

State of New Mexico
Office of Superintendent of Insurance

Instructions for Limited License

Please take special care when completing this form. All filing fees are non-refundable or nontransferable, whether or not the application is processed. NMSA 59A-6-1 All fees are earned when paid and are not refundable.

Effective January 1, 2014

All resident applicants for a license and anyone wishing to activate a cancelled resident license MUST be fingerprinted as part of the application process. In addition, all nonresident applicants who are not fingerprinted in their home state will be required to comply with this requirement. **Applicant must attach a copy of the 3M Cogent Proof of Fingerprint Submission Receipt to their application.** Your application will be considered incomplete and will not be processed if the 3M Cogent Proof of Fingerprint Submission Receipt is not submitted.

PLEASE NOTE THAT THE PRODUCER LICENSING BUREAU DOES NOT CONSIDER THE APPLICATION COMPLETE UNTIL THE BACKGROUND CHECK PROCESS IS COMPLETED.

All applicant fingerprint background checks will be processed electronically. The fee is **\$44.00**. Please register at www.cogentid.com. For information on how to register click [HERE](#).

If you are an out of state applicant or already have hardcopies that you prefer to process, click [HERE](#). For questions/inquiries/comments, please refer to the [Applicant Fingerprint Background Checks](#) contact information.

9A-12-18. Limited license. (2013)

Statute text

A. The superintendent may issue a limited agent's license to individual applicants employed full time by a vendor of merchandise or other property, or by a financial institution making consumer loans on terms with respect to which credit life insurance, credit health insurance, credit property insurance or credit involuntary unemployment insurance under individual policies is customarily required of or offered to the purchaser or borrower, covering only that credit life, credit health, credit property or credit involuntary unemployment insurance.

B. The superintendent may issue a limited agent's license to vendors in accordance with the provisions of the Portable Electronics Insurance Act [59A-60-1 to 59A-60-7 NMSA 1978]. The application shall provide:

(1) the name, residence address and other information required by the superintendent for an employee or officer of the vendor that is designated by the applicant as the person responsible for the vendor's compliance with the requirements of the Portable Electronics Insurance Act. However, if the vendor derives more than fifty percent of its revenue from the sale of portable electronics insurance, the information noted above shall be provided for all officers, directors and shareholders of record having beneficial ownership of ten percent or more of any class of securities registered under the federal securities law; and

(2) the location of the applicant's home office.

C. No holder of a limited license issued pursuant to Subsection A of this section shall concurrently be otherwise licensed under the Insurance Code.

59A-12-18.1. Limited license; travel insurance. (2013)

Statute text

A. The superintendent may issue a limited agent's license to applicants who are qualified to solicit or sell travel insurance.

B. A travel retailer may offer and disseminate travel insurance under the license of a limited lines travel insurance agent only if:

- (1) the limited lines travel insurance agent or travel retailer provides to purchasers of travel insurance:
 - (a) a description of the material terms of the insurance coverage;
 - (b) a description of the process for filing a claim;
 - (c) a description of the travel insurance policy's cancellation process; and
 - (d) the identity and contact information of the insurer and limited lines travel insurance agent;
 - (2) the limited lines travel insurance agent:
 - (a) establishes at the time of licensure on a form prescribed by the superintendent a register of each travel retailer that offers travel insurance on behalf of the limited lines travel insurance agent;
 - (b) includes in the register each travel retailer's federal tax identification number and the name, address and contact information of each travel retailer and an officer or person who directs or controls the travel retailer's operations;
 - (c) maintains the register and updates it at least once a year;
 - (d) submits the register to the superintendent upon reasonable request; and
 - (e) certifies that each travel retailer on the register complies with federal laws;
 - (3) the limited lines travel insurance agent has selected a designated responsible agent who is one of its licensed individual agent employees and who is responsible for the limited lines travel insurance agent's compliance with the travel insurance laws and rules of this state;
 - (4) the designated responsible agent, president, secretary, treasurer and all other officers or persons who direct or control the limited lines travel insurance agent's insurance operations comply with the fingerprinting requirements for insurance agents of the resident state of the limited lines travel insurance agent;
 - (5) the limited lines travel insurance agent has paid all applicable insurance agent licensing fees pursuant to state law; and
 - (6) the limited lines travel insurance agent requires each employee and authorized representative of the travel retailer whose duties include offering and disseminating travel insurance to receive a program of instruction or training that the superintendent may review and that, at a minimum, contains instructions on the types of insurance offered, ethical sales practices and required disclosures to prospective customers.
- C. A travel retailer that offers and disseminates travel insurance shall make available to prospective purchasers brochures or other written materials that:
- (1) identify and provide the contact information of the insurer and the limited lines travel insurance agent;
 - (2) explain that the purchase of travel insurance is not a prerequisite to the purchase of any other product or service of the travel retailer; and
 - (3) explain that an unlicensed travel retailer may provide general information about the insurance offered by the travel retailer, including a description of the coverage and price, but is not qualified or authorized to answer technical questions about the terms and conditions of the insurance offered by the travel retailer or to evaluate the adequacy of the customer's existing insurance coverage.
- D. A travel retailer's employee or authorized representative who is not licensed as an insurance agent shall not:
- (1) evaluate or interpret the technical terms, benefits or conditions of the travel insurance coverage offered;
 - (2) evaluate or provide advice concerning a prospective purchaser's existing insurance coverage; or
 - (3) make representation as being a licensed insurer, licensed agent or insurance expert.
- E. A travel retailer and its employees and authorized representatives whose insurance-related activities are limited to the offering and disseminating of travel insurance on behalf of and under the direction of a limited lines travel insurance agent that complies with this section may conduct and receive compensation for those activities.
- F. A travel retailer may place insurance under an individual policy or under a group or master policy.
- G. As the insurer designee, a limited lines travel insurance agent shall be responsible for the acts of the travel retailer and shall use reasonable means to ensure that the travel retailer complies with the provisions of this section.
- H. As used in this section:
- (1) "limited lines travel insurance agent" means a licensed managing general agent or third-party administrator or a licensed insurance agent;
 - (2) "offer and disseminate" means providing general information, including a description of coverage and price, processing applications, collecting premiums and performing other nonlicensable activities permitted by this state;
 - (3) "travel insurance" means insurance coverage for personal risks incident to planned travel, including the interruption or cancellation of a trip or event; the loss of baggage or personal effects; damage to

accommodations or rental vehicles; or sickness, accident, disability or death during travel. "Travel insurance" excludes major medical plans that provide comprehensive medical protection for travelers on trips of six months or longer, such as for those working overseas as expatriates or deployed military personnel; and (4) "travel retailer" means a business entity that makes, arranges or offers travel services.

History

History: Laws 2013, ch. 140, § 3.

Annotations

Effective dates. — Laws 2013, ch. 140, § 14 made Laws 2013, ch. 140, § 3 effective July 1, 2013.

59A-12-19. Temporary licenses. (1984)

Statute text

A. The superintendent may issue a temporary agent or solicitor license to an individual otherwise qualified therefor except as to taking an examination, in the following cases:

- (1) to the surviving spouse or next of kin of a licensed agent or solicitor becoming deceased;
- (2) to the spouse, next of kin, employee or legal guardian of such an agent or solicitor disabled by sickness, injury or insanity;
- (3) to a surviving employee of a firm or corporation licensed as agent, upon death or disability of an individual duly designated to exercise the license powers;
- (4) to an individual designated by a licensed agent conducting an established insurance agency in this state, to replace an agent no longer associated with the agency;
- (5) to a salaried employee of an authorized insurer sent to this state by the insurer to take the place of a licensed agent or solicitor;
- (6) to the designee of a licensed agent entering upon active service in the armed forces of the United States; or
- (7) to an applicant for license as a life insurance agent or life insurance solicitor, only for writing debit or industrial insurance as defined in Article 20 [Chapter 59A, Article 20 NMSA 1978] of the Insurance Code, if the applicant is in good faith taking a course of study and instruction under the insurer's supervision, or is currently enrolled with an accredited educational institution of higher learning in this state and studying insurance business fundamentals. A course of study so conducted by the insurer must be one approved by the superintendent. The insurer and applicant may assume that license will be issued in due course, effective as of date application was filed with the superintendent, unless the superintendent notifies the insurer to the contrary within fifteen (15) days after date of application.

B. Any such temporary license shall be for a period of three (3) months, subject to extension by the superintendent for an additional three (3) months upon application and good cause shown; except, that temporary license issued under Paragraph (7) above shall not be extended. A second temporary license shall not be issued to the same licensee within six (6) months after expiration of the initial temporary license.

- License FEE is \$30.
- Appointment Fee is \$20 per Line of Business.
- We accept company check, money order, cashier's check, or personal check.
- Make checks payable to OSI.
- **All licenses shall have the "Business Mailing Address" printed on the license.**

Any person who is engaged in the business of insurance and knowingly makes a false entry of material fact in any statement with intent to deceive any person, including any insurance regulatory official, shall be subject to a civil penalty of not more than \$50,000, or imprisoned not more than 10 years, or both, pursuant to 18 USC 1034 (1997).

Mailing Address: Producer Licensing Bureau, PO Box 1689, Santa Fe, NM 87504

Overnight Delivery: Producer Licensing Bureau, 1120 Paseo de Peralta, Rm 434, Santa Fe, NM 87501

Email: agents.licensing@state.nm.us

Telephone No.: 505-827-4601

Limited License Application

Check appropriate box for license requested.

Resident License

Non-Resident License

Identify Home State: _____

(PLEASE PRINT LEGIBLY OR TYPE)

1 If applicable, NASD Individual Central Registration Depository (CRD)		2 If assigned, National Producer Number (NPN)					
3 Social Security Number - - -			4 Are you affiliated with a financial institution/bank? Yes No				
5 Last Name JR./SR. etc		6 First Name		7 Middle Name		8 Date of Birth (month) ____ (day) ____ (year) ____	
9 Residence/Home Address (Physical Street)		10 P.O. Box	11 City		12 State	13 Zip Code	14 Foreign Country
15 Home Phone Number () -	16 Gender (Circle One) Male Female	17 Are you a Citizen of the United States? (Check One) Yes No (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)					
18 Business Entity Name							
19 Business Address (Physical Street)		20 P.O. Box	21 City		22 State	23 Zip Code	24 Foreign Country
25 Business Phone Number () -	26 Business Fax Number () -		27 Business E-Mail Address			28 Business Web Site Address	
29 Business Mailing Address		30 P.O. Box	31 City		32 State	33 Zip Code	34 Foreign Country
35 a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business.							
b. List any trade names under which you are currently doing business or intend to do business.							
Agency or Business Entity Affiliations							
36 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity and ATTACH to this application FORM 202-B with a \$20 affiliation fee made payable to OSI.							
FEIN	NPN	Name of Agency					
FEIN	NPN	Name of Agency					
Employment History							
37 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.							
				From To Month Year			
Name	City	State	Foreign Country				Position Held
Name	City	State	Foreign Country				
Name	City	State	Foreign Country				
Name	City	State	Foreign Country				
Name	City	State	Foreign Country				

C

Background Information

The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

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

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

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

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? 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 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. “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 (PLEASE LABEL EACH ITEM SENT):

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified 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 you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

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? Yes ___ No ___

If you answer yes, identify the jurisdiction(s):

5. Are you currently a party to, or have you 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? Yes ___ No ___

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer YES, you must attach to this application (PLEASE LABEL EACH ITEM SENT):

- 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) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

License Type Requested: LIMITED LICENSE

() Credit, Life, Accident & Health-12

() Transportation Ticket Sellers-26

Applicants Certification and Attestation

40 The Applicant must read the following very carefully:

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. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or 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.
5. I authorize the jurisdictions 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 jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. 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 non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Month Day

Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

- 41 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient. All fees are deemed earned when paid and shall not be refunded.
For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).

Office of Superintendent of Insurance
Producer Licensing Bureau

Please take special care when completing this form.

All filing fees are non-refundable or non-transferable, whether or not the application is processed. NMSA 59A-6-1 All fees are earned when paid and are not refundable.

Notice of Appointment

Insurer Name _____

New Mexico Company Code _____ NAIC Number _____

Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby appoints the person(s) named herein to act as its agent.

When using this form with an individual application, submit only one name per form and attach the form to the application.

Only one appointment per line.

Appointment Fee is \$20.00 per line of business.

Make checks payable to OSI

Class Code and Line of Business

<u>01</u> Life Accident & Health	<u>13</u> Life, Accident & Health (Fraternal)	<u>20</u> Limited Surety
<u>02</u> Life (Excluding Health)	<u>14</u> Life (Excluding Health) Fraternal	<u>23</u> Property, Marine & Transportation
<u>03</u> Accident & Health	<u>15</u> Variable Contracts (Fraternal)	<u>24</u> Crop Hail
<u>06</u> Variable Contracts	<u>16</u> Property Bail Bonds	<u>25</u> Title Guaranty
<u>12</u> Credit Life, Accident, and Health	<u>18</u> Casualty and Surety	<u>26</u> Transportation Ticket
		<u>27</u> Vehicle

Class Code	Social Security Number	License Number	Name as shown on License

Total number of Appointments _____ X \$20.00 per Appointment = \$ _____

Signature of Insurer must be that of an officer of the company or a person authorized by the insurer to sign.

Printed Name _____ Official Title _____

Signature _____ Date _____

Phone Number _____ E-mail _____

Mailing address: PO Box 1689, Santa Fe, New Mexico 87504

Overnight address: 1120 Paseo de Peralta, Room 434, Santa Fe, New Mexico 87501

Telephone number: (505) 827-4601

Email: agents.licensing@state.nm.us