



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

Portable Electronic Insurance License Application

Fee: \$600.00
Make check payable to:
Treasurer, State of Connecticut

Instructions:

- Application: Each section of this application must be completed, signed and dated by the Designated Individual. *Incomplete applications will be returned.*
- Documentation: Any required documents must be sent with the application. *(Note: Review of an application will not begin until all required documentation has been received by the Department.)*
- Fee: \$600.00
- Payment Method: Only Checks or Money Orders are accepted. Make payable to: "Treasurer, State of Connecticut." *(The Department does not accept cash or credit card payments for this license type.)*
- Completion of the Application: Please print clearly or type all requested information on the application.
- Processing Time: Please allow 7-10 days for processing
- Verify and Print a License: From our homepage at www.ct.gov/cid, select "Verify and Print a License," under "Industry."

Regular Mail

State of Connecticut
Insurance Department
Attn: Licensing
PO Box 816
Hartford, CT 06142-0816

Overnight Mail

State of Connecticut
Insurance Department
Attn: Licensing
153 Market Street, 7th Floor
Hartford, CT 06103

Portable Electronic Insurance License Application

(Section A)

Business Entity Name: _____

Federal Tax Identification Number (FEIN): _____ - _____ - _____

Address of Principal Office: _____
(Street)

(City) (State) (Zip Code)

Mailing Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (_____) _____ (Extension): _____

Email Address: _____

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(Section B)

Responsible Party Information

Designated Individual's Name: _____

Designated Individual's Title: _____

Resident Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (____) _____

Email Address: _____

Supervising Entity

Insurer

OR

Producer

Name of Supervising Entity: _____

NAIC No. OR Connecticut Producer License No.: _____

Contact Person's Name: _____

Contact Person's Address: _____
(Street)

(City) (State) (Zip Code)

Contact Person's Phone Number: (____) _____

Contact Person's Email Address: _____

(Section C)

If the Entity derives more than 50% of its revenue from the sale of portable electronics insurance, complete sections 1 and 2 below.

1. Below list all **shareholders** who directly or indirectly own 10% or more of any class of security:

Name: _____

Title: _____

Resident Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (____) _____

Email Address: _____

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Name: _____

Title: _____

Resident Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (____) _____

Email Address: _____

Name: _____

Title: _____

Resident Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (____) _____

Email Address: _____

(If additional Shareholders need to be added – Please attach on a separate sheet)

2. Below list all **Officers and Directors** of the entity:

Name: _____

Title: _____

Resident Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (____) _____

Email Address: _____

Name: _____

Title: _____

Resident Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (____) _____

Email Address: _____

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Name: _____

Title: _____

Resident Address: _____
(Street)

(City) (State) (Zip Code)

Phone Number: (____) _____

Email Address: _____

(If additional Officers and Directors need to be added – Please attach on a separate sheet)

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(Section D)

Applicant's Certification and Attestation:

The Applicant must read the following very carefully:

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 otherwise provided by Connecticut law or regulation, the business entity or limited liability company hereby designates the Commissioner to be its agent for service of process regarding all insurance matters in the State of Connecticut and agree that service upon the Commissioner 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 Insurance Commissioner to verify any information supplied with any federal, state or local government agency, current or former employer of insurance company.
4. I authorize the Commissioner, to give any information, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Connecticut, Insurance Department and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and comply with the insurance laws and regulations of the State of Connecticut, Insurance Department.
6. I hereby certify that upon request, I will furnish the Commissioner, certified copies of any documents attached to this application or requested by the Insurance Department.
7. I will certify that the Designated Individual(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulation of the State of Connecticut.

Must be signed by a Designated Individual of the business entity or Limited Liability Company

(Full Legal Name – Print or Typed)

(Original Designated Individual's Signature)

(Month/Day/Year)

(Title)

(Address)

(City)

(State)

(Zip)