

STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)
PRODUCER LICENSING BUREAU
Business Entity Affiliation Form

Business Entity Federal Id Number _____ License Number _____
 Business Entity Name _____
 Address _____ City _____ State Zip _____
 Contact Person _____ Telephone No. _____
 Email Address _____ *Check if Entity license is Pending application*

Notice is hereby given that effective from the date shown on this notice, the designated business entity hereby affiliates the licensee(s) named herein to act as its affiliate. Affiliation fee is \$20.00 per affiliate/per license type. We do not affiliate agencies. Please list only individual agents.

Checks must be made payable to OSI.

NAME AS SHOWN ON LICENSE	NPN AND LICENSE TYPE
Example: John Smith	12345 – Independent Adjuster
AFFILIATIONS ARE RENEWED ANNUALLY AND MUST BE MAINTAINED FOR THE LIFE OF THE BUSINESS ENTITY LICENSE	

Please have only 6 affiliations per form, we will not accept “attached spreadsheets”

Total affiliations _____ \$20.00 per affiliate = \$ _____

Check/ Money Order _____ ACH Credit _____ or Wire _____

Signature must be that of an officer of the business entity or a person authorized by the business entity to sign on behalf of the business entity. **Electronic payment may take up to 5 business days to be received by OSI.**

Official Title _____ Signature _____ Date _____

For electronic payments: Once you have made payment via ACH Credit or Wire, please email this form to

agents.licensing@state.nm.us

Producer Licensing

1120 Paseo De Peralta

Santa Fe, NM 87501

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