- **LICENSE REINSTATEMENT LETTER –**

**SSN:**
**License #:** **Amount Due: $**

Invoice ID: Reinstatement Amount Enclosed: _____

Send Payments To**: Utah Insurance Department**
**3110 State Office Building**
**Salt Lake City, UT 84114-6901**

Licensee Name:
Address:
City/State/Zip:

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**Date**:

**SSN:** **Expiration Date:**
**License #:** **Reinstatement Charge: $**

Re: LICENSE REINSTATEMENT

Dear LICENSEE:

This is a duplicate of your insurance license renewal application. If you wish to reinstate your license, complete both sides of the application and return the completed application and payment or completed credit card authorization.

**Your license is inactive.**

Failure to comply with continuing education requirements, if applicable, will result in administrative action against your license.

Your reinstated license will be issued and mailed to your current business mailing address no later than 30 days after the receipt of your completed reinstatement application and fees.

Sincerely,

Lisa Lowe
Utah Insurance Department
(801) 538-3857

Name:
Address:
City/State/Zip:

**This renewal form must be completed, signed and returned with the appropriate renewal fee not later than the expiration date shown. A same day postmark will be accepted as a timely renewal.**

**PLEASE READ CAREFULLY.** Since last disclosure on your initial license application, your previous license renewal or reinstatement form, (**other than by this department**) have you:

| | | YES | NO |
|---|---|---|---|
| 1. | **Had any action taken against your insurance license(s) or any other professional license(s) or the license(s) of any agency in which you have/had ownership, by any state or other jurisdiction? (Excluding non-compliance with continuing education requirements)** | ☐ | ☐ |
| 2. | **Exclusive of misdemeanor traffic violations, been convicted of, or are you currently charged with committing a crime, whether or not adjudication was withheld?** "Crime" includes a misdemeanor, felony or military offense. "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 contendre, or having been given probation, a suspended sentence or fine. | ☐ | ☐ |
| 3. | **Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?** "Involved" means having a license censured, suspended or revoked. Canceled or terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action; being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license; or 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 the answer to any of the above questions is <u>YES</u>, you must attach a dated and signed explanation <u>and</u> provide copies of orders and all pertinent documents.**

| | | | |
|---|---|---|---|
| 4. | **<u>Nonresidents:</u>** Do you certify that your insurance license in your resident state is currently active, and in compliance with continuing education requirements? | ☐ | ☐ |
| | **<u>Residents:</u>** If applicable, have you completed the required continuing education hours? **This is not applicable to residents who hold a limited license, or to those producers who have been licensed continuously since April 1, 1970. Please include all certificates of completion with this application. All CE must be complete in order to reinstate.** | ☐ | ☐ |
| 5. | **I am a licensee who currently holds the Variable authority, and currently hold an active securities license in the State of Utah?** If the answer is yes, you are required to provide a current CRD form obtained from the NASD website. (**Current means printed not more than 30 days prior to submitting)** | ☐ | ☐ |

Please indicate on the lines provided below, if you have had a **<u>CHANGE</u>** of address or telephone number.

| <u>Business (mailing) address:</u> | | <u>Resident address:</u> |
|---|---|---|
| _____ | …Address Line 1… | _____ |
| _____ | …Address Line 2… | _____ |
| _____ | …City, State, Zip Code | _____ |
| _____ | …Phone, Fax, E-mail | _____ |

**I certify that all information I have supplied on this renewal application is complete, true and correct to the best of my knowledge:**

**Signed:**_____**Date:**_____

**RENEWAL/REINSTATEMENT FEES**

**Licenses renewing before license expiration date:**

**$77 - Full Lines Licenses (Life, Accident, Health, Property, Casualty etc.)**
**$25 - Paper Processing fee.** This fee can be avoided by going online and renewing at www.sircon.com

**$52 - Limited Licenses (Credit, Motor Club, Bail, Travel etc.)**
**$25 - Paper Processing fee.** This fee can be avoided by going online and renewing at www.sircon.com

**Licenses renewing 1-30 days after license expiration date:**

**$147 - Full Lines Licenses (Life, Accident, Health, Property, Casualty etc.)**
**$ 97 - Limited Licenses (Credit, Motor Club, Bail, Travel etc.)**

**Licenses renewing 31 days or more after license expiration date:**

**$197 - Full Lines Licenses (Life, Accident, Health, Property, Casualty etc.)**
**$147 - Limited Licenses (Credit, Motor Club, Bail, Travel etc.)**

Please make sure you have completed the entire application, included the appropriate fees, and included all other documentation needed to renew/reinstate your license. Incomplete applications cannot be processed and will be returned to the licensee.

Full lines, resident producers must include **copies** of all certificates of completion for continuing education. Your license will not be renewed/reinstated without them.

Non-residents; it is not necessary to include a letter of certification from your home state.

If you have any questions or concerns, please contact our office during regular business hours.
Phone: (801) 538-3855
Fax : (801) 538-3829
E-mail: llowe@utah.gov