

**RESIDENT INSURANCE LICENSE APPLICATION**

AGENTS LICENSING SECTION  
908 WEST TOWER, FLOYD BLDG.  
2 MARTIN LUTHER KING JR DRIVE  
ATLANTA GEORGIA 30334

I.  LICENSE  NEW TEMPORARY LICENSE  
 TEMPORARY LICENSE RENEWAL  REINSTATEMENT

**II. TYPE OF LICENSE**

**CLASS (ES) OF INSURANCE**

<input type="checkbox"/> AGENT	<input type="checkbox"/> LIFE, ACCIDENT & SICKNESS	<input type="checkbox"/> PROPERTY AND CASUALTY
<input type="checkbox"/> ADJUSTER	<input type="checkbox"/> LIFE	<input type="checkbox"/> PROPERTY
<input type="checkbox"/> COUNSELOR	<input type="checkbox"/> ACCIDENT & SICKNESS	<input type="checkbox"/> CASUALTY
<input type="checkbox"/> CROP HAIL ADJUSTER	<input type="checkbox"/> CREDIT	<input type="checkbox"/> PERSONAL LINES
<input type="checkbox"/> FRATERNAL AGENT	<input type="checkbox"/> VARIABLE PRODUCTS	<input type="checkbox"/> TITLE
<input type="checkbox"/> LIMITED SUBAGENT	<input type="checkbox"/> TRAVEL TICKET	<input type="checkbox"/> WORKERS COMPENSATION (FOR ADJUSTER)
<input type="checkbox"/> PUBLIC ADJUSTER	<input type="checkbox"/> TRAVEL ACCIDENT & SICKNESS	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> SURPLUS LINES BROKER		
<input type="checkbox"/> WORKERS COMPENSATION ADJUSTER		

1. \_\_\_\_\_  
**IF APPLYING FOR AGENT/FRATERNAL AGENT LICENSE** NAME OF SPONSORING INSURANCE COMPANY **and** GEORGIA COMPANY CODE

2. \_\_\_\_\_  
**IF APPLYING FOR TEMPORARY LICENSE :** NAME AND LICENSE NUMBER OF SUPERVISING AGENT

3. \_\_\_\_\_  
**IF APPLYING FOR LIMITED SUBAGENT LICENSE:** NAME AND LICENSE NUMBER OF SPONSORING AGENT

4. FULL LEGAL NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST) (SUFFIX)

5. SOCIAL SECURITY NUMBER: \_\_\_\_\_ 6. DATE OF BIRTH: \_\_\_\_\_ 7. SEX: \_\_\_\_\_

8. RESIDENCE ADDRESS(PHYSICAL LOCATION): \_\_\_\_\_  
(STREET AND NUMBER REQUIRED) (CITY)

\_\_\_\_\_  
(STATE) (ZIP) (COUNTY) (HOME TELEPHONE)

9. RESIDENCE MAILING ADDRESS(**IF OTHER THAN 8**) \_\_\_\_\_  
(INCLUDE P.O.BOX, RR #, CITY, STATE, ZIP CODE AND COUNTY)

10. BUSINESS ADDRESS(PHYSICAL LOCATION): \_\_\_\_\_  
(BUSINESS NAME) (SUITE NUMBER) (STREET AND NUMBER)

\_\_\_\_\_  
(CITY) (STATE) (ZIP) (COUNTY) (BUSINESS TELEPHONE)

11. BUSINESS MAILING ADDRESS (**IF OTHER THAN 10 ABOVE**) \_\_\_\_\_  
(INCLUDE P.O.BOX, BUSINESS NAME, STREET, CITY, STATE, ZIP CODE AND COUNTY)

12. FAX NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

13. DOES ANY INSURER OR GENERAL AGENT CLAIM THAT YOU ARE INDEBTED OR HAD AN AGENCY CONTRACT CANCELED FOR INDEBTEDNESS?  
 YES  NO **IF YES, ATTACH A LETTER FROM THE INSURER/AGENT TO WHOM YOU ARE INDEBTED GIVING FULL DETAILS.**

14. HAVE YOU EVER BEEN CONVICTED OF OR ARE YOU CURRENTLY CHARGED WITH A FELONY?  
 YES  NO **IF YES, ATTACH CERTIFIED COPIES OF ALL PLEA AGREEMENTS AND COURT ORDERS.**

15. 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 A MINOR TRAFFIC OFFENSE?  
 YES  NO **IF YES, ATTACH A SUPPLEMENT GIVING FULL DETAILS AND ATTACH CERTIFIED COPIES OF PLEA AGREEMENTS AND ALL COURT ORDERS.**

