

<b>STATE OF MINNESOTA</b> <b>DEPARTMENT OF COMMERCE</b> 85 - 7 <sup>TH</sup> PLACE EAST, SUITE 600 ST. PAUL, MINNESOTA 55101 (651) 539-1599  <b>DESIGNATED HOME STATE</b> <b>BUSINESS ENTITY INSURANCE ADJUSTER</b> <b>LICENSE APPLICATION</b>	(For Department Use Only)
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Please note that you can only use this form if neither the state in which you physically reside nor your principal place of business licenses adjusters.

**Tennessee Warning Notice**

Important information that you should read before completing this form appears on page 10.

**APPLICANT INFORMATION** *(please print or type)*

Business Entity Name		Incorporation/Formation Date (Month)____ (Day)____ (Year) _____		FEIN	
Business Address					
City			State		Zip Code
					Foreign Country
If assigned, National Producer Number (NP#)		State of Domicile		Country of Domicile	
List any other assumed, fictitious, alias, or trade names under which you are doing business or intend to do business.					
Phone Number <i>(include extension)</i> ( ) ( )		Fax Number ( ) ( )		Business Website Address	
E-mail Address For Business Use					
Mailing Address		P.O. Box	City	State	Zip Code
					Foreign Country

**DESIGNATED/RESPONSIBLE LICENSED ADJUSTER**

Identify at least one Designated/Responsible Licensed Adjuster responsible for the business entity's compliance with the insurance laws, rules, and regulations of Minnesota.		
Name	Social Security Number	National Producer Number
Name	Social Security Number	National Producer Number
Name	Social Security Number	National Producer Number

**☞ MAKE A COPY OF THIS FORM FOR YOUR RECORDS**

**TYPE OF LICENSE REQUESTED** (check one box below)

Resident License (Designated Home State will be Minnesota)

Nonresident License. Identify Designated Home State: \_\_\_\_\_ License #: \_\_\_\_\_

Will this license be used to adjust claims relating to portable electronics insurance?

Yes  No

☞ If "Yes," please see Page 7 for important information about fingerprinting.

**LICENSE CLASS** (check one box below)

<input type="checkbox"/> INDEPENDENT ADJUSTER		<input type="checkbox"/> PUBLIC ADJUSTER	
License fee	\$50	License fee	\$50
<b>TOTAL FEE</b>	<b>\$50</b>	<b>TOTAL FEE</b>	<b>\$50</b>
		Attach \$10,000 Public Adjuster surety bond	

**PAYMENT INFORMATION**

The total fee, in the form of a check made payable to "Minnesota Department of Commerce," must accompany the application.

Mail or deliver the completed, signed application, together with supporting documents and the fee to the Department of Commerce, Licensing Division, 85 - 7th Place East, Suite 500, St. Paul, Minnesota 55101-2198.

Should there be any questions, please contact the Licensing Division at (651) 539-1599 or [licensing.commerce@state.mn.us](mailto:licensing.commerce@state.mn.us).

## OWNERS, PARTNERS, OFFICERS, and DIRECTORS

Identify all owners with 10% interest or voting interest, partners, officers, and directors of the business entity, or members or managers of a limited liability company.

Name/ Date of Birth	Title	SSN/FEIN	Owner?	Percentage of Ownership Interest
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
D.O.B.:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Background Information

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

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? Yes \_\_\_ No \_\_\_

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

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

- 1b. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity currently charged with committing a felony?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

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 \_\_\_

- 1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company ever been convicted of a military offense, had a judgment withheld or deferred, or are is the business entity or any owner, partner, officer or director of the business entity currently charged with committing a military offense? Yes \_\_\_ No \_\_\_

**NOTE:** For Questions 1a, 1b, and 1c **"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) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, 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. 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, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) 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 the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by an insurer, 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.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company 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 copy of the Petition, Complaint or other document that commenced the lawsuit arbitration, or mediation proceedings and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, 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.

7. 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

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes \_\_\_ No \_\_\_

**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.

8. Do you have any unclaimed property that has not been reported as required by Minnesota Statute 345.37? Yes \_\_\_ No \_\_\_

**Applicant's Certification and Attestation**

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner of Commerce to be its agent for service of process regarding all insurance matters in Minnesota and agree that service upon the Commissioner of Commerce is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner of Commerce to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 Minnesota Department of Commerce to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Minnesota Department of Commerce 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 Minnesota.
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 Minnesota.
8. I hereby certify that upon request, I will furnish the Minnesota Department of Commerce, certified copies of any documents attached to this application or requested by the Minnesota Department of Commerce.
9. I certify that the Designated Responsible Licensed Producer(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulations of Minnesota.

**Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:**

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

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip



STATE OF MINNESOTA  
 DEPARTMENT OF COMMERCE  
 85 - 7<sup>th</sup> Place East  
 St. Paul, Minnesota 55101  
 (651) 539-1599

**BCA FORM**

Bureau of Criminal Apprehension  
 Criminal Background Check

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL INDIVIDUAL APPLICANTS, AND IF THE LICENSE IS TO BE ISSUED TO A COMPANY, THIS FORM MUST BE COMPLETED AND SIGNED BY EACH OF THE COMPANY'S OWNERS, QUALIFYING PERSON, LIMITED OR GENERAL PARTNERS, CORPORATE OFFICERS, DIRECTORS, SHAREHOLDERS OWNING MORE THAN 10% OF THE CORPORATION'S STOCK, LLC OWNERS/GOVERNORS, MANAGERS, OR EMPLOYEES WITH AUTHORITY TO EXERCISE MANAGEMENT OR POLICY CONTROL. THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION TO CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.**

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue

RE: Request for Criminal Background Check, and  
 Request for Disclosure/Verification of Tax Identification Number

<b>PROVIDE PERSON'S COMPLETE LEGAL NAME</b> Please Print		
<b>LAST NAME</b> (if legal last name is hyphenated, enter both names here)		
<b>FIRST NAME</b>		<b>MIDDLE NAME</b>
<b>ADDITIONAL MIDDLE NAME (if applicable)</b>	<b>MAIDEN NAME (if applicable)</b>	<b>FORMER LAST NAME or OTHER NAME (if applicable)</b>
<b>DATE OF BIRTH (mo/day/yr)</b>		<b>SOCIAL SECURITY NUMBER</b>
<b>TYPE OF LICENSE FOR WHICH YOU ARE APPLYING</b>		
<b>THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY:</b>		
NAME OF THE COMPANY: _____		
COMPANY'S ASSUMED NAME (if applicable): _____		
COMPANY'S MINNESOTA TAX IDENTIFICATION NUMBER: _____		
YOUR TITLE OR POSITION IN THE COMPANY: _____		

**CERTIFICATION AND AUTHORIZATION:**

- I, the undersigned, and my company have made application to the Minnesota Department of Commerce for a regulated professional or occupational license.
- I certify that complete and accurate responses have been provided for all questions on the application.
- I hereby request and authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes.
- I hereby request and authorize the Minnesota Department of Revenue to disclose or verify the state tax identification number.

\_\_\_\_\_  
 Signature (mandatory)

\_\_\_\_\_  
 Date

## Important information for applicants who will adjust claims relating to portable electronics insurance

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If this license will be used to adjust claims relating to portable electronics insurance, the following individuals must consent to a criminal history record check, submit fingerprints to the Department of Commerce (see below), and pay the fee required to perform criminal history record checks with the Minnesota Bureau of Criminal Apprehension and the Federal Bureau of Investigation:

- All executive officers and directors of the business entity applying for this license
- All executive officers and directors of entities and any individuals owning, directly or indirectly, more than 50 percent of the outstanding voting securities of the business entity applying for this license

A nonresident business entity whose home state subjects an applicant to requirements substantially similar to those outlined above is exempt from these requirements. If the business entity that is the subject of this application qualifies for this exemption, please check the box below.

- The business entity applying for this license is a nonresident business entity whose home state subjects an applicant to requirements substantially similar to those outlined above.

### How to meet the requirement to submit fingerprints

Go to any local police station or similar facility with manual fingerprinting capability to have your fingerprints taken manually. The facility will charge a processing fee. After your fingerprints are taken, the fingerprint card will be given back to you in a sealed envelope. **Do not fold it.** Put it into another envelope along with a fully completed “Business Entity Adjuster License (Portable Electronics) Background Check Consent Form” (see next page) and a check for \$34.75 made out to “Minnesota Department of Commerce” and mail it to:

Consumer & Industry Services  
Attn: Licensing  
Minnesota Department of Commerce  
85 – 7th Place East, Suite 600  
St. Paul, MN 55101

Minnesota Department of Commerce  
85 7<sup>th</sup> Place East  
Suite 600  
St. Paul, Minnesota 55101-2198

Business Entity Adjuster License (Portable Electronics)  
Background Check Consent Form

All executive officers and directors of a business entity applying for an independent adjuster license to adjust claims relating to portable electronics insurance coverage regulated by MINN. STAT. §60K.381 and all executive officers and directors of entities and any individuals owning, directly or indirectly, more than 50 percent of the outstanding voting securities of that applicant, must consent to a criminal history record check and submit a fingerprint card pursuant to MINN. STAT. §72B.041, subd. 2(a)(1)-(2). The Minnesota Department of Commerce ("Commerce ") will have the criminal history record check performed by requesting searches of the Minnesota Bureau of Criminal Apprehension's (BCA) Computerized Criminal History (CCH) system and the Federal Bureau of Investigation's (FBI) Criminal Justice Information Services system. The purpose of the criminal history record check is to assist Commerce in determining your qualifications and eligibility for the license you are applying for. If you refuse to consent to a criminal history record check, your license application will not be processed. If you do consent, the data obtained from the criminal history record check will be confidential and, therefore, accessible only to personnel who determine your eligibility for the license you are applying for; certain employees of license database vendors; any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety; person(s) authorized by a court order; or any other person authorized by state or federal law.

**Business Entity Applying for License** (please print): \_\_\_\_\_

**Your Last Name** (please print): \_\_\_\_\_

**Your First Name** (please print): \_\_\_\_\_

**Your Middle Name** (full) (please print): \_\_\_\_\_

**Your Maiden, Alias or Former Name** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_  
(Month/Day/Year)

I consent to a criminal history record check by Commerce as described above and authorize the BCA and the FBI to share the results of the searches with Commerce.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The expiration of this authorization shall be one year from the date of my signature.*

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**For Office Use Only**

**Date Prints Submitted:** \_\_\_\_\_

**Processed by:** \_\_\_\_\_

On this application, the Minnesota Department of Commerce asks you for information, like your Social Security number, that is classified as “private data” under the Minnesota Government Data Practices Act (*Minnesota Statutes*, chapter 13). The Data Practices Act requires any governmental entity asking an individual to supply private data to inform the individual of:

- (a) the purpose and intended use of the requested data;
- (b) whether the individual may refuse to supply the requested data or is legally required to supply it;
- (c) any known consequence of supplying or refusing to supply private data; and
- (d) the identity of other persons or entities authorized by state or federal law to receive the data.

The information contained in (a)-(d) is called a “Tennessee Warning” and is set forth below. The Tennessee Warning also satisfies the federal notice requirement under 5 U.S.C. § 552a Note, which is triggered by our request for your Social Security number in the application.

If the Commissioner of Commerce issues a registration to you, all information contained in your application, except your Social Security number and nondesignated addresses, will be public pursuant to *Minnesota Statutes*, section 13.41, subdivision 5.

## **TENNESSEN WARNING**

### ***(a) Purpose and Intended Use of the Data***

The data you give us about yourself is needed to:

- identify you;
- enable us to contact you when required;
- assist us in determining your qualifications and eligibility for the registration you are applying for;
- comply with certain federal and state reporting requirements; and
- evaluate the administration and management of this licensing/registration program.

### ***(b) Disclosure: Mandatory or Voluntary?***

You are legally required to supply all of the data required on the application form pursuant to *Minnesota Statutes*, section 72B.041. In particular, you must provide your Minnesota business identification number pursuant to *Minnesota Statutes*, section 270C.72, subdivision 4. You are not legally required to supply any other data requested on the application.

### ***(c) Consequences of Supplying or Refusing to Supply Requested Data***

If you supply all of the requested data, your application will be processed. If you refuse to supply data requested on the application, your application will not be processed. Whatever information you do supply to the Department will be maintained by us, whether or not your application is approved.

### ***(d) Others Authorized to Receive the Data***

The information about you that is collected on the application will be classified as either public or private data. Public data will be accessible to the public. Private data about you will be accessible only to:

- you;
- state personnel who determine your eligibility for licensure;
- employees of license database vendors;
- the Minnesota Department of Revenue (*Minnesota Statutes*, section 270C.72, subd. 4);
- the public authority responsible for child support in Minnesota (*Minnesota Statutes*, section 256.978);
- any appropriate person(s) or agency, if the Commissioner of Commerce determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety;
- person(s) authorized by a court order; or
- any other person authorized by state or federal law.