State of Maine
Bureau of Insurance
APPLICATION FOR RENTAL EQUIPMENT COMPANY LICENSE

A rental company (defined in 24-A M.R.S. § 3043(1)(C)) that solicits or sells insurance in connection with and incidental to the rental of covered rental equipment (defined in 24-A M.R.S. § 3043(1)(B)) must obtain a limited insurance producer entity license and at least one employee at each office of the rental company located in the State shall obtain a limited insurance producer license with equipment rental authority.

For Bureau Use Only
LIC#:

Note: Be sure to complete the entire application or it will not be processed.
Do not leave any fields blank. Please print or type clearly.

License Requested

☐ Resident License
☐ Non-Resident License
Home State:_____
Home State License #:_____

*** Payment Must Be Submitted with All Applications ***

Total Due	License Fee	Application Fee	**Total Due**
Resident	$30	$15	**$45**
Nonresident	$70		**$85**

Demographic Information

1. Business Entity Name	2. Incorporation/Formation Date	3. FEIN

4. If assigned, National Producer Number (NPN)	5. If applicable, FINRA Firm Central Registration Depository (CRD)

6. List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.	7. State of Domicile	8. Country of Domicile

9. Business Address	10. City	11. State	12. Zip Code	13. Foreign Country

14. Phone Number (include Ext.) ( ) -	15. Fax Number ( ) -	16. Business Web Site Address	17. Business E-Mail Address

18. Mailing Address	19. P.O. Box	20. City	21. State	22. Zip Code	23. Foreign Country

Designated/Responsible Licensed Producer

24. An individual must be designated responsible for the organization's compliance with the insurance laws and rules of this State. The responsible individual for a business entity must hold an active Maine producer license pursuant to Title 24-A M.R.S. § 1413 (3). Identify a Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state.

Name _____SSN_____-_____-_____NPN _____

25. Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name	SSN/FEIN	D.O.B	Owner: Yes / No	% of ownership interest:
Name	SSN/FEIN	D.O.B	Owner: Yes / No	% of ownership interest:
Name	SSN/FEIN	D.O.B	Owner: Yes / No	% of ownership interest:
Name	SSN/FEIN	D.O.B	Owner: Yes / No	% of ownership interest:

Additional Locations

26. Provide the physical address for each additional location where insurance sales will be conducted under the limited insurance license and provide the name and license number of the licensed individual at each location. (Please provide additional list if necessary)

Street Address	City	State	Zip	Licensed Individual

Background Questions

27. Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

NOTE: For Questions 1a, 1b, and 1c "**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 no contest, or having been given probation, a suspended sentence or a fine.

1a. 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 a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes ☐ No ☐

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

1b. 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 a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes ☐ No ☐

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? Yes ☐ No ☐ N/A ☐

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) Yes ☐ No ☐ N/A ☐

1c. 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 a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes ☐ No ☐

<u>If you answer yes to any of these questions, you must attach to this application:</u>

i. a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident;
ii. a copy of the charging document; and
iii. 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 of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration 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, sanctioned 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 or registration. "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:

i. 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;
ii. a copy of the Notice of Hearing or other document that states the charges and allegations; and
iii. 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 of the business entity, or member or manager of 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. If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.	Yes ☐ No ☐
4. 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 notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? If you answer yes, identify the jurisdiction(s): _____	Yes ☐ No ☐
5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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? If you answer yes, you must attach to this application: i. a written statement summarizing the details of each incident, ii. a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings; and iii. a copy of the official documents which demonstrates the resolution of the charges or any final judgment.	Yes ☐ No ☐
6. 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 had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? 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	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. The business entity or limited liability company grants permission to the Maine Superintendent of Insurance in to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
3. 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.
4. I authorize the Maine Bureau of Insurance to give any information they may have concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the Maine Bureau of Insurance 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 Maine.
6. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the State of Maine.
7. I hereby certify that upon request, I will furnish the Maine Bureau of Insurance, certified copies of any documents attached to this application or requested by the Bureau.
8. I certify that the Designated Responsible Licensed Producer(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 Maine.

Must be signed by an officer, director, or partner of the business entity, or member or manager of a limited liability company:

_____
Month/Day/Year

_____ _____
Signature Title

_____ _____
Typed or Printed Name Address City State Zip

Rental Equipment Company License Instructions

Did you…

☐ Complete all fields of the Application
☐ Include a list of all office locations in this state
☐ Include payment with your Application

Be sure to complete the entire application or it will not be processed.
Do not leave any fields blank. Please print or type clearly.

Payment Information

- By Check: Make all checks payable to: **Treasurer State of Maine**
- Credit card: please complete the credit card authorization form on the next page.

* Payment Must Be Submitted with All Applications *			
Total Due	License Fee	Application Fee	**Total Due**
Resident	$30	$15	**$45**
Nonresident	$70		**$85**

Individual License: Individual applicants seeking licensure for the sale of insurance for covered rental equipment should complete the Uniform Producer Application. The applicant should select a Limited Line of "Other" and fill in Rental Equipment. There is no examination requirement for a limited lines producer license with rental equipment authority.

Trade Names: A licensee doing business under any name other than the licensee's legal name is required to notify the Superintendent prior to using the trade name.

Reporting Obligations: Maine law requires notification to the Superintendent within 30 days of: changes in address, telephone number, name, or other material change in the condition or qualifications set forth in the original application. This requirement includes disciplinary actions taken against any insurance license or any criminal conviction other than a traffic violation. Failure to notify the Superintendent within 30 days may result in the automatic levying of a late fee penalty in accordance with Title 24-A M.R.S. § 1419.

Return application and fees to:

For US Postal Service deliveries including overnight express:
Bureau of Insurance
34 State House Station
Augusta, ME 04333-0034

For private deliveries such as FedEx and UPS:
Bureau of Insurance
76 Northern Ave
Gardiner, ME 04345-2832

Or send via fax: (207) 624-8599

Questions? Contact us at:

Phone: (207) 624-8475
E-mail us at: Insurance.pfr@maine.gov

AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your paperwork. <u>Payment through credit cards will not be processed without this authorization form.</u> Please print or type clearly.

Name (company/individual for whom payment is being made) (Please Include License # and SSN/FEIN):

Purpose of Payment:

Name of Cardholder:		**Contact person's phone #, for questions with this form.** **Telephone #:** ( ) -
Mailing Address:		
City:	**State:**	**Zip Code:**

I authorize the State of Maine, Department of Professional and Financial Regulation, Bureau of Insurance to charge my: (please check one)

[ ] **Visa** [ ] **MasterCard** [ ] **Discover** _____
(Card number)

Expiration date: _____/_____ **in the amount of: $**_____
(month) (year)

Signature: _____**Date**: _____/_____/_____
(must be signed by authorized person to validate)

You may fax the form to: 207-624-8599 or e-mail to: Insurance.pfr@maine.gov