

**STANDARD APPLICATION FOR WRITTEN CONSENT
TO ENGAGE IN THE BUSINESS OF INSURANCE
IN THE DISTRICT OF COLUMBIA**

1. Please state whether any citizenship rights were revoked as a result of your conviction or imprisonment, and if so, please give the name of the court, the date of judgment and the extent to which those rights have been restored.

2. Please prepare a signed affidavit, and two copies, setting forth the following personal history:
 1. The place and date of your birth. If you were not born in the United States the time of first entry and port of entry, and whether or not you are a citizen of the United States. If you are a naturalized citizen of the United States, where and how did you become naturalized? The number of the Certificate of Naturalization must be provided, if applicable.
 2. Please list the names and addresses of all schools that you have attended and the degrees obtained.
 3. Please list each and every marriage, including a statement as to whether any of your relatives, by blood or marriage, are currently serving in any capacity with any insurer or insurance agency.
 4. Please list each and every place where you have been employed, including any military service, in chronological order.
 5. Please list by date and place, all arrests, convictions for felonies, misdemeanors, or offenses and all imprisonment or jail terms resulting therefrom, together with a statement of the circumstances of each violation which led to arrest or conviction.
 6. What bearing, if any, do you feel these criminal offenses have on your fitness or ability to perform your duties, activities or responsibilities, as presented on the application?
 7. Are there mitigating or extenuating circumstances surrounding your commission of the offenses listed in Question No. 5? If yes, explain.

8. List all evidence that exists regarding your rehabilitation.
 9. have you ever been on probation or parole, and if so, please list the names of the courts by which convicted and the dates of conviction.
 10. Please list the names and locations of all insurers for which you have advised, represented or in any manner work for, concerning the writing of insurance, the reinsuring of risks, by an insurer, including all acts necessary or incidental to such writing or reinsuring and the activities of persons who act as, or are, officers, directors, agents, or employees of insurers or who are other persons authorized to act on behalf of such persons, together with a description of the activities performed for each such insurer.
 11. Please indicate whether consent has been requested from any other Commissioner, and if so, what was the outcome?
 12. Please state your net worth, including all assets held by you, or held in the names of others for you, the amount of each liability owed by you, or by you together with any person and the amount and sources of all income during the immediately preceding five calendar years prior to the date of this application.
3. You may enclose with your application and supporting affidavit, letters of recommendation addressed to the Commissioner of the Department of Insurance, Securities and Banking, attesting to your character and reputation. These letters should indicate the length of time that the writer has known you, and should describe your character traits as they relate to the employment, position or activities for which written consent is sought. Each letter should indicate that it is being submitted in compliance with these procedures and that you have informed the writer of the factual basis of the application being filed with the Commissioner and the purpose thereof.

I, the above named applicant, under penalty of perjury as set out in the District of Columbia Criminal Code, hereby swear or affirm that I have read and understood every question in this application, and that my answers and responses to the questions and inquiries contained in this application are true and correct and complete, and that all answers and responses herein are to be considered by the Commissioner of Insurance as material to the execution of his/her duties under the District of Columbia D.C. Code in his/her decision upon this application. I understand that if I answer any question on this application falsely, in addition to being criminally prosecuted for perjury, I may be subject to the suspension or revocation of my insurance license.

CAUTION: Do not sign unless you have carefully reviewed the instructions and all your answers are true and correct.

Original Signature of Applicant

Before me, the undersigned authority, personally appeared the above-named applicant, who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

In witness whereof, I have hereunto set my hand and official seal, this the _____ day of _____, 20__

(NOTARY SEAL)

Notary Public

My commission expires: _____