



Direct Insurance Carrier Business License Application

Company Name: _____

Company Address: _____

FEIN: _____ or Account#: _____

Please select the NAICS Code that applies:

- | NAICS Code | Description |
|---------------------------------|--|
| <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 |

	Number of Additional Locations	Fee	Total Amount Due
License fees for additional business locations	_____	\$150.00	\$ _____
Additional business locations with certain risks	_____	\$35.00	\$ _____
		Subtotal:	\$ _____
		Insurer Annual License Fee:	<u>\$150.00</u>
Other Fees: _____			\$ _____
		Total Amount Due:	\$ _____

Please complete information below:

Signature: _____

Name and Title: _____

Phone: _____

Email: _____

Date: _____