**Maine Bureau of Insurance**

**RENEWAL OF NAVIGATOR CERTIFICATION APPLICATION**

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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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. | | | |
| Applicant’s Certification & Attestation | | | | | | |
| 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 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. 3. 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. 4. I acknowledge that I understand and will comply with the insurance laws and regulations of the State of Maine. 5. 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 requested by the State of Maine and/or the Maine Bureau of Insurance. 6. **I further certify that, under penalty of perjury, that since the time of my last application for certification:** 7. **I have not been convicted of or charged with a criminal offense,** 8. **I have not been named or involved as a party in an administrative proceeding regarding a professional or occupational license,** 9. **I have not had a judgement rendered against me or any business in which I am an owner, officer, partner, director, or member for money owed to an insurer,** 10. **I have not been the subject of a bankruptcy proceeding involving funds held on behalf of others,** 11. **I am not the subject of a delinquent tax obligation or child support obligation,** 12. **I have not been a party to or found liable in any lawsuit, arbitration, or other proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation, or breach of fiduciary duty, and** 13. **I have not had a business relationship with an insurance company terminated for any alleged misconduct.**   If you cannot certify items a – g, please contact the Bureau of Insurance’s Licensing Division.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Full Legal Name (Printed or Typed) Original Applicant Signature Month/Day/Year | | | | | | |

**Navigator RENEWAL Instructions**

**Did you…**

⎕ Complete all fields of the Navigator RENEWAL 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)