

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

**INDIVIDUALS ONLY**  
**COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT**  
**INSURANCE PRODUCER AND TITLE AGENT LAPSED LICENSE RENEWAL FORM**

Please allow 4 to 6 weeks for processing. **WE NO LONGER MAIL LICENSES.** To obtain a copy of your new license:  
1. Check the status of your license online at [www.ins.state.pa.us](http://www.ins.state.pa.us) (click the Online Services link to perform a licensee search);  
2. Once your license has been renewed, you may then print a copy of your new license from the website (click on Print Your License in the Resources for Producers section).

**NOTICE:** Since you are renewing a lapsed license you must mail this completed form to us along with a lapsed license fee of \$165.00. This must be done within one year from the date of expiration of the license. All CE requirements must be satisfied before your license can be reinstated. All license fees are non-refundable.

**MANDATORY BACKGROUND INFORMATION**

- YES  NO 1. Have you ever been subject to an administrative action, penalized or fined, had an insurance producer license or other financial services license or its equivalent refused, suspended or revoked by a Governmental entity or is any such action now pending? **(If yes, provide a full explanation on a separate sheet of paper.)**
- YES  NO 2. Have you ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? **(If yes, provide certified court records as to the type of charge (i.e. felony), basis of charge and outcome or sentence.)**
- YES  NO 3. Have you ever failed to comply with an administrative or court order imposing a child support obligation? **(If yes, provide a full explanation on a separate sheet of paper.)**
- YES  NO 4. Have you ever failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax? **(If yes, provide a full explanation on a separate sheet of paper.)**

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania, regarding the lines of authority for which I am licensed. **(Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned.)**

\_\_\_\_\_  
Applicant name (Printed or Typed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**COMPLETE THE SECTION BELOW ONLY IF YOUR ADDRESS HAS CHANGED.**

Business Address	Residence Address
Name:	Name:
Street Address:	Street Address:
City State Zip Code:	City State Zip Code:
Telephone:	Telephone:

This completed form should be mailed to the following address:

Pennsylvania Insurance Department  
Bureau of Producer Services  
1209 Strawberry Square  
Harrisburg, Pa 17120

Make checks payable to: Commonwealth of PA