

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



Limited Lines Portable Electronics Business Entity Renewal Application

(Please Print or Type)

Check appropriate box for license requested:

- Resident License
- Non-Resident License
- Identify Home State: _____
 - Identify Home State License #: _____

Demographic Information

① Business Entity's Name		② Incorporation/Formation Date (MM/DD/YY)		③ FEIN	
④ If assigned, National Producer Number (NPN)		⑤ State of Domicile		⑥ Country of Domicile	
⑦ List and other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.					
⑧ Address of Home Office		⑨ City		⑩ State	⑪ Zip or Foreign Country
⑫ Business Address (Physical Street)		⑬ City		⑭ State	⑮ Zip or Foreign Country
⑯ Phone Number (include extension) ()	⑰ Fax Number ()	⑱ Business E-Mail Address		⑲ Business Web Site Address	
⑳ Mailing Address		㉑ P.O. Box	㉒ City	㉓ State	㉔ Zip or Foreign County

Responsible Supervising Entity

㉕ Identify a Responsible Supervising Entity responsible for the business entity's compliance with the insurance laws, rules and regulations of this state.

Name _____ Tax ID # _____ NAIC/NPN _____

Business Address _____ City _____ State _____ Zip Code _____

Phone Number () _____ E-Mail Address _____

Owners, Partners, Officers and Directors

㉖ If the vendor will derive fifty percent or more of its revenue from the sale of Portable Electronics Insurance, identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:

Name _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest	_____
Name _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest	_____
Name _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest	_____
Name _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest	_____
Name _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest	_____

If the vendor will derive fifty percent or less of its revenue from the sale of Portable Electronics Insurance, identify the employee or officer who has been designated as the person responsible for the vendor complying with Ohio Revised code 3905.062:

Name _____ SSN _____

Resident Address _____ City _____ State _____ Zip Code _____

Phone Number () _____ E-Mail Address _____

Background Information

27 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a **MISDEMEANOR**, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company currently charged with committing a **MISDEMEANOR**, which has not been previously reported to this insurance department? Yes No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a **FELONY**, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company currently charged with committing a **FELONY**, which has not been previously reported to this insurance department? Yes No

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A Yes No

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

1c. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a **MILITARY OFFENSE**, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, currently charged with committing a **MILITARY OFFENSE**, which has not been previously reported to this insurance department? Yes No

NOTE: For Questions 1a, 1b, and 1c, “**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 no contest, or having been given probation, a suspended sentence, or a fine.

If you answered “**Yes**” to any of the above questions (1a, 1b, or 1c), you must attach to this application:

- 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 judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? 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, sanction 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 or registration. “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 Yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) 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 judgment.

3. Does the business entity understand they must adhere to all requirements set forth in Ohio Revised Code 3905.062? Yes No

4. Does the business entity understand they must provide training to all employees/endorsees who will be selling portable electronics insurance? Yes No

5. Does the business entity understand that no commission for the sale or offer of portable electronics insurance is to be paid directly or indirectly to employees/endorsees? Yes No

6. Does the business entity understand that it must maintain a registry of all locations supervised by the business entity who are authorized to sell or solicit portable electronics insurance in Ohio and that the registry must be provided to the superintendent within ten days of request? Yes No

Locations

28 Provide the total number of locations in Ohio: _____

List each location in Ohio where Portable Electronic Insurance coverage will be offered. Attach additional copies if necessary.

Location Name	Address	City

Applicant’s Name _____

Applicant's Certification and Attestation

29 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party 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, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants 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 company.
4. Every owner, partner, officer or director of the business entity, or member 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 jurisdictions to which this application is made 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/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for Portable Electronics Insurance or if my home state does not license Portable Electronics Insurance, I understand that I am applying for this renewal under the licensure requirements of a resident Portable Electronics applicant.
8. 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 an officer, director, or partner of the business entity, or member or manager of a limited liability company who has authority to act on behalf of the business entity:

Signature	Date
Type or Print Name	Social Security Number
Title	
Address	
City	State
	Zip

Fees

<p>31</p> <p style="text-align: center;">Ten or fewer locations in Ohio</p> <p style="text-align: center;">\$100.00</p>	<p style="text-align: center;">Eleven or more locations in Ohio</p> <p style="text-align: center;">\$500.00</p>
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Application Attachments

32 The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident Renewal Applications, a Letter of Certification from the resident state or a screen print of your records from the Producer Database (PDB).
2. Renewal fee.
3. Any supporting documentation.