

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE
 85 – 7TH PLACE EAST, SUITE 600
 ST. PAUL, MINNESOTA 55101
 (651) 539-1599



**TRAVEL INSURANCE PRODUCER
 BUSINESS ENTITY LICENSE APPLICATION**

(For Department Use Only)

Fingerprint Requirement and Tennesen Warning Notices

Important information that you should read before completing this form appears on pages 7-9.

APPLICANT INFORMATION *(please print or type)*

Business Entity Name		Incorporation/Formation Date (Month) ____ (Day) ____ (Year) _____		FEIN	
If assigned, National Producer Number (NP#)			If applicable, FINRA Firm Central Registration Depository (CRD)		
List any other assumed, fictitious, alias, or trade names under which you are doing business or intend to do business.					
State of Domicile			Country of Domicile		
Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Business Address					
City		State		Zip Code	Foreign Country
Phone Number (include extension) ()		Fax Number ()		Business Website Address	
E-mail Address For Business Use					
Mailing Address		P.O. Box	City	State	Zip Code Foreign Country

DESIGNATED RESPONSIBLE PRODUCER

Identify the business entity's employee that will be the licensed individual producer, the "designated responsible producer" or "DRP," responsible for the business entity's compliance with Minnesota insurance laws and rules.		
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

Nonresident License. Home State: _____ Home State License #: _____

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	Title	SSN/FEIN	Owner?	Percentage of Ownership Interest
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

LICENSE TYPE AND FEES (check one box below)

<input type="checkbox"/> BUSINESS ENTITY INSURANCE AGENCY	<input type="checkbox"/> INDIVIDUAL PROPRIETOR INSURANCE AGENCY	<input type="checkbox"/> MANAGING GENERAL AGENT
TOTAL FEE \$200	NO FEE	TOTAL FEE \$200

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.

TRAVEL RETAILER LOCATIONS

Provide the indicated information for each travel retailer that offers travel insurance on the applicant's behalf. Attach additional copies of this page if necessary.

Business Entity Name					FEIN	
Business Address						
City			State		Zip Code	Foreign Country
Phone Number (include extension) ()		Fax Number ()		E-mail Address For Business Use		
Mailing Address		P.O. Box	City		State	Zip Code Foreign Country
Name of Officer or Other Person who Directs or Controls the Travel Retailer's Operations					Title	
Business Address						
City			State		Zip Code	Foreign Country
Phone Number (include extension) ()		Fax Number ()		E-mail Address For Business Use		
Mailing Address		P.O. Box	City		State	Zip Code Foreign Country
<input type="checkbox"/> By checking this box, the applicant certifies that this travel retailer complies with United States Code, title 18, section 1033.						

Business Entity Name					FEIN	
Business Address						
City			State		Zip Code	Foreign Country
Phone Number (include extension) ()		Fax Number ()		E-mail Address For Business Use		
Mailing Address		P.O. Box	City		State	Zip Code Foreign Country
Name of Officer or Other Person who Directs or Controls the Travel Retailer's Operations					Title	
Business Address						
City			State		Zip Code	Foreign Country
Phone Number (include extension) ()		Fax Number ()		E-mail Address For Business Use		
Mailing Address		P.O. Box	City		State	Zip Code Foreign Country
<input type="checkbox"/> By checking this box, the applicant certifies that this travel retailer complies with United States Code, title 18, section 1033.						

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, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___

“Crime” includes a misdemeanor, a felony or a military offense. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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 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, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a 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 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 of a limited liability company, for overdue monies by an insurer, insured or producer, 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, 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 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 arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any 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? 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? 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 Statutes, Chapter 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, 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 business entity or limited liability company 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 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 jurisdictions to which this application is made 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.
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).

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

Signature

Typed or Printed Name

Title

Social Security Number

Address

City State Zip



**STATE OF MINNESOTA
DEPARTMENT OF COMMERCE**
85 – 7th 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

PROVIDE PERSON'S COMPLETE LEGAL NAME Please Print

LAST NAME (if legal last name is hyphenated, enter both names here)

FIRST NAME **MIDDLE NAME**

ADDITIONAL MIDDLE NAME (if applicable) MAIDEN NAME (if applicable) FORMER LAST NAME or OTHER NAME (if applicable)

DATE OF BIRTH (mo/day/yr) SOCIAL SECURITY NUMBER

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

THE FOLLOWING SECTION MUST BE COMPLETED IF THE LICENSE IS TO BE ISSUED TO A COMPANY:

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 regarding fingerprinting requirements

Under Minn. Stat. §60K.383, subd. 2 (4), the following individuals must comply with the fingerprinting requirements applicable to insurance producers in the resident state of the business entity:

- The Designated Responsible Producer
- The president, secretary, treasurer, and any other officer or person who directs or controls the licensed business entity's insurance operations

Minnesota resident business entity requirements

All of the individuals listed above 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.

Nonresident business entity requirements

All of the individuals listed above must comply with the fingerprinting requirements applicable to insurance producers in the resident state of the business entity. To certify compliance, please check the box below.

- [Nonresidents only]** The applicant certifies that the Designated Responsible Producer, president, secretary, treasurer, and any other officer or person who directs or controls the insurance operations for the nonresident business entity applying for this license have complied with the fingerprinting requirements applicable to insurance producers in the resident state of the business entity.

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 Producer License (Travel) 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 7th Place East
Suite 600
St. Paul, Minnesota 55101-2198

Business Entity Producer License (Travel)
Background Check Consent Form

The Designated Responsible Producer, president, secretary, treasurer, and any other officer or person who directs or controls the insurance operations of a business entity applying for a travel insurance producer license must consent to a criminal history record check and submit a fingerprint card pursuant to MINN. STAT. §60K.383, subd. 2 (4). 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; 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. You may complete, or challenge the accuracy of, the information contained in the FBI identification record. Procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in Title 28, C.F.R., § 16.34. See also Title 28, C.F.R., § 50.12 (b).

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.

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*, sections 60K.37 and 60K.38. 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.