

**PENNSYLVANIA INSURANCE DEPARTMENT SHORT FORM APPLICATION  
FOR WRITTEN CONSENT TO ENGAGE IN  
THE BUSINESS OF INSURANCE PURSUANT TO  
18 U.S.C. § 1033 AND 1034**

Notice to Applicant: 18 U.S.C. § 1033 prohibits certain activities by or affecting persons engaged, or proposing to become engaged, in the business of insurance:

- (e)(1)(A) Any individual who has been convicted of any criminal felony involving dishonesty or a breach of trust, or who has been convicted of an offense under this section, and who willfully engages in the business of insurance whose activities affect interstate commerce or participates in such business, shall be fined as provided in this title or imprisoned not more than five (5) years, or both.
- (B) Any individual who is engaged in the business of insurance whose activities affect interstate commerce and who willfully permits the participation described in subparagraph (A) shall be fined as provided in this title or imprisoned not more than five (5) years, or both.
- (e)(2) A person described in paragraph (1)(A) may engage in the business of insurance or participate in such business if such person has the written consent of any regulatory official authorized to regulate the insurer, which consent specifically refers to this section.

This Application will be reviewed by the Pennsylvania Insurance Department to determine whether the Applicant should be given written consent to engage in the business of insurance or participate in the business pursuant to 18 U.S.C. § 1033(e)(2).

**You must answer every question on the Application. If a question does not apply, indicate N/A in the space provided for the answer.** Your answers are not limited to the space provided on the Application. Attach additional pages as needed. The Application and all additional information must be electronically typed or legibly printed in ink. The Pennsylvania Insurance Department will not process illegible or incomplete Applications. Additional information may be requested.

**PLEASE TYPE**

**SECTION I - APPLICANT INFORMATION**

1. Full Name of Applicant:

Last Name	First Name	Middle
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Have you ever been known by or used another name, including maiden name?  yes  no

If yes, identify all other names: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Address	City	State	Zip
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Mailing Address: \_\_\_\_\_

P.O. Box or Street Address	City	State	Zip
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Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Have you ever used or been issued another social security number? \_\_\_\_\_ If so, provide an explanation and previous/other social security number(s) \_\_\_\_\_

Place (Hospital) and Date of Birth: \_\_\_\_\_

**(Answer all questions fully and completely. Failure to answer the questions fully will result in delays in the application process. You are not limited to the space below. Attach additional pages if needed).**

**SECTION II - CRIMINAL HISTORY**

1. List ALL Misdemeanor and Felony Convictions and or each conviction provide the following:

- |   |   |
|---|---|
| • Date and location of arrest           | • Date of Incarceration   |
| • Charge(s) filed                       | • Start and Release Date of Probation/Parole                                  |
| • Convicted charge(s)                   | • Restitution Ordered/Paid  |
| • Date of disposition and name of court | • Fines/Costs Ordered/Paid  |
| • Age at Conviction                     | • Narrative statement describing the circumstances leading to each Conviction |
| • Sentence                              |   |

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**SECTION III - CURRENT/PROPOSED INSURANCE EMPLOYMENT**

1. Please provide the name and address of your current or proposed insurance employer to which the requested exemption will apply. If not currently employed or you do not have specific employment proposed list N/A.

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2. Please describe in detail the office, position, and title, to which the requested exemption will apply and a complete description of the activities, duties and responsibilities. Please attach or describe any proposed or current written or oral agreements, contracts, or understandings with any entity engaged in the business of insurance as defined by 18 U.S.C. § 1033. (If consent is given, it will be applicable to the activities described herein.) Please include your date of employment or proposed date of employment.

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3. Please list all of the reasons you believe your proposed insurance activities will not pose a risk to insurance consumers, insurance companies, or the Commonwealth (attach additional pages if needed):

**SECTION IV - REQUIRED ATTACHMENTS**

Attach the following documents to this application for Written Consent. **Applications without attachments, or with incomplete attachments, will be returned to the Applicant.**

1. A certified copy of the indictment, criminal complaint, or other initiating document for the charge(s) which is (are) the subject of this Application.
2. A certified copy of the order of judgment and sentence of the Court for the conviction which is the subject of this Application, including certification of performance of all conditions imposed by the Court and/or a copy of the Court docket.
3. A statement from the Applicant's current/proposed insurance employer that states the following:
  - that the Applicant will perform only those insurance activities as fully described in the Application;
  - that the Application is to the best of his/her knowledge and belief, true and correct; **and**
  - that the Applicant will not be placed in a position in which his/her activities will constitute a risk or threat to insurance consumers or the insurer.
4. At least 3 letters of recommendation attesting to the character and reputation of the applicant. The statement shall include the following:
  - the length of time the writer has known the applicant;
  - their business/social relationship; **and**
  - confirm the writer is aware of the applicant's criminal history.
5. A copy of any pardon (if one exists).
6. Any other information the applicant believes will assist the Department in determining whether to grant written consent.

I, \_\_\_\_\_ (name of applicant), swear under penalty of law that my statements in the attached Application, and the documents appended thereto, are true and correct and complete. I understand that my statements in the Application and the attachments to my Application will be relied upon by the Pennsylvania Insurance Department in the execution of his or her duties under the Insurance laws of the Commonwealth, and 18 U.S.C. § 1033, in making a decision on this Application. I understand that if I have made any false statement in this Application, or if there are any false statements included in the attachments to this Application, I may be criminally prosecuted under any state criminal or administrative remedies available and that any insurance license(s) that I currently hold, or for which I have applied, will be subject to suspension or revocation. I further understand that these false statement(s) would also constitute a violation of 18 U.S.C. § 1033. For purposes of this Application, I do not contest the validity of any felony conviction upon which this request would be granted. By signing this Application, I acknowledge that the Pennsylvania Insurance Department may conduct an independent investigation to confirm the information in this Application and I expressly consent and authorize any person, business or agency to release any information the Pennsylvania Insurance Department may request as part of the investigation, including but not limited to, records of my former employment, state and federal tax returns, business records, and banking records.

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Signature of applicant