



## 2019 Direct Insurance Carrier Business License Application

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

FEIN: \_\_\_\_\_

Please select the NAICS Code that applies:

- | <b>NAICS Code</b>               | <b>Description</b>   |
|---------------------------------|--|
| <input type="checkbox"/> 524113 | Direct Life Insurance Carriers                                     |
| <input type="checkbox"/> 524114 | Direct Health and Medical Insurance Carriers                       |
| <input type="checkbox"/> 524126 | Direct Property and Casualty Insurance Carriers                    |
| <input type="checkbox"/> 524127 | Direct Title Insurance Carriers                                    |
| <input type="checkbox"/> 524128 | Other Direct Insurance (except Life, Health, and Medical) Carriers |
| <input type="checkbox"/> 524130 | Reinsurance Carriers   |

	<b>Number of Additional Locations</b>	<b>Fee</b>	<b>Total Amount Due</b>
License fees for additional business locations	_____	<u>\$100.00</u>	\$ _____
Additional business locations with certain risks	_____	<u>\$35.00</u>	\$ _____
		<b>Subtotal:</b>	\$ _____
		<b>Insurer Annual License Fee:</b>	<u>\$100.00</u>
Other Fees: _____			\$ _____
		<b>Total Amount Due:</b>	\$ _____

Signature: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date: \_\_\_\_\_