

**STATE OF MINNESOTA**  
**DEPARTMENT OF COMMERCE**  
 85 – 7<sup>TH</sup> PLACE EAST, SUITE 280  
 ST. PAUL, MINNESOTA 55101  
 (651) 539-1599



**PORTABLE ELECTRONICS INSURANCE VENDOR  
 LICENSE APPLICATION**

(For Department Use Only)

**Tennessen Warning Notice**

Important information that you should read before completing this form appears on page 7.

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

Resident License

Nonresident License

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

Business Entity Name		Incorporation/Formation Date (Month) ___ (Day) ___ (Year) _____		FEIN	
Business Address					
City		State		Zip Code	Foreign Country
Business E-mail Address		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 (include extension) ( )		Fax Number ( )		Business Website Address	
Mailing Address		P.O. Box	City	State	Zip Code Foreign Country

**DESIGNATED RESPONSIBLE PERSON**

Identify an employee or officer of the vendor that is designated by the applicant as the person responsible for the vendor's compliance with the requirements of Minn. Stat. §60K.

Name and Title	SSN	Residence Address	Owner?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## OFFICERS, DIRECTORS, and SHAREHOLDERS

If the vendor derives more than 50 percent of its revenue from the sale of portable electronics insurance, the following information must be provided for all officers, directors, and shareholders of record having beneficial ownership of 10 percent or more of any class of securities of the vendor registered under the federal securities law.

Name and Title	SSN/FEIN	Residence Address	Owner?
			<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
			<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



## 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, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 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 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 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, 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, 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 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, or member or manager if 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. 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 Minnesota, 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 agrees 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 to any federal, state, or municipal agency, or any other organization, and I release the Minnesota Department of Commerce and any person acting on its 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 applicable insurance laws and regulations of Minnesota.
7. I hereby certify that, upon request, I will furnish certified copies of any documents attached to this application or requested by the Minnesota Department of Commerce.

**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

**FEE**

TEN OR FEWER LOCATIONS IN MINNESOTA	MORE THAN TEN LOCATIONS IN MINNESOTA
Number of Locations _____	
multiplied by \$100 per location equals	
<b>TOTAL FEE \$ _____</b>	<b>LICENSE FEE \$6,500</b>



**STATE OF MINNESOTA  
DEPARTMENT OF COMMERCE**  
Licensing Division  
85 – 7th Place East, Suite 500  
St. Paul, Minnesota 55101  
(651) 539-1599

**PORTABLE ELECTRONICS INSURANCE VENDOR  
LICENSE APPLICATION**  
**MINNESOTA BUREAU OF CRIMINAL APPREHENSION  
(BCA) FORM**

The data that you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. **Individuals listed on pages 1 and 2 of the license application form must complete this BCA form.** Disclosure of your social security number is voluntary; however, if not provided, the Department of Commerce may be unable to grant a license. The Department of Commerce requires this information and may conduct criminal history checks and/or verify tax identification information and for revenue recapture as authorized by Minnesota Statutes, Chapter 270A. **After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.**

TO: Bureau of Criminal Apprehension and Minnesota Department of Revenue  
RE: Request for Criminal Background Check  
Request for Disclosure/Verification of Tax Identification Number

**\*\*\*PLEASE PRINT\*\*\***

\_\_\_\_\_  
Name of applicant (or qualifying person) Title or position in the company

\_\_\_\_\_  
Social Security Number of applicant (or person in control) Applicant's (or person in control's) date of birth

\_\_\_\_\_  
Type of license for which you are applying

Name of the company: \_\_\_\_\_

Company's State Tax identification Number: \_\_\_\_\_

**The following section to be completed by all applicants:**

I, \_\_\_\_\_  
(Full First Name) (Full Middle Name) (Full Last Name)

have made application to the Minnesota Department of Commerce for a regulated professional license. I am either the applicant or an owner with 10% interest or voting interest, a partner, officer, or director of the business entity, a member or manager of a limited liability company, or an employee with the authority to exercise management/policy control over the company. I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify the company's tax I.D. number.

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

\_\_\_\_\_  
Date

**NOTE TO BUREAU OF CRIMINAL APPREHENSION / MN DEPARTMENT OF REVENUE:**

Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.

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.