

**NEW MEXICO PUBLIC REGULATION COMMISSION
REQUEST FOR RESIDENT OR NONRESIDENT AGENT LICENSE APPLICATION**

**IF EXAM IS REQUIRED,
SEND TO:**

**Promissor c/o NM Insurance
2538 Camino Entrada
Suite 205-B
Santa Fe, NM 87507
(888) 204-6195**

IF NO EXAM IS REQUIRED, SEND TO:

New Mexico Public Regulation Commission Insurance Division Agent Licensing PERA Building, Room 434 P.O. Box 1269 Santa Fe, NM 87504-1269	Overnight Address: 1120 Paseo de Peralta PERA Building, Room 434 Santa Fe, NM 87501 505.827.4551/505.827-4637
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REQUIRED FORMS

- 1. REQUEST FOR RESIDENT OR NONRESIDENT AGENT LICENSE APPLICATION, FORM 210.** Every question on the application must be answered. Application will not be accepted otherwise. Resident applications go to Promissor; non-resident to the Division.
- 2. NOTICE OF AGENT OR SOLICITOR APPOINTMENT, FORM 204** must be completed by your sponsoring insurance company or sponsoring insurance agent. **IF AN EXAM IS REQUIRED, SUBMIT FORMS 210, EXAM REGISTRATION AND ALL APPLICABLE FEES DIRECTLY TO PROMISSOR.**
- 3. ORIGINAL LETTER OF CERTIFICATION is required** if applicant has been licensed in another state and is applying as nonresident. Original Letter of Clearance (if applicant has been licensed in another state and is requesting exam to become a resident agent/producer). The letters must be obtained from your home state Insurance Department. Letter is valid 90 days from date of issuance. **XEROX COPIES WILL NOT BE ACCEPTED.**

AGENT LICENSE AND APPOINTMENT FEE

Appointment fees are \$23.00 per class of business. License fees are \$30.00. 59A-11-8 NMSA, ALL FEES ARE DEEMED EARNED WHEN PAID AND SHALL NOT BE REFUNDABLE.

MAKE CHECKS PAYABLE TO: Promissor/NM INSURANCE DIVISION.

Personal checks are accepted. Fees may also be paid with a company check, money order or cashier's check. Applications and checks received older than 6 months will not be accepted.

IF APPLYING FOR A VARIABLE CONTRACT LICENSE

First-time applicants applying for a Variable Contract license must also apply for a Life license. Proof of National Association of Securities Dealers (NASD) Certification (Web CRD screen print) must indicate successful completion of series 63 or 66 and series 6 or 7 and must accompany request. (The Web site is www.webcrd.com.)

CONTINUING EDUCATION

The New Mexico Insurance Code mandates that every person licensed for a line of insurance other than title insurance shall complete fifteen (15) credit hours of continuing education covering some or all of the kinds of insurance for which the licensee is licensed during each year. Title insurance licenses shall complete seven (7) credit hours of continuing education covering title insurance during each year. At least one (1) of the annual continuing education credits required must be devoted to ethics. **Resident agents must file original certificates of completion, along with a \$1.00 per credit hour filing fee each year on or before September 30th of each year.** All first-year resident licensees, are exempt from this requirement for the first reporting year licensed. (See page 8 of the Bulletin.)

The compliance period for continuing education requirements begins on October 1st and ends on September 30th. Certificates of completion received after October 31st are subject to a late fee of \$50.00 in addition to the \$1.00 per credit hour filing fee.

Individuals who have successfully met their educational requirements by September 30th may begin submitting credits for the next year's educational requirement on October 1st.

NOTICE WILL NOT BE MAILED PRIOR TO COMPLIANCE DATE. IT IS THE RESPONSIBILITY OF AGENT OR SOLICITOR TO FILE THE REQUIRED DOCUMENTION ON OR BEFORE THE DEADLINE OF SEPTEMBER 30TH OF EACH YEAR.

ADDRESS CHANGE, DUPLICATE LICENSE, OR NAME CHANGE

Complete the Form 210B and enclose a \$30.00 fee. Name changes require legal documentation. Nonresident agents must attach an original home state letter of certification when changing states. Failure to notify the superintendent of change of address within 20 days will be subject to a \$50.00 penalty.

IMPORTANT NOTICE

Any person who is engaged in the business of insurance and knowingly makes a false entry of material fact in any statement with intent to deceive any person, including any insurance regulatory official, shall be subject to a civil penalty of not more than \$50,000, or imprisoned not more than ten (10) years, or both, pursuant to 18 USC 1034 (1997).

SECTION II – GENERAL INFORMATION

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 written statement explaining the circumstances of each incident,
 a copy of the charging document, and a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

If you answer yes, you must attach particulars to this application.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

4. Are you currently a party to, or have you 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 written statement summarizing the details of each incident, a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and a copy of the official document which demonstrates the resolution of the charges or any final judgment.

SECTION III – EMPLOYMENT HISTORY

1. Account for all time for the past five years. Give all employment experience starting with your present employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	State	Month/Year		Position Held
		From	To	

2. If I am granted a license to act as an Insurance Agent, I agree to the following: **(READ CAREFULLY)**
- I **will** solicit policies or contracts of insurance covering risks in New Mexico only for companies which are authorized to transact business in New Mexico and for types of insurance for which I am licensed.
 - This authority is **not** being procured solely for the purpose of writing insurance on my own life or property, or solely for the purpose of writing insurance on the life, property or risks of my employer.

I understand that all premiums or monies, which I may collect from an insured, and which are to be paid to an insurance company because of the assumption of liability through the issuance of policies or contracts for insurance shall be held by me in a fiduciary capacity, and shall **not** willfully be misappropriated, or converted to my own use.

3. I hereby certify that every statement made in this application is for the purpose of securing permission to qualify for the following kind(s) of insurance:

- | | |
|--|--|
| 01 [] Life , Accident & Health | 18 [] Casualty & Surety |
| 02 [] Life | 20 [] Surety Bail Bonds |
| 03 [] Accident & Health | 22 [] Mortgage Guarantee |
| 06 [] Variable Contracts | 23 [] Property, Marine & Transportation |
| 12 [] Credit Life, Accident & Health* | 24 [] Crop Hail |
| 13 [] Life, Accident & Health (Fraternal Companies) | 25 [] Title Guaranty |
| 14 [] Life (Fraternal Companies) | 26 [] Transportation Ticket-Sellers* |
| 15 [] Variable Contracts (Fraternal Companies) | 27 [] Vehicle |
| 16 [] Property Bail Bonds | |

***LIMITED LICENSE** - No holder of a limited license shall concurrently be otherwise licensed under the Insurance Code.

4. Have you held an insurance license in any other state within the last five years? Yes ___ No___

If you answer yes, you must attach to this application:
an original letter of clearance from that state.

5. Are you the subject of a child support related subpoena or warrant? Yes ___ No___

6. Do you have a child support obligation in arrearage? Yes ___ No___

If you answer yes to Question 6, by how many months are you in arrearage? _____ Months

IMPORTANT NOTICE

Any person who is engaged in the business of insurance and knowingly makes a false entry of material fact in any statement with intent to deceive any person, including any insurance regulatory official, shall be subject to a civil penalty of not more than \$50,000, or imprisoned not more that 10 years, or both, pursuant to 18 USC 1034 (1997).

I hereby certify that every statement made in this application is true and correct, is made under penalty of perjury, and is made for the purpose of obtaining a license to transact the business of insurance in accordance with the New Mexico Insurance Code. I understand that if a false statement is made in this application, that such false statement will constitute grounds for revocation of any such license, as well as applicable civil or criminal penalties. I hereby authorize the New Mexico Insurance Division to request and receive a criminal history check of any possible criminal history with any applicable law enforcement agency and I hereby authorize any such agency to release my criminal history to the Insurance Division. A copy of this authorization shall be as sufficient as the original on file in the records of the Insurance Division.

(APPLICABLE TO TITLE AGENTS ONLY - READ CAREFULLY)

[] The applicant owns, operates or controls an abstract plant in the county/counties of _____pursuant to the New Mexico Insurance Division Regulation 30-C-IV-a.

Date

Signature of Individual Applicant