance is required if the licensee is moving to another state and wishes to be licensed for insurance in that state.

NOTE: NO CLEARANCE WILL BE PROVIDED WITHOUT THE WRITTEN REQUEST OF THE INDIVIDUAL REQUESTING CANCELLATION OF THE LICENSE. Request must include:

- (1) Full Name
- (2) Producer ID Number
- (3) Social Security Number
- (4) Return Envelope
- (5) New State of Residence
- (6) Fee - \$7.00
- (7) Last Issued License Returned
- (8) Telephone Number

13. DUPLICATE LICENSE

The commissioner may issue a duplicate license for any lost, stolen or destroyed license upon receipt of an affidavit of the licensee, concerning the facts of such loss, theft or destruction.

14. FEES

Application Filing Fee - \$50.00
Insurance Producer License Renewal - \$30.00
Limited Insurance Producer Renewal - \$15.00
Business Entity Renewal - \$30.00
Certification/Clearances - \$7.00

NOTE: LICENSING FEES MUST BE PAID BY MONEY ORDER, CERTIFIED CHECK, CASHIERS CHECK OR INSURANCE COMPANY CHECK.

15. REQUEST FOR FORMS

Forms may be found on our website: www.state.tn.us/commerce or send self addressed postage paid envelope with form title and number to:

TENNESSEE DEPARTMENT COMMERCE AND INSURANCE
AGENT LICENSING SECTION
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1134

Uniform Application for Individual Insurance Producer License

(Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____
 - Identify Home State License #: _____

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)	
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name
⑧ Date of Birth (month) ___ (day) ___ (year) ___			
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City
		⑫ State	⑬ Zip Code
⑭ Foreign Country			
⑮ Home Phone Number () -		⑯ Gender (Circle One) Male Female	⑰ 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 work authorization.)
⑱ Business Entity Name			
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City
		㉒ State	㉓ Zip Code
㉔ Foreign Country			
㉕ Business Phone Number () -		㉖ Business Fax Number () -	㉗ Business E-Mail Address
㉘ Business Web Site Address			
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City
		㉜ State	㉝ Zip Code
㉞ Foreign Country			
㉟ List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business.			
Agency or Business Entity Affiliations			
㊱ 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			
㊲ 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.			
		From	To
		Month	Year
		Month	Year
Position Held			
Name			
City State Foreign Country			
Name			
City State Foreign Country			
Name			
City State Foreign Country			
Name			
City State Foreign Country			
(State Use)			

Background Information

39 The Applicant must 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. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“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 have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

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. Have you or any business in which you are or were an owner, partner, officer or director 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, 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 you 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, 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 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. Have you or any business in which you are or were an owner, partner, officer or director 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.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant? Yes ___ No ___

Applicants Certification and Attestation

40 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. Where required by law, 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, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
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.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

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

1. Nonresidents must submit a current and original home state certification letter from their resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

State of Tennessee

RESIDENT OR NONRESIDENT Lines of Authority Uniform Application Attachment

*****REQUIRED FEES: Resident - \$50.00 Application Fee. Nonresident - \$50.00 Application Fee PLUS any retaliatory fee, if applicable. FILING FEES ARE NONREFUNDABLE. Attach a money order, certified check, cashiers' check or insurance company check payable to the Tennessee Department of Commerce and Insurance. All Nonresident applicants must submit a current (issued with last 90 days) home state certification letter with their application and fees for licensure.**

Insurance Producer

Life	Property	Variable Contracts
Accident & Health	Casualty	Personal Lines
Title		

Limited Insurance Producer

Credit Products

Includes Credit Life, Credit Disability, Credit Property, Credit Unemployment, Involuntary Unemployment, Mortgage Life, Mortgage Guaranty, Mortgage Disability, Guaranteed Automobile Protection (GAP) and any other form of insurance offered in connection with an extension of credit that is limited to, partially or wholly, extinguishing that credit obligation.

Other – Limited Line (check all that apply)

- Bailbondsman
- Crop Hail
- Travel Accident & Baggage
- Legal
- Vehicle Rental
- County Mutual Fire
- Title – Practicing Attorney (Must file Title Certification and Bond)

***Lines requested should be entered on Page 2 of the Uniform Application

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE

PRELICENSING EDUCATION
PROOF OF COMPLETION

(Form Must Be Completed by Prelicensing Provider and attached to Uniform Resident Application)

Name: _____ Social Security No. _____

Address: _____

<i>Name of Provider</i>	<i>Authorization No.</i>	<i>No. of Hours</i>	<i>Lines of Insurance</i>	<i>Date Completed</i>
1. _____				
2. _____				
3. _____				
4. _____				

TYPE OF LICENSE REQUESTED

Life Accident & Health Property Casualty Personal Lines Title

I certify that I personally completed the above course (s).

I certify that the above named student has successfully completed the prelicensing course listed above.

Student's Signature

Instructor's Signature

Date

Name of Instructor (Typed or Printed)

Date