



**State of Maine  
Bureau of Insurance  
APPLICATION FOR APPRENTICE INSURANCE PRODUCER LICENSE**

**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					
Please check all lines of authority for which you are applying:					
<input type="checkbox"/> <b>Accident and Health*</b>	<input type="checkbox"/> Personal Lines	<b>* Payment Must Be Submitted with All Applications *</b>			
<input type="checkbox"/> Property	<input type="checkbox"/> Credit				
<input type="checkbox"/> Casualty	<input type="checkbox"/> Title				
<i><b>Note:</b> An Apprentice Insurance Producer may not perform any activities that require training or authority in addition to an insurance producer license, including activities under the federal Affordable Care Act.</i>		Total Due	License Fee	Application Fee	Total Due
		Resident Only	\$50	\$0	\$50
Demographic Information					
1. Full Legal Name - Last		First		Middle	
2. SSN			3. Date of Birth		
4. Email Address			5. Telephone Number		
6. Home Address					
7. Business Name				8. Business License Number or FEIN	
9. Business Address				10. Business Phone	
11. Designated Mailing Address – for communications from the Maine Bureau of Insurance, please indicate preferred mailing address:					
<input type="radio"/> Home Address (#6) <input type="radio"/> Alternate Address (please provide): _____					
<input type="radio"/> Business Address (#9)      _____					
12. Are you a citizen of the United States?					
<input type="radio"/> Yes					
<input type="radio"/> No – if no, country of citizenship: _____ and provide proof of eligibility to work in the U.S.					

### Sponsor Information

Applicants for an Apprentice Insurance Producer license must be sponsored by a licensed Maine resident producer. Please provide the following sponsor information.

Sponsor Name: \_\_\_\_\_

Sponsor Business Address: \_\_\_\_\_  
\_\_\_\_\_

Sponsor Maine License Number  
\_\_\_\_\_

Sponsor Telephone Number:  
\_\_\_\_\_

Sponsor Email Address:  
\_\_\_\_\_

### Background Questions

Please read the following very carefully and answer every question.

The Applicant must 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.

If you answered "Yes" to any of the below questions (1a, 1b, or 1c), you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging documents of each incident,
- c) a copy of the official documents of each incident, which demonstrates the resolution of the charges or any final judgment.

**1a. Have you EVER been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?**

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), 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 a juvenile court)

Yes ☐ No ☐

**1b. Have you EVER been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?**

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 ever applied for written consent to engage in the business of insurance in another state as required by 18 USC 1033? (Note: For detailed information related to the requirements of 18 USC 1033 as it pertains to insurance licensing please refer to the NAIC publication "Guidelines for State Insurance Regulators to the Violent Crime Control and Law Enforcement Act of 1994.")

If so, was consent granted? (Attach copy of 1033 consent approved by the other state.)

Yes ☐ No ☐

N/A ☐ Yes ☐ No ☐

N/A ☐ Yes ☐ No ☐

Yes ☐ No ☐

**1c. Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?**

**2. Have you EVER been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration?**

"Involved" means having a license or registration censured, suspended, revoked, canceled, terminated, restricted; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license or entering into a settlement 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, or registration 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 or director, or member or manager of a Limited Liability Company or any other position that exercises management or control over the business. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal or late filing fee.

Yes ☐ No ☐

<p>If you answer yes, you must attach to this application</p> <ul style="list-style-type: none"> <li>a) a written statement identifying the type of license and explaining the circumstances of each incident</li> <li>b) a copy of the Notice of Hearing or other document that states the charges and allegations, and</li> <li>c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li> </ul>	
<p><b>3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies or have you EVER been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others, which would include, but is not limited to, deposits, insured's premium payments, employee tax withholdings, escrow accounts, or any monies held by you in a capacity for third parties.</b></p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p><b>4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</b></p> <p>If you answer yes, identify the jurisdiction(s): _____</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p><b>5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?</b></p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>a) a written statement summarizing the details of each incident,</li> <li>b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and</li> <li>c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.</li> </ul>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p><b>6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency or securities broker contract or any other business relationship with an insurance company or securities business terminated for any alleged misconduct?</b></p> <p>If you answer yes, you must attach to this application:</p> <ul style="list-style-type: none"> <li>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</li> <li>b) copies of all relevant documents.</li> </ul>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p><b>7. Do you have a child support obligation in arrearage?</b></p> <p>If you answer yes,</p> <ul style="list-style-type: none"> <li>a) by how many months are you in arrearage? _____ Months</li> <li>b) are you subject of a child support related subpoena/warrant? Yes <input type="radio"/> No <input type="radio"/></li> <li>c) are you currently subject to a repayment agreement? Yes <input type="radio"/> No <input type="radio"/></li> <li>d) are you currently in compliance with the repayment agreement? Yes <input type="radio"/> No <input type="radio"/></li> </ul> <p>If you answered yes to 7 (c), provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>
<p><b>8. In response to a "Yes" answer to one or more of the Background Questions for this application, have you previously submitted document(s) to the NAIC/NIPR Attachments Warehouse?</b></p>	<p>Yes <input type="radio"/> No <input type="radio"/></p>

**9. Record of employment for the past five years starting with the applicant's current position. Please attach additional pages as necessary.**

Name and Address of Employer	Dates of Employment		Position Held
	From	To	
1.			
2.			
3.			
4.			

## Applicant Certification and Attestation

**The Applicant must read the following very carefully and sign the application.**

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the State of Maine, I hereby designate the Superintendent of Insurance to be my agent for service of process regarding all insurance matters in the State of Maine and agree that service upon the Superintendent of Insurance, or other appropriate party is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Superintendent of Insurance, or other appropriate party, to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I authorize the Maine Bureau of Insurance to give any information concerning me, as permitted by law, and in the furtherance of the Superintendent's official duties, to any federal, state or municipal agency, my application sponsor, or any other organization, and I release any such agency, sponsor, or other organization, including the Maine Bureau of Insurance, and any person acting on their behalf in the furtherance of official duties from any and all liability of whatever nature by reason of furnishing such information.
5. I understand that Maine law requires notification to the Superintendent within 30 days of: changes in address, telephone number, name, or other material changes in the conditions or qualifications set forth in the original application. I understand that failure to provide this notification may result in the automatic levying of a late fee in accordance with Title 24-A M.R.S. § 1419 and further administrative action.
6. I acknowledge that this Apprentice Insurance Producer license may be canceled **immediately** if I no longer meet the conditions for Apprentice Insurance Producer licensure and it is my obligation to ensure that my activities are within the authority granted to me by this license. I further acknowledge that I may not perform any activities that require training or authority in addition to an insurance producer license, including activities under the federal Affordable Care Act, and any activities that would require a producer license involving long-term care insurance, annuities, and life insurance.
7. I certify that I am a resident of the State of Maine at the time of this application and will remain a resident of the State of Maine throughout the apprenticeship. I will furnish proof of Maine residency if required by the Bureau.
8. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
9. I hereby certify that upon request, I will furnish the Maine Bureau of Insurance copies of any documents attached to this application or requested by Maine Bureau of Insurance.
10. I understand that I am subject to the same laws and rules that are applicable to producers holding full producer licenses. I acknowledge that I understand and will comply with Maine insurance laws and regulations.
11. I understand that the Superintendent may limit the authority of an Apprentice Insurance Producer license in any way determined necessary or revoke by order an Apprentice Insurance Producer license if the interest of insureds or the public is endangered.
12. I understand that if I am no longer employed by my sponsor or if my sponsor terminates the sponsorship prior to the end of the 180-day period under 24-A M.R.S. §1420-Q(4), I shall notify the Superintendent within five (5) business days of the end of my employment or the termination of the sponsorship in accordance with 24-A M.R.S. §1420-Q(10).

13. I acknowledge that I am applying for an Apprentice Insurance Producer license, which will expire at the end of 180 days following the issuance of the temporary license, in accordance with 24-A M.R.S. §1420-Q(4). I further acknowledge that after completing the 180-day apprenticeship period, I may not engage in any insurance activities requiring an insurance producer license without obtaining an insurance producer license.

\_\_\_\_\_  
Month/Day/Year

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

**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 found on our website at: [Producers | PFR Insurance \(maine.gov\)](#).

* Payment Must Be Submitted with All Applications *			
Total Due	License Fee	Application Fee	Total Due
Resident Only	\$50	\$0	<b>\$50</b>

**Reporting Obligations:** In addition to the 5-business day reporting requirement if the apprenticeship is terminated prior to the end of the 180-day period, 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 any conviction of a crime (other than a traffic violation) and of any disciplinary action brought by an insurance regulatory official of any other jurisdiction. Additionally, Maine law requires reporting any administrative action taken in another jurisdiction or by another governmental agency in this State within 30 days of the final disposition of the matter and reporting any criminal prosecution within 30 days of the initial pretrial hearing date. 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, in addition to other disciplinary action, which could include civil penalties and the suspension or revocation of your Apprentice Insurance Producer license.

### **Return application and fees to:**

Applications with credit card payments can be emailed to [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov).

Checks should be made payable to Treasurer State of Maine and mailed, with the completed Apprentice Insurance Producer and Apprentice Insurance Producer Sponsor applications, to an address below.

For U.S. 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

### **Questions? Contact us at:**

Phone: (207) 624-8475

E-mail: [insurance.pfr@maine.gov](mailto:insurance.pfr@maine.gov)