

State of New Hampshire Insurance Department

21 South Fruit Street Ste 14 Concord NH 03301

(603) 271-2261 Fax (603) 271-7029

www.nh.gov/insurance

Application for Company Motor Vehicle Road Service

(Please Print or Type)

| | |
|---------------------------------|--------------------------|
| Check if New Application | <input type="checkbox"/> |
|---------------------------------|--------------------------|

Application fee \$300 + \$100 License fee

| | |
|-------------------------|--------------------------|
| Check if Renewal | <input type="checkbox"/> |
|-------------------------|--------------------------|

Renewal fee \$100

Application is hereby made on behalf of the applicant herein named, for a license to conduct the business of Motor Vehicle Road Service by the applicant for the year ending June 30, 20____.

| | | | | | |
|---|--|--|----------------------------|-------------------------------------|----------------------------------|
| 1 Applicant Name | | 2 Incorporation/Formation Date (month) ___ (day) ___ (year) ____ | | 3 FEIN - | |
| 4 DBA/Trade Name (if applicable) | | | 5 State of Domicile | | 6 Country of Domicile |
| 7 Business Address | | | 8 City | | 9 State |
| | | | | | 11 Zip or Foreign Country |
| 11 Phone Number () - | | 12 Fax Number () - | | 13 Business Web Site Address | |
| | | | | 14 Business E-Mail Address | |
| 15 Mailing Address | | | 16 P.O. Box | | 17 City |
| | | | | | 18 State |
| | | | | | 19 Zip or Foreign Country |

Owners, Partners, Officers and Directors

| 20 Identify sole proprietor or all owners, partners, officers and directors of the applicant (List only those owners with 10% or more ownership): | | | | “Percentage of ownership” |
|--|-------------|----------------|-----|----------------------------------|
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |
| Name _____ | Title _____ | SSN/FEIN _____ | - - | _____ % |

Effective 01/01/2001, with the enactment of the Single Producer Licensing Law, an Individual or Agency would obtain a Producer License for Motor Vehicle Road Service. The licensing fee is \$150 & \$60 non-refundable application fee, two separate checks are required along with the Uniform Application for Insurance Producer License. Applications are available on our website under Producer Services. If you wish to appoint a producer as an agent, the fee is \$25.00. Appointment forms are also on the website.

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|----------------|
| State use only |
|----------------|

JURISDICTIONS

21. If Applicable, Circle All States you are licensed in or are operating in & insert effective date of license

| | | | | | | | | | | | | | | | |
|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|----|-----|
| AL | / / | CT | / / | ID | / / | ME | / / | MT | / / | NC | / / | RI | / / | VA | / / |
| AK | / / | DC | / / | IL | / / | MD | / / | NE | / / | ND | / / | SC | / / | WA | / / |
| AS | / / | DE | / / | IN | / / | MA | / / | NV | / / | OH | / / | SD | / / | WV | / / |
| AZ | / / | FL | / / | IA | / / | MI | / / | NH | / / | OK | / / | TN | / / | WI | / / |
| AR | / / | GU | / / | KS | / / | MN | / / | NJ | / / | OR | / / | TX | / / | WY | / / |
| CA | / / | GA | / / | KY | / / | MS | / / | NM | / / | PA | / / | UT | / / | | |
| CO | / / | HI | / / | LA | / / | MO | / / | NY | / / | PR | / / | VT | / / | | |

Background Information

22) Please read the following very carefully and answer every question:

1. Has the applicant or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 answer yes, 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 applicant or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“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 arbitration proceeding which is related to a professional or occupational license. “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 you answer yes, you must attach to this application:

- a) a written statement identifying the type of license 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. Has any demand been made or judgment rendered against the applicant or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the applicant or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the applicant or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

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

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

6. Has the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct? Yes ___ No ___

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

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

References:

23. Please provide the names and addresses of three references, at least one of whom can supply information as to the applicant's financial integrity.

| Name | Address |
|----------|---------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

Applicants Certification and Attestation

24 The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

- 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 applicant to civil or criminal penalties.
- Where required by law, the applicant hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative 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 or Director of that jurisdiction is of the same legal force and validity as personal service upon the applicant.
- The applicant grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- Every owner, partner, officer or director of the applicant 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.
- I authorize the jurisdictions to give any information they may have concerning me 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.
- I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Attachments for New Applications Only

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

- The most recent Audited Financial Statement certified by a certified public accountant of the applicant at the close of business as of _____ 20____.
Per RSA 407-C:2. The Commissioner of Insurance, upon review of this application may require additional evidence of financial security, including the furnishing of a surety bond in a specified amount.
- Furnish specimen copies of Certificates respecting enrollment of members.
- Furnish descriptive memoranda describing in detail the nature of motor vehicle road service or other service.

Attachments for Renewal Applications Only

- The most recent Audited Financial Statement per RSA 407-C: 2
- If applicable, updated documents originally submitted with the new application.

Must be signed by an officer, director, principal or partner of the applicant:

Month _____ Day _____ Year _____

State _____
County _____

Signature _____

Typed or Printed Name _____

Title _____

Address _____

City _____ State _____ Zip _____

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Public
My commission expires _____