



**OFFICE OF COMMISSIONER OF INSURANCE**  
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER  
**Ralph T. Hudgens, Commissioner**



www.oci.ga.gov

Phone: 855-235-5174 ♦ E-mail: [GAinslicensing@psionline.com](mailto:GAinslicensing@psionline.com)

**AGENTS LICENSING  
 GID-103-AL SEP2016**

**RESIDENT INSURANCE LICENSE APPLICATION**

<b>ONLINE APPLICATION SERVICES</b> <a href="http://www.sircon.com/georgia">www.sircon.com/georgia</a>	<b>LICENSURE INFORMATION</b> <a href="http://www.oci.ga.gov">www.oci.ga.gov</a>	<b>SCHEDULING AN EXAMINATION</b> <a href="http://www.pearsonvue.com">www.pearsonvue.com</a> or 1-800-274-0488	License Number
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I.  LICENSE     NEW TEMPORARY LICENSE \*     TEMPORARY LICENSE RENEWAL\*     REINSTATEMENT

<b>II. TYPE OF LICENSE</b> <input type="checkbox"/> AGENT <input type="checkbox"/> ADJUSTER <input type="checkbox"/> COUNSELOR <input type="checkbox"/> CROP HAIL ADJUSTER <input type="checkbox"/> FRATERNAL AGENT <input type="checkbox"/> LIMITED HEALTH COUNSELOR <input type="checkbox"/> LIMITED SUBAGENT ** <input type="checkbox"/> PUBLIC ADJUSTER <input type="checkbox"/> SURPLUS LINES BROKER <input type="checkbox"/> WORKERS COMPENSATION ADJUSTER		<b>III. CLASS (ES) OF INSURANCE</b> <input type="checkbox"/> LIFE, ACCIDENT & SICKNESS <input type="checkbox"/> ACCIDENT & SICKNESS <input type="checkbox"/> CASUALTY <input type="checkbox"/> CREDIT <input type="checkbox"/> LIFE <input type="checkbox"/> LTD. COUNSELOR-HEALTH <input type="checkbox"/> PERSONAL LINES <input type="checkbox"/> PROPERTY <input type="checkbox"/> PROPERTY AND CASUALTY <input type="checkbox"/> TITLE <input type="checkbox"/> TRAVEL ACCIDENT & SICKNESS <input type="checkbox"/> TRAVEL TICKET <input type="checkbox"/> VARIABLE PRODUCTS <input type="checkbox"/> WORKERS COMPENSATION (FOR ADJUSTER)	
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* FOR A TEMPORARY LICENSE:	← 1.	NAME OF SPONSORING INSURANCE COMPANY	NAIC COMPANY CODE
	← 2.	NAME OF SUPERVISING AGENT	LICENSE NUMBER
** FOR A LIMITED SUBAGENT LICENSE:	← 3.	NAME OF SPONSORING AGENT	LICENSE NUMBER

**APPLICANT'S INFORMATION:**

4. FULL LEGAL NAME: \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE) \_\_\_\_\_ (LAST) \_\_\_\_\_ (SUFFIX)

5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 6. DATE OF BIRTH: \_\_\_\_\_ 7. SEX: \_\_\_\_\_

8. RESIDENCE ADDRESS (PHYSICAL LOCATION): \_\_\_\_\_ (STREET AND NUMBER REQUIRED)  
 (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (HOME TELEPHONE) \_\_\_\_\_

9. RESIDENCE MAILING ADDRESS: \_\_\_\_\_ (IF OTHER THAN 8) \_\_\_\_\_ (INCLUDE P.O.BOX, STREET, CITY, STATE, ZIP CODE AND COUNTY)

10. BUSINESS ADDRESS (PHYSICAL LOCATION): \_\_\_\_\_ (BUSINESS NAME) \_\_\_\_\_ (STREET NUMBER, STREET NAME, SUITE NUMBER)  
 (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (BUSINESS TELEPHONE) \_\_\_\_\_

11. BUSINESS MAILING ADDRESS: \_\_\_\_\_ (IF OTHER THAN 10) \_\_\_\_\_ (INCLUDE BUSINESS NAME, P.O.BOX, STREET, CITY, STATE, ZIP CODE AND COUNTY)

12. FAX NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**MANDATORY QUESTIONNAIRE:**

13.	Does any Insurer or general agent claim that you are indebted or had an agency contract canceled for indebtedness? If yes, attach a letter from the Insurer/agent to whom you are indebted giving full details.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14.	Have you ever been convicted of or are you currently charged with a felony? If yes, attach certified copies of ALL plea agreements and court orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15.	Have you been convicted of or are you currently charged with the commission of any crime or pled nolo contendere in a criminal proceeding or have you received first offender treatment or had adjudication of guilt withheld in a criminal proceeding, other than a minor traffic offense? If yes, attach a supplement giving full details and attach certified copies of plea agreements and all court orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16.	Have you ever been refused or had suspended or revoked an insurance license in any state? If yes, attach supplement giving full details and attach certified copies of all orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17.	Have you ever had any other administrative action instituted against you by the insurance regulatory authority of any state? If yes, attach supplement giving full details and attach certified copies of all orders.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18.	Have you ever: A. Had any license, permit, authorization, registration, or privilege denied, refused, revoked, suspended, limited, withdrawn, or restricted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	B. Had any other disciplinary action taken against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	C. Had the renewal of any license, permit, authorization, registration, or privilege refused by any authority pursuant to a disciplinary proceeding other than that of the Insurance Commissioner.	<input type="checkbox"/> YES <input type="checkbox"/> NO
	D. Failed to notify the Insurance Commissioner in writing within sixty days of the occurrence of any event listed above.	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to any of the above, attach supplement giving full details and attach certified copies of all orders.		

19.	Have you ever withdrawn an application for any business or professional license granted by any licensing authority? If yes, attach supplement indicating the type of license, reason for withdrawal and the licensing authority.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20.	Do you or will you maintain an office as an insurance agent, adjuster, counselor, limited subagent or surplus lines broker in this state?	<input type="checkbox"/> YES <input type="checkbox"/> NO
21.	Have you ever held an insurance license issued by this department? If yes, list license type, number and last year licensed. _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
22.	Have you held an insurance license of any type in any other state within the last 5 years? If yes, attach an original clearance letter from prior state dated within 90 days.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23.	Have you completed and attached the notarized Citizenship Affidavit Form GID-276-EN to this application? If not, you must do so in order for this application to be processed. The form is available at www.oci.ga.gov.	<input type="checkbox"/> YES <input type="checkbox"/> NO

**!!! Submit Application\* WITH ALL\* required documents !!!**
**Check box to confirm that ALL required documents are attached.** 
**APPLICANT'S ATTESTATION:**

I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS ENTIRE APPLICATION, FORM GID-103, INCLUDING ANY DOCUMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER CERTIFY THAT I HAVE ATTACHED ALL APPLICABLE SUPPLEMENTARY DOCUMENTS AND I UNDERSTAND THAT FAILURE TO DO SO WILL RESULT IN REGULATORY ACTION. I HEREBY GIVE MY PERMISSION FOR A CRIMINAL BACKGROUND INVESTIGATION.

SIGNATURE OF APPLICANT →		DATE	
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<b>NOTARY</b>  SEAL & SIGNATURE REQUIRED	Sworn to and Subscribed before Me this _____ day of _____, _____.	( Seal )
	In the County of _____, State of _____.	
	_____ (Signature Of Notary Public)	_____ (My Commission Expires)

**SPONSOR'S CERTIFICATE:**
**REQUIRED IF APPLYING FOR A TEMPORARY LICENSE OR LIMITED SUBAGENT LICENSE ONLY**

I HAVE READ THE QUESTIONS AND ANSWERS GIVEN BY THIS APPLICANT HEREIN, AND HAVE MADE A DILIGENT INQUIRY AND INVESTIGATION RELATIVE TO THIS APPLICANT'S CHARACTER, IDENTITY, RESIDENCE, EXPERIENCE AND INSTRUCTION. THE FINDINGS OF SAID INQUIRY AND INVESTIGATION ENABLE ME TO CERTIFY AS FOLLOWS: (1) SAID ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF; (2) I AM SATISFIED THAT THE APPLICANT IS TRUSTWORTHY AND QUALIFIED TO ACT AS OUR TEMPORARY AGENT OR LIMITED SUBAGENT AND TO HOLD HIMSELF OR HERSELF IN GOOD FAITH TO GENERAL PUBLIC AS SUCH TEMPORARY AGENT OR LIMITED SUBAGENT; (3) WE DESIRE THAT THE APPLICANT BE LICENSED AS INDICATED TO REPRESENT US IN THE STATE OF GEORGIA.

Name of insurance company if applying for temporary license or sponsoring agent if applying for limited subagent license	
Name and Title of company official for temporary license or name of sponsoring agent for limited subagent	Name
	Title
Signature of company official for temporary license or sponsoring agent for limited subagent license	Signature →

**EFFECTIVE 7-1-2012, ALL NEW LICENSES, EXCLUDING TEMPORARY LICENSES, WILL BE ISSUED ON A BIENNIAL BASIS.**
**INSTRUCTIONS:**

BOND	COUNSELOR, PUBLIC ADUSTER, SURPLUS LINES BROKER, or LIMITED GROUP HEALTH COUNSELOR applications must include the appropriate BOND with this application.
CITIZENSHIP AFFIDAVIT	Form GID-276-EN verifying lawful presence of all new and renewal applicants must be submitted with this application for processing.
FINGERPRINTS	All New Applicants, excluding active licensees and individuals that apply for reinstatement within 6 months of expiration date, shall be required to submit electronic fingerprints for a criminal background check. The applicant shall bear the cost for electronic fingerprinting. Fingerprinting information can be found on the department's website.
VARIABLE PRODUCTS	A current U-4/WEB CRD status report showing NASD Series 6 or 7 approved registrations must be submitted with this application.
COUNSELOR LICENSE	Attach supplement showing evidence of 5 years experience as an agent, subagent or adjuster or in some other phase of the insurance business or sufficient teaching experience or educational qualifications.

**FEE SCHEDULE:**

AGENT LICENSE (FOR ONE CLASS/MAJOR LINE OF INSURANCE)	<b>\$115</b> (\$100 LICENSE, \$15 APPLICATION) THE AGENT LICENSE FEE IS BASED ON CLASSES OF INSURANCE AND LICENSES REQUESTED)
TEMPORARY LICENSE	<b>\$ 75</b> (\$50 LICENSE, \$15 APPLICATION, \$10 CERTIFICATE OF AUTHORITY)
LIMITED SUBAGENT LICENSE	<b>\$120</b> (\$100 LICENSE, \$15 APPLICATION, \$5 SUBAGENT CERTIFICATE OF AUTHORITY)
ADJUSTER, COUNSELOR & LIMITED GROUP HEALTH COUNSELOR LICENSES	<b>\$115</b> (\$100 LICENSE, \$15 APPLICATION)
SURPLUS LINES BROKER LICENSE	<b>\$615</b> (\$600 LICENSE, \$15 APPLICATION)

**MAKE CHECKS OR MONEY ORDERS PAYABLE TO → PSI Services LLC / GEORGIA INSURANCE DEPT.**

Regular Mailing Address With Payments: PSI Services LLC, P.O. Box 742983, Atlanta, GA 30348-2983	Overnight Mailing Address With Payments: Bank of America, ATTN: PSI Services LLC Box 742983, 1075 Loop Road (2 <sup>nd</sup> Floor), Atlanta, GA 30337
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