



Temporary Resident Insurance Producer CERTIFICATION OF COMPLIANCE

INSTRUCTIONS

This form is required to be submitted by an owner, partner, officer, or designated responsible licensed producer (DRLP) of the sponsoring insurance agency on behalf of a temporary resident insurance producer license applicant who is being sponsored by an insurance agency. It must be uploaded with the temporary resident insurance producer license application on Sircon.

Applicant Name

Name of Owner, Partner, Officer, or DRLP

Name of Sponsoring Insurance Agency

CERTIFICATION

I certify that the following is true and correct:

1. This certification is submitted on behalf of the applicant listed above as part of an application for a temporary resident insurance producer license.
2. The applicant will be affiliated with and sponsored by the agency listed above, and the agency is actively licensed as a business entity insurance producer in good standing in Minnesota.
3. The affiliation and sponsorship will be in place for the duration of the temporary license.
4. The sponsoring agency is responsible for the applicant's acts under the course and scope of the temporary license.
5. The applicant will be supervised by a DRLP on behalf of the sponsoring agency.
6. The sponsoring agency will notify the Commerce Department immediately if the applicant's affiliation ends before the expiration of the temporary license.
7. The applicant has successfully completed the prelicense education required under Minn. Stat. § 60K.361 for each line of authority to be held by the applicant.
8. I am an owner, partner, officer, or DRLP of the sponsoring insurance agency and am authorized to make this certification on behalf of the sponsoring insurance agency.

Signature of Owner, Partner, Officer, or DRLP

Date

Title or Position with Sponsoring Insurance Agency