



**OFFICE OF COMMISSIONER OF INSURANCE**  
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER  
**Ralph T. Hudgens, Commissioner**



[www.oci.ga.gov](http://www.oci.ga.gov)

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**AGENTS LICENSING  
 GID-130-AL MAR2016**

**RESIDENT AGENCY/BUSINESS ENTITY APPLICATION**

**1. GENERAL INSTRUCTIONS**

- A. This request for Agency License should be submitted by agencies located in the State of Georgia as required by Georgia law 33-23-1. An agency is defined as “a person who represents one or more insurers and is engaged in the business of soliciting or procuring insurance or applications for insurance or countersigning, issuing, or delivering contracts of insurance for one or more insurers.” This form is not intended for use as an agency license renewal form.
- B. Effective 7-1-2012, all new licenses are issued on a biennial basis.
- C. A separate application (Request For Name Approval Form GID-130A-AL) and fee is required when the following terms appear in the agency name: Insurance, Assurance, Surety, Fidelity, Indemnity, Reinsurance and Reassurance. That form can be found on the website. Contact the Georgia Insurance Department at (404) 656-2070 or email [lwright@oci.ga.gov](mailto:lwright@oci.ga.gov) for more information.
- D. In the appropriate box, indicate whether the agency is a principal or branch office.
- E. If you are applying as a branch office, the application must contain the appropriate information regarding the principal agency office. Failure to include this information will result in your application not being processed.
- F. Each application must include the appropriate information regarding any required name approval letter, the licensed/unlicensed officers, licensed/unlicensed employees, and company affiliations associated with the agency location. Identify the agency on each page used for the completion of this application by entering in the agency’s name, license number, and FEIN or SSN.
- G. For each of the agency’s owners, officers, and/or directors who are not licensed in the state of Georgia, a completed form GID-130S-AL (a sample is included with this document and is also known as Addendum—2) must be submitted with this application.
- H. All applicants for agency licensure must also submit the Citizenship Affidavit Form (GID-276-EN) with this application.
- I. Make check or money order for Fees Payable To: PSI SERVICES LLC / GEORGIA INSURANCE DEPT.

**2. AGENCY**

Complete ALL the following information. NOTE: A street address must be provided even if a PO BOX is preferred for mailing.

Agency Name		
		FEIN (tax ID) or SSN
DBA Name or Trade Name		
Business Street Address (must be a physical address)	Business Phone Number	Business Fax Number
City	State	ZIP+4
Mailing Address		
City	State	ZIP+4
Contact Email Address	Website	

**3. PAYMENT**

Complete the license type for which the agency is applying.

<u>Agency Type:</u>	<b>Principal Agency</b> FEE - \$ 100	
	<b>Branch Agency</b> FEE - \$ 20	If this is a branch location, you must provide the name and license number of the principal agency location with which you are affiliated.

Principal Agency Name	
Principal Agency License Number	

**4. BACKGROUND INFORMATION**

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

Yes No

1. Have you been convicted of or are you currently charged with the commission of any crime or pled nolo contendere in a criminal proceeding or have you received first offender treatment or had adjudication of guilt withheld in a criminal proceeding, other than minor traffic offences?

2. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently charged with, committing a crime or had a judgment withheld or deferred which has not been previously reported to this state?

“Crime” includes a misdemeanor, felony or military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. “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 having been given, probation, a suspended sentence or a fine.

If you answered yes, you must attach to this application:

- a) A written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) A copy of the charging document,
- c) A copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding regarding any professional or occupational license, or registration, which has not been previously reported to this state?

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or an arbitration proceeding which is related to a professional occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) A written statement identifying the type of license; identifying 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.

**5. AFFIRMATION**

I hereby certify that all the information in this entire application, including any documents attached hereto, is true and correct to the best of my knowledge and belief. I further certify that I have attached all applicable supplementary documents, and I understand that failure to do so will result in regulatory action.

- |                          |     |                          |    |  |
|--------------------------|-----|--------------------------|----|--|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I have enclosed ADDENDUM-1 a list of licensed owners/officers/directors.                                     |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I have enclosed _____ (quantity) ADDENDUM-2 forms; <b>one for each</b> unlicensed owners/officers/directors. |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I have enclosed ADDENDUM-3 a list of licensed employees.   |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I have enclosed ADDENDUM-4 a list of unlicensed employees containing _____ (quantity) names.                 |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | I have enclosed ADDENDUM-5 a list of company affiliations.   |

SIGNATURE OF HIGHEST RANKING AGENCY OFFICIAL

HIGHEST RANKING AGENCY OFFICIAL NAME

DATE

**NOTARY**

SEAL & SIGNATURE REQUIRED

Sworn to and Subscribed before Me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

In the County of \_\_\_\_\_, State of \_\_\_\_\_.

(Seal)

(Signature Of Notary Public)

(My Commission Expires)

Mailing Instructions along with payment, to:

**Regular Mailing Address With Payments:**

PSI Services LLC  
P.O. Box 742983  
Atlanta, GA 30348-2983

**Overnight Mailing Address With Payments:**

Bank of America  
ATTN: PSI Services LLC Box 742983  
1075 Loop Road (2nd Floor)  
Atlanta, GA 30337



**AFFILIATIONS ADDENDUM-2 (also known as GID-130S-AL)**  
**SUPPLEMENT FOR "UNLICENSED" AGENCY OWNERS/OFFICERS/PARTNERS**

**1. GENERAL INSTRUCTIONS**

This form must be completed by all Agency owners, officers, and directors not licensed by the Georgia Insurance Department. **If there are any owners, or officers, directors who are not licensed in the State of Georgia this form must be completed for each unlicensed individual and accompany the application.**

**2. UNLICENSED OWNERS, OFFICERS, AND DIRECTORS**

Last Name			First Name			Middle Name		
Title			Social Security Number			Date of Birth		
RESIDENT ADDRESS:								
Street Address								
City			State			Zip Code		

**3. AGENCY INFORMATION**

Agency Name								
Physical Street Address								
City			State			Zip Code		
Agency License Number				Agency Contact Phone Number				

**4. AFFIRMATION**

I hereby certify that the information contained in this entire application form GID-130S-AL is true and correct to the best of my knowledge and belief. I hereby give permission for a criminal background investigation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTARY**

SEAL  
&  
SIGNATURE  
REQUIRED

Sworn to and Subscribed before Me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

In the County of \_\_\_\_\_, State of \_\_\_\_\_.

\_\_\_\_\_  
(Signature Of Notary Public)

\_\_\_\_\_  
(My Commission Expires)

( Seal )





