**Maine Bureau of Insurance**

**APPLICATION FOR NAVIGATOR CERTIFICATION**

For Bureau Use Only

Certification #:

**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.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Last name JR/SR etc. | | 2. First name | | 3. Middle name | | | |
| 4. Social Security Number | 5. Date of Birth | | 6. Gender | 7. Maine Enrollment Assister Number | | | |
| 8. Residence/Home address[[1]](#footnote-1) | | | 9. City | | 10. State | 11. Zip Code | |
| 12. Mailing Address (if different from home address) | | | 13. City | | 14. State | 15. Zip Code | |
| 16. Home or Mobile Phone | | | 17. Preferred Email Address | | | | |
| 18. Name of Navigator Entity You Represent | | | | | | | |
| 19. Navigator Entity Mailing Address | | | 20. City | | 21. State | 22. Zip code | |
| 23. Business Phone (Including ext.) | | | 24. Date of Completion of Navigator Training – please include proof of completion with your application. | | | | |
| **Background Information** | | | | | | | |
| The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature. | | | | | | | |
| **1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?**  **Note:** “**Crime”** includes a **misdemeanor**, a **felony** or a **military offense**.  You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges 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 no contest, or having been given probation, a suspended sentence, or a fine.  If you answer yes, you must attach to this application:   1. a written statement explaining the circumstances of each incident, 2. a copy of the charging document, 3. a copy of the official document, which demonstrates the resolution of the charges or any final judgment.   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? N/A ⎕ Yes ⎕ No ⎕  If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A ⎕ Yes ⎕ No ⎕ | | | | | | | Yes ⎕    No ⎕ |
| **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 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, 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. 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:   1. a written statement identifying the type of license and explaining the circumstances of each incident, 2. a copy of the Notice of Hearing or other document that states the charges and allegations, and a copy of the official document, which demonstrates the resolution of the charges or any final judgment. | | | | | | | Yes ⎕    No ⎕ |
| 1. **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 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, and/or type and location of bankruptcy. | | | | | | | Yes ⎕    No ⎕ |
| 1. **Have you been notified by the State of Maine 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. 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?**  If you answer yes, you must attach to this application:   1. a written statement summarizing the details of each incident, 2. a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and 3. a copy of the official documents, which demonstrates the resolution of the charges or any final judgment. | | | | | | | Yes ⎕    No ⎕ |
| **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 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:   1. a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving a Navigator certification, and 2. copies of all relevant documents. | | | | | | | Yes ⎕    No ⎕ |
| 1. **Do you have a child support obligation in arrearage?**   If you answer yes,   1. by how many months are you in arrearage? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ months 2. are you currently subject to and in compliance with any repayment agreement? Yes ⎕ No ⎕ 3. are you the subject of a child support related subpoena/warrant? Yes ⎕ No⎕   (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.) | | | | | | | Yes ⎕    No ⎕ |
| **Applicant’s Certification & Attestation**  The Applicant must read the following very carefully.  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 certification revocation or denial of certification and may subject me to civil or criminal penalties.   1. I certify that I grant permission to Superintendent of Insurance to verify information with any federal, state or local government agency, current or former employer, or insurance company. 2. 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.   1. I authorize the Maine Bureau of Insurance to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the State of Maine and 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. 2. I authorize the Maine Bureau of Insurance to release information concerning the status of my application and certification to the navigator entity listed in box 18. 3. I acknowledge that I understand and will comply with the insurance laws and regulations of the State of Maine. 4. I hereby certify that upon request, I will furnish to the State of Maine and/or the Maine Bureau of Insurance, certified copies of any documents attached to this application or requested by the State of Maine and/or the Maine Bureau of Insurance.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Original Applicant Signature Month/Day/Year  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Legal Name (Printed or Typed) | | | | | | | |

**Navigator Certification Instructions**

**Did you…**

⎕ Complete all fields of the Navigator Certification Application

⎕ Include proof of completion of your Navigator Training

⎕ Read the Reporting Obligations information below

**Reporting Obligations**

Any change of address, telephone number, e-mail address, name or other material change in the conditions or qualifications set forth in the original application of a certified Navigator must be reported to the superintendent no later than 30 days after the change. This includes:

* Any conviction of a crime other than a traffic violation or any disciplinary action brought by an insurance regulatory official of any other jurisdiction against the Navigator;
* Any administrative action taken against the Navigator in another jurisdiction, by another governmental agency in this State, or by any federal agency, including actions by the Centers for Medicare and Medicaid Services and the Federal Marketplace; and
* Any criminal prosecution of the individual taken in any jurisdiction.

**The failure to report an action may result in a late fee or discipline**.

For more information, see Maine Bureau of Insurance Rule Chapter 950.

**Return application to:**

For US Postal Service deliveries including overnight express: For private deliveries such as FedEx and UPS:

Bureau of Insurance Bureau of Insurance

34 State House Station 76 Northern Ave

Augusta, ME 04333-0034 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

1. Your home address will be used for all correspondence related to your navigator certification unless a separate mailing address is designated in Boxes 12-15. [↑](#footnote-ref-1)