



## Portable Electronics Limited License Application

**Important Notice:** Disclosure of this information is required under the Illinois Revised Statutes' insurance laws. Failure to provide this information will result in this form not being processed. This form has been approved by the Forms Management Center.

**Fee Requirement:** Attach a check or money order for \$500 payable to the Director of Insurance.

Demographic Information				
Vendor Name		Incorporation/Formation Date MM DD YY		FEIN
DBA/Trade Name (if applicable)				State of Domicile
Vendor Address		City	State	Zip
Phone Number ( ) -	Fax Number ( ) -	Vendor Website Address		Vendor E-mail address
Home Office Address		P.O. Box	City	State
Designated Person Responsible for Vendor's Compliance				
Identify at least one Designated individual who will be responsible for the Vendor's compliance with the laws, rules and regulations of the State of Illinois. Use separate sheet if needed.				
Name: _____		Title: _____		
Residential Address: _____				
Name: _____		Title: _____		
Residential Address: _____				
Shareholders, Officers and Directors				
If a Vendor derives more than 50% of its revenues from the sale of portable electronics insurance, identify all officers, directors and shareholders of record having beneficial ownership of 10% or more of securities registered under the federal securities law. Use separate sheet if needed.				
Name: _____		Title: _____		
Residential Address: _____				
Name: _____		Title: _____		
Residential Address: _____				
Location of Vendors				
List all locations of Vendors in this State which offers coverage. Use separate sheet if needed.				
Address: _____				
Address: _____				

## Background Information

Please read the following very carefully and answer every question.

	✓ Yes	✓ No
<p>1. Has the vendor or any shareholder, partner, director, officer, member or designated responsible vendor ever been convicted of, or is the vendor or any shareholder, partner, director, officer, member or designated responsible vendor currently charged with committing a crime, whether or not adjudication was withheld?</p> <p>"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 or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.</p> <p>If you have answered yes, you must attach to this application:</p> <p>a) a written statement explaining the circumstances of each incident;                      b) a copy of the charging document; and                      c) a copy of the official document, which demonstrates the resolution of the charges or any final judgement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2. Has the vendor or any shareholder, partner, director, officer, member or designated responsible vendor ever been involved in an administrative proceeding regarding any professional license?</p> <p>If you have answered yes, you must attach to this application:</p> <p>a) a written statement identifying the type of license and explaining the circumstances of each incident;                      b) a copy of the Notice of Hearing or other document that states the charges and allegations; and                      c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. Has any demand been made or judgment rendered against the vendor or any shareholder, partner, director, officer, member or designated responsible vendor for overdue monies by an insurer, insured, or have you ever been subject to a bankruptcy proceeding?</p> <p>If you answer yes, submit a statement summarizing the details of the indebtedness and arrangement for repayment.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4. Has the vendor or any shareholder, partner, director, officer, member or designated responsible vendor ever been notified by any jurisdiction in which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?</p> <p>If you answer yes, identify the jurisdiction(s):</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5. Is the vendor or any shareholder, partner, director, officer, member or designated responsible vendor party in, or 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?</p> <p>If you have answered yes, you must attach to this application:</p> <p>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 judgement.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6. Has the vendor or any shareholder, partner, director, officer, member or designated responsible vendor ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?</p> <p>If you have answered yes, you must attach to this application:</p> <p>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) copies of all relevant documents.</p>	<input type="checkbox"/>	<input type="checkbox"/>

## Applicant's Certification and Attestation

On behalf of the vendor, the undersigned designated responsible vendor of the hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the vendor or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the vendor or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made, to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business.
3. The vendor or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the vendor, designated responsible vendor or manager of a limited liability company, either a) does not have a current child support obligation; or b) has a child support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdiction to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdiction 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 comply with the insurance laws and regulations of the jurisdiction to which I am applying for licensure/registration.
7. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

**Must be signed by the Designated Responsible Vendor.**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip