



CAPE®

ID# 54-1637870

Concierge License Renewal Service - \$139

CAPE® will process your PENNSYLVANIA Resident Producer Renewal Application (This service is NOT available for Adjuster License Renewals)

**same (business) day license renewal application process
AND
payment of the Pennsylvania License Renewal Fee
AND
confirmation of license renewal**

The Fine Print: Please send the completed 7 page license renewal application form and valid credit card payment authorization to CAPE®. The individual insurance producer must have accumulated 24 Continuing Education (CE) credits. CAPE® will verify postings of CE credits from both CAPE® and non CAPE® sources, but is not responsible for missing credits from non CAPE® sources. The individual insurance producer’s license must be currently active. Availability and cost of this service are subject to change. CAPE® will communicate directly with you when the license is renewed and send the new license to you.

If you are on license expiration day, CAPE® must receive prior to 11:00am, Mon-Fri, excluding holidays, for CAPE® to process the same day.

If you are within a month of license expiration day, please send by 11:00am, Mon-Fri, excluding holidays, for same day processing. If CAPE® receives after 12:00pm, then the license renewal will process the following business day.

If your license has recently expired, CAPE will attempt to renew your license. Pennsylvania rules stipulate an additional \$117 penalty for renewing/reinstating an insurance license if done so within one year following the license expiration date. If the online renewal process calls for payment of the additional \$117, you authorize CAPE® to charge your credit card and proceed with the process. You are advised that if the online process does not ask for the stipulated \$117 late filing penalty, the additional \$117 will not be charged. Additionally, you are advised; and you agree that the absence of the \$117 late fee being charged does not eliminate the possibility that the Pennsylvania Insurance Department may require payment of same later. If/when said payment demand may be made, you agree it will be your responsibility to pay.

Name (Printed)_____

Name (Signed)_____ Date_____

Question 1B

Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department?
You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- No
- Yes

Question 1B1

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

- No
- Yes
- Not Applicable

Question 1B2

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.)

- No
- Yes
- Not Applicable

Question 1C

Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department?

- No
- Yes

Question 2

Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned 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, or registration. "Involved" also means having a license, or registration, application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. 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.

- No
- Yes

Question 3

Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? If you answer yes,

- No Yes

Question 3A

By how many months are you in arrearage?

Question 3B

Are you currently subject to and in compliance with any repayment agreement?

- No Yes Not Applicable

Question 3C

Are you the subject of a child support related subpoena/warrant?

- No Yes Not Applicable

Question 4

Have you failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax, which has not been previously reported to this insurance department?

(If yes, please email an explanation to our Licensing Services Division at ra-in-producer@pa.gov)

- No Yes

ATTESTATION for Pennsylvania

The producer must read the following very carefully:

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.

I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.

I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.

I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, 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 understand and will comply with the insurance laws and regulations of the jurisdictions to which am applying for licensure.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).



Agree * *Required*

Name (Printed) _____ Name (Signed) _____ Date _____

Please answer the below questions.

Phone Information

	Current Phone	
Home Phone	<input type="text"/>	
Business Phone	<input type="text"/>	Ext. <input type="text"/>
Toll Phone	<input type="text"/>	Ext. <input type="text"/>
Fax Phone	<input type="text"/>	

Business Address

	Current Address	
Address	<input type="text"/>	* Required
	<input type="text"/>	
	<input type="text"/>	
City	<input type="text"/>	* Required
State	Pennsylvania	
Zip	<input type="text"/>	* Required

Residence Address

	Current Address	
Address	<input type="text"/>	* Required
	<input type="text"/>	
	<input type="text"/>	
City	<input type="text"/>	* Required
State	Pennsylvania	
Zip	<input type="text"/>	* Required

Mailing Address

	Current Address	
Address	<input type="text"/>	* Required
	<input type="text"/>	
	<input type="text"/>	
City	<input type="text"/>	* Required
State	Pennsylvania	Zip code
	<input type="text"/>	* Required

**CAPE® Consulting Concierge License Renewal Service –
PENNSYLVANIA Resident Producer Renewal Application
(This service is not available for Adjuster License
Renewal)**

Last Name _____

First Name _____

Phone # _____

Email _____

Social Security # _____

PA Resident License # _____

Name(Printed) _____

Name (Signed) _____

Date _____