



NEW YORK STATE
DEPARTMENT OF FINANCIAL SERVICES
INSURANCE LICENSING SERVICES
BUREAU
Prelicensing Education Program
 One Commerce Plaza
 Albany, New York 12257
www.dfs.ny.gov

FOR DEPARTMENT USE ONLY Approval No.: _____ Examined By: _____ Date Approved: _____

PRELICENSING PROVIDER APPROVAL APPLICATION

1. Please provide the following information:

Provider Name			Taxpayer I.D. No. *
Headquarters Address Number and Street (Required)			P.O. Box (if any)
City, Town or Village	County (NY Only)	State	Zip Code
New York Address Number and Street (Required)			P.O. Box (if any)
City, Town or Village	County (NY Only)	State	Zip Code
Address Where Records Will Be Maintained** Number and Street (Required)			
City, Town or Village	County (NY Only)	State	Zip Code

* See Privacy Notification on Page 5.

** If address is not in New York, form PL2b Stipulation Agreement must be included with application

2. Do you wish to have your contact information included in Department publications? YES NO

3. Type of Provider Organization: (Check one and attach documentation)

- Degree Conferring College, University/Proprietary School (Documentation: copy of school license or charter; If an out-of-state college, university or school not approved by the New York State Education Department, furnish copy of the license or charter granted by the appropriate governmental authority in your home state)
- New York Authorized Insurer (Documentation: copy of license)
- Institution Satisfactory to the Superintendent of Financial Services

4. Please check the class(es) of license which the organization will offer in its pre-licensing course (attach completed Form PL3 - Course Approval Application):

- (a) Life and Accident & Health Insurance Agent or Life Broker licensed under Sections 2103 (b) and 2104 of the New York State Insurance Law, respectively;
- (b) Property & Casualty Insurance Agent - or - Property & Casualty Insurance Broker licensed under Sections 2103 (b) and 2104 of the New York State Insurance Law (attach proof the organization has been continuously in existence for at least five (5) years);
- (c) Public Adjuster licensed under Section 2108 of the New York State Insurance Law.

5. List all officers, directors, partners and members, who are directly involved in the prelicensing education program, and provide the information requested below. If Provider is an insurer or a school licensed by the NYS Education Department, go to question # 7.

(A) Name (Last, First, M.I.)	Title of Officer/Director	Social Security No*	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Residence: Number and Street (Required) (If any)	P. O. Box	City	State	Zip Code

(B) Name (Last, First, M.I.)	Title of Officer/Director	Social Security No*	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Residence: Number and Street (Required) (If any)	P. O. Box	City	State	Zip Code

(C) Name (Last, First, M.I.)	Title of Officer/Director	Social Security No*	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Residence: Number and Street (Required) (If any)	P. O. Box	City	State	Zip Code

* See Privacy Notification on Last Page.
Attach additional sheets, if necessary

6. Identify all owners with 10% interest or voting interest of the business entity. If Provider is an insurer or a school licensed by the NYS Education Department, go to question # 7.

Name	SSN/FEIN*	Date of Birth	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

* See Privacy Notification on Last Page.
Attach additional sheets, if necessary

7. Has any state or federal regulatory body or accrediting association approved the organization?

_____ Yes or No

If "YES," attach documentary proof of such approval.

(a) Date approved: _____

(b) Name of body/association: _____

8. Is any officer, director, partner or member of the monitor organization, who is directly involved in the preclicensing education program under obligation to pay child support?

Yes or No

If "Yes," attach signed child support obligation form for each individual under such obligation.

9. The Applicant must read the following very carefully and answer every question.

- a** Has the business entity or any officer/director/partner/member/manager of the business entity who is directly involved in the preclicensing education program, been convicted of a crime, or is currently charged with committing a crime, or had a judgment withheld or deferred which has not been previously reported to this state?

Yes or 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.

- b** Has the business entity or any officer/director/partner/member/manager of the business entity, who is directly involved in the preclicensing education program, been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration which has not been previously reported to this state?

Yes or 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. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

- c** Since execution and filing of its last application has any demand been made or judgment rendered against the business entity or any officer/director/partner/member/manager, who is directly involved in the preclicensing education program, for overdue monies by an insurer, insured or producer, or been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others.

Yes or No

- d** Since execution and filing of its last application has the business entity or any officer/director/partner/member/manager, who is directly involved in the preclicensing education program, 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 or No

- e** Since execution and filing of its last application is the business entity or any officer/director/partner/member/manager, who is directly involved in the preclicensing education program, a party to, or 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 or No

f Since execution and filing of its last application has the business entity or any officer/director/partner/member/ manager, who is directly involved in the prelicensing education program had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes or No

10. Please provide the following general information:

- (a) The minimum and maximum number of students required to form a class _____
- (b) The tuition fee, if any _____
- (c) A description of the tuition cancellation and refund policy _____
- (d) A copy of the college or school catalog, if any;
- (e) Does the organization have a library with reference books on insurance that will be available to the students _____

Yes or No

11. The following applications must be included with this provider approval application:

Pre-Licensing Course Approval Application(s) (Form PL 3) for course(s) the organization is applying to offer to prospective students.

Pre-Licensing Instructor Approval Application(s) (Form PL 1) for the instructor(s) of the course(s).

I verify that the Provider Organization has satisfied itself as to the validity of the information on this application and on the attached documentation.

Signature of Designated Person

Title

Date

Type or Print Above Name

Telephone Number (with Extension)

Email Address

Fax Number

Website Address of Provider Organization

All signatures must be original. No stamps or photocopies.

The Provider Organization must notify the Department immediately;
of any changes in the information relating to this application.

of any change(s) in Designated Person(s) by submitting
the Designated Person Notice, Form No. PL12.

Under the penalties of perjury (I) affirm that the information given in the foregoing application is true and hereby subscribe thereto.

**Signature of Officer, Director, Partner
or Member of Provider Organization**

Title

Date

Type or Print Above Name

**Telephone Number of
Above**

**Fax Number of
Above**

An applicant may NOT act as a Provider Organization until a Provider Organization Approval Document has been issued by this Department.

**** * CHILD SUPPORT NOTIFICATION * * ***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to § 11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under § 175.35 of the Penal Law.

*** * * PRIVACY NOTIFICATION * * ***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation and Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Department of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Department of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

CHILD SUPPORT OBLIGATION FORM

Name of Entity on Application (Please Print)

License Number

Name of Individual (Please Print)

Date of Birth

Social Security Number

	YES	NO
Are you under obligation to pay child support?	<input type="radio"/>	<input type="radio"/>
If "YES,"		
(a) Are you less than four (4) months in arrears?	<input type="radio"/>	<input type="radio"/>
(b) Are you paying by income execution plan agreed to by courts or parties?	<input type="radio"/>	<input type="radio"/>
(c) Is the obligation subject of pending court proceeding?	<input type="radio"/>	<input type="radio"/>
(d) Are you receiving public assistance or supplemental security income?	<input type="radio"/>	<input type="radio"/>

If answer to the question regarding obligation to pay child support is "YES," one of the answers to (a)-(d) must be "YES" or license will expire six (6) months from the effective date of this license unless you notify the Department by that time which answer has changed to "YES."

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including, but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under the penalties of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

Printed Name of Applicant

Signature

Date