

STATE OF NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE

PRODUCER LICENSING BUREAU

Business Entity Affiliation Instructions & Information

Guidance for initial affiliations and renewal information.

Initial Affiliation Process

Business entities applying for licensure in New Mexico must submit the required affiliation information for each individual licensed in NM who will be affiliated with the business entity.

1. Submit the online business entity license application first.

The business entity must complete and submit its online application through the appropriate licensing system before sending the affiliation form.

2. Complete the Business Entity Affiliation Form.

List only the individual licensees who will be affiliated with the business entity. Do not list agencies or other business entities on this form.

3. Submit the affiliation form and payment within 30 days of the online application.

The completed form and required fee(s) must be mailed to the Producer Licensing Bureau within 30 days after the online application is submitted.

4. Pay the required affiliation fee.

The affiliation fee is \$20.00 per individual affiliate. Payment must be made by check or money order payable to OSI.

5. Mail the completed form and payment to the appropriate address shown below.

Annual Renewal Information

- Affiliations must be renewed **every year** before March 1. The renewal cycle runs from December through February.
- If the business entity license is due for renewal, the entity may renew the license and affiliations online through NIPR, when available.
- If the business entity license is not due for renewal, an Affiliation Renewal Invoice will be emailed during the renewal cycle to the email address on file, from SBS@naic.org. (It is the responsibility of the DRLP to keep all contact information current)
- Check spam or junk folders if the invoice is not received. Missing invoices may indicate non-compliance with affiliation requirements or an invalid or unmonitored business email address on file.
- **There is no grace period. Payments must be received by OSI by 5:00 p.m. MST on the last business day of February.**
- **This form cannot be used in place of the Affiliation Renewal Invoice.**
- **This form may list only individuals who are actively licensed in NM at the time the form is submitted.**
- **If a form is received listing any individual whose license status is expired, canceled, revoked, suspended, inactive, or otherwise not active, the fees submitted for that individual will be forfeited.**

USPS Mail Only	Overnight Mail Only
OSI Producer Licensing Bureau PO Box 1689 Santa Fe, NM 87504	OSI Producer Licensing Bureau 1120 Paseo de Peralta, 4th Floor Santa Fe, NM 87501

Questions? Contact the Producer Licensing Bureau for affiliation or renewal assistance. 1- 855-427-5674 or email us at Agents.Licensing@osi.nm.gov

**STATE OF NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)
PRODUCER LICENSING BUREAU**

Business Entity Affiliation Form

Important Notice

- Use this form to add new affiliations only. Do not use this form for renewals.
- List actively licensed NM individual licensees only. Do not list agencies or business entities.
- Maximum of 6 affiliates per form. Attached spreadsheets will not be accepted.
- Fee: \$20.00 per affiliate.
- NMSA 59A-6-1; All filing fees are non-refundable or non-transferable, whether or not the application is processed.

1. Business Entity Information

Business Entity Name	Federal ID Number
Business Entity NPN	<input type="checkbox"/> Approved <input type="checkbox"/> Pending
Mailing Address	Contact Person
City / State / ZIP	Email

2. Affiliate Information

#	Affiliate Full Name (as shown on license)	NPN	License Type (Producer, Surplus, Adjuster etc.)
1			
2			
3			
4			
5			
6			

3. Fee Summary and Payment

Number of Affiliates	_____
Fee per Affiliate	\$20.00
Total Amount Due	_____
Payment Method / Mailing	<input type="checkbox"/> Check <input type="checkbox"/> Money Order Payable to OSI USPS: PO Box 1689, Santa Fe, NM 87504 Overnight: 1120 Paseo de Peralta, 4th Floor, Santa Fe, NM 87501

4. Certification

I certify that the information provided on this form is true and correct, and that I am an officer of the business entity or otherwise authorized to sign on its behalf.

Printed Name	Official Title
Signature	Date