# **MISSISSIPPI**

#### State Licensing Instruction

#### **Please Type or Print Legible**

- 1. Complete the Automobile Club Agent Application
- 2. Employment History You will need to provide 5 years worth of Employment, Unemployment and/or Education. Please keep in mind there cannot be any gaps in the dates.
- 3. You must sign the application
- 4. You will NOT complete any information within the Endorsement Section on the last page.
- 5. You must submit original documents with an original signature.
- 6. Make all necessary attachments, if any
- 7. Mail form with the following filing fees:
  - a. Check or Money Order in the amount of \$5.00 for State Licensing
  - b. Make payable to Motor Club of America Enterprises, Inc.

#### Mail original forms with filing fees to:

Motor Club of America Enterprises,Inc. 14313 N May Ave. Oklahoma City Ok 73134



Resident License

## MISSISSIPPI INSURANCE DEPARTMENT

P.O. BOX 79, JACKSON, MS 39205

Check the appropriate box for the license type requested

MIKE CHANEY, Commissioner of Insurance MARK HAIRE, Deputy Commissioner of Insurance

DEPARTMENT USE	ONLY

Privilege Tax \$5.00

### **AUTOMOBILE CLUB AGENT APPLICATION**

Non-Resident License: Identity Home State: Identity Home State License #:										
	Demographic Information									
Social Security Number	T				PN) M	issisinni Pr	ivilege Lie	ense Numb	er and	Vor FINRA Number
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Last Name	JR./SR. etc	First 1	Vame		Mi	ddle Name		Date of E	Birth	
								(month)	(da	y)(year)
Residence/Home Address (Physical	Street)		City			State				ign Country
	,		011)			State	z.np c		1 0.01	ign country
Home Phone Number	Gender (Circle C	)ma)	ou a Citi	an af the Huite	d Ctata	O (Charle (	]			
( ) -	Male Female		s T	zen of the Unite				u a citizen?)		
										rk in the U.S.)
Business Entity Name										
Business Address (Physical Street)		P.O.	Box	City		Sta	ate	Zip Co	de	Foreign Country
Business Phone Number (include	Business Fax Nu	mber	В	usiness E-Mail	Address	;		Business V	Veb Si	ite Address
extension)										
( ) -	( ) -									
Applicant's Mailing Address P.O. Box		P.O. Box	Box City			State Zip		Code Foreign Coun		Foreign Country
<ul><li>a. List any other assumed, fictitious, alias, maiden or trade names you have used in the past:</li><li>b. List any trade names under which you are currently doing business or intend to do business:</li></ul>										
o. Elst any trade names under w	men you are currer									
				Entity Affilia						
List your Insurance Agency Affil	liations (Complete	only if the applic	ant is to	be licensed a	s an ac	ctive mem	ber of the	e business	entity	<b>'</b> )
FEIN	NPN			Name of A	gency	,				
FEINNPNName of Agency										
FEINNPNName of Agency										
			-	nt History						
Account for all time for the past fiv work, self-employment, military se				ng with your cur	rent em	iployer wo	rking back	five years.	Includ	de full and part-time
work, sen-employment, mintary se	Livice, unemployment	and run-time cuu	cation,	From	n	To				
				Month	Year	Month	Year		Posit	ion Held
Name										
City State	Foreign	Country								
Name										
City State	Foreign	Country								
Name										
City State	Foreign	Country								
Name										
City State	Foreign	Country								

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Background Information				
The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.				
1a.	Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?	Yes No		
	You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.			
	You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)			
1b.	Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?	Yes No		
	You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)			
	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?	Yes No		
	If so, was consent granted? (Attach copy of 1033 consent approved by home state)	Yes No		
1c.	Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense?	Yes No		
	NOTE: For questions Ia, 1b and 1c, "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 no contest, or having been given probation, a suspended sentence, or a fine.			
	If you answer yes to any of these questions, you must attach to this application:  a) a written statement explaining the circumstances of each incident,			
	<ul><li>a copy of the charging document,</li><li>a copy of the official document, which demonstrates the resolution of the charges or any final judgment.</li></ul>			
2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?  "Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist or				
prohibition order, a compliance order, 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. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member, or manager of an LLC.  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 you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? <b>Do not include personal bankruptcies, unless they involve funds held on behalf of others.</b>				
	If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.			
	ave you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject a repayment agreement?	Yes No.		
	If you answer yes, identify the jurisdiction(s):			
	re you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of aud, 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, arbitration or mediation proceedings, and  c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.			
со	ave you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability mpany, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged isconduct?	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.			

If you answer yes, a) by how many months are you in arrearage? b) are you currently subject to and in compliance with any repayment agreement? c) are you the subject of a child support releated subpoema/warrant?  If you answered yes, provide documentations showing proof of current payments or an approved repayment plan from the appropriate tate child support agency)  Applicant is Certification and Attestation  The Applicant must read the following very carefully:  1. 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 itense revocation or denial of the license and may subject me to civil or criminal penalties.  2. Unless provided otherwise by law or regulation of the jurisdiction. I hereby designate the Commissioner. Director or Superintendent of Insurance, or other 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 on myself.  3. I further certify that all grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction for which this application is made to be refined insurance with that obligation, or o) I have identified my child support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or o) I have identified my child support obligation and in the obligation and the party 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, and with obligation and or the superintendent of the purisdictions to give any information concerning me, as permitted by law, to any federal, state or location provided provided the provid			
a by how many months as you in arranger? b) are you many months as you have a compliance with any repayment agreement? b) are you the subject of a child support selected subpound/warrant?  If you answered you.  The Applicant must read the following very carefully:  1. I heavily certify that, under possibly of pergins, all of the information submitted in the appropriate submitted files information submitted in the pergins of the control of the careful information in connection with this application is grounds for license revocation or definal of the license and may subpost me to evid or criminal penalities.  2. I heavily certify that, under possibly of pergins, all of the information submitted in the interpolation is grounds for license revocation or definal of the license and may subpost me to evid or criminal penalities.  2. I have growed the threewing they are regardant of the purishments in connection with this application is grounds for license. The area of the purishment of the purishments in the respective lutridiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that juridiction for respective furtidiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each juridiction for which this application is also be very information overlay in premative which the appropriate party in each juridiction for which this application is an expert to the purishment of the commissioner, Director or Superintendent of Insurance, or other appropriate party in each juridiction for which this application is a proper to the purishment of the purishment of the commissioner, Director or Superintendent of Insurance, or other appropriate party in the application of the purishment of the purishment of the superintent of the commissioner, Director or Superintendent of Insurance, or other application or the purishment of the	7. Do you have a child support obligation in arrearage?		Yes No
B) are you currently subject to and in compliance with any report support supp			10.0
e) are your the subject of a child support calculated subprocessor warrant?  You answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate taite child support secrety?  Applicant's Certification and Attestation  The Applicant must read the following very carefully:  1. Inversity critify that, under penalty of penjary, all of the information or mentation information and attachments in true and complete. I are service that submitting flicks information or ordinate principal continuation in commercion with this application is grounds for ficense revocation or decilal of the license and may subject me to civil or oriminal penalties.  2. Unless provided otherwise by jour origination of the jurisdiction, I betterly designate the Commissioner, Director or Superintendent of Insurance, or other approprinte party in each jurisdiction in which this application is made to be my apant for service of superintendent of Insurance, or other approprinte party in each jurisdiction in the commissioner, Director or Superintendent of Insurance, or other approprinte party in mach jurisdiction for which this application is made to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction in the value of the application in safe or the purportant party in each jurisdiction in the commissioner of the superintendent of Insurance, or other appropriate party in each jurisdiction in which this application is made to cheal growth provider to the purportant party in each jurisdiction in which this application of the commissioner and the commi			The second secon
Applicant's Certification and Artestation  The Applicant must read the following very carefully:  1. I hereby certify that, under peaulty of prejary, all of the information submitted in this application and attachments is true and complete. Lan aware that submitting false information or unditing periation is marked in this application in segments or submitting false information or unditing periation is reading in the increase and may subject me to evid or criminal penalties.  2. Unless provided otherwise by law or regulation of the jurnification, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurnification for which this application is made to be my agent for service of process expanding all innorance matters in the complex periation and the process of th			the state of the s
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The Application and read the following very carefully:  1. 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 conting pertinent or material information in connection with this application is grounds for license resociation or defails of the provided otherwise by law or regulation of the jurisdiction, I beerly designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application and agree that service upon myself.  2. Unless provided otherwise by law or regulation of the jurisdiction, I beerly designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party or that jurisdiction for its of the assent legal force and vailed specification in the application and agree that service upon myself.  3. Variety personal provided otherwise by law or regulation and advise approval agree to jurisdictions for submitted in the provided of Insurance, or other appropriate party or that jurisdictions for which this application is made to vertly information with any objectal, state or local government agents, current or former employer, or insurance company.  4. Intuited rectiff, that under penalty of pergun, 9. These no child support obligations, 10 Intuitive the jurisdictions or or with that obligation, or of I have identified my child support obligation and a rectiff that under penalty of perguns, 9 In here we may be dearly late or formation and I release the jurisdictions on their insurance of the personal personal personal or manifest and a recommendation and an insurance and a well cereby with the insurance local personal	Applicant's Certification and	Attestation	
abending false information or onlitting pertinent or material information in connection with this application is grounds of themse revocation or detail of the license and may ablegive me to evid or criminal practities.  2. Unless provided otherwise by law or regulation of the jurisdiction, I brechy designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is made to be my agent for service of process regarding all morrance matters in the is of the same legal force and validity as personal service upon myself.  3. In further certify that I garde permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that 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.  4. Il further certify that, under permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party and the intendiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.  4. Il further certify that under permission to the Commissioner, Director of the properties of the pro			
AUTOMOBILE CLUB: ENDORSEMENT  In accordance with Sec. 83-11-237, Mississippi Code of 1972 you are hereby notified of the appointment of the Automobile Club Agent  named herein for the period beginning	submitting false information or omitting pertinent or material information in connect the license and may subject me to civil or criminal penalties.  2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designa appropriate party in each jurisdiction for which this application is made to be mespective jurisdiction and agree that service upon the Commissioner, Director or Su is of the same legal force and validity as personal service upon myself.  3. I further certify that I grant permission to the Commissioner, Director or Superinte which this application is made to verify information with any federal, state or local get I further certify that, under penalty of perjury, a) I have no child-support obligation with that obligation, or c) I have identified my child support obligation arrearage on the state of the purisdictions to give any information concerning me, as permitted by and I release the jurisdictions and any person acting on their behalf from any and all I acknowledge that I understand and will comply with the insurance laws and regulat For Non-Resident License Applications, I certify that I am licensed and in good stan from the non-resident state.  8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applications, I will furnish the jurisdiction(s) to which I am applications.	etion with this application is grounds for license re- te the Commissioner, Director or Superintendent of the gagent for service of process regarding all insurperintendent of Insurance, or other appropriate party appearance of Insurance, or other appropriate party in the overnment agency, current or former employer, or it, b) I have a child-support obligation and I am cur this application. Itaw, to any federal, state or municipal agency, or a liability of whatever nature by reason of furnishing ions of the jurisdictions to which I am applying for adding in my home state/resident state for the lines of	vocation or denial of of Insurance, or other rance matters in the ty of that jurisdiction each jurisdiction for nsurance company. rrently in compliance ray other organization such information. licensure. of authority requested
AUTOMOBILE CLUB: ENDORSEMENT SECTION II  n accordance with Sec. 83-11-237, Mississippi Code of 1972 you are hereby notified of the appointment of the Automobile Club Agent named herein for the period beginning	Month Day Year Origin	nal Applicant Signature	
AUTOMOBILE CLUB: ENDORSEMENT SECTION II  n accordance with Sec. 83-11-237, Mississippi Code of 1972 you are hereby notified of the appointment of the Automobile Club Agent named herein for the period beginning			
named herein for the period beginning	Full L	egal Name (Printed or Typed)	
Month Day Year  This certifies that we have duly investigated the character and record of said agent and under the personal supervision and instruction of			
This certifies that we have duly investigated the character and record of said agent and under the personal supervision and instruction of	named herein for the period beginning	and ending on March 31,	
this applicant has become knowledgeable in the field of automobile service contracts and the laws of this state pertaining thereto; that this club agent has personally read and does understand the provisions of Sec. 83-11-237, Mississippi Code of 1972 and that this club agent does thoroughly understand the difference between an automobile service contract and an insurance policy; that we are satisfied that is trustworthy to act as an automobile club agent.  (Automobile Club Identification Number)  (Name of Automobile Club)  Address  (Signature and Title of Company official or Appointing Agent May Comprision Expires:	Month Day Year		
contracts and the laws of this state pertaining thereto; that this club agent has personally read and does understand the provisions of Sec. 83-11-237, Mississippi Code of 1972 and that this club agent does thoroughly understand the difference between an automobile service contract and an insurance policy; that we are satisfied that is trustworthy to act as an automobile club agent.  (Automobile Club Identification Number)  (Name of Automobile Club)  Address  (Signature and Title of Company official or Appointing Agent Subscribed and sworn before me this,,	This certifies that we have duly investigated the character and record of said	agent and under the personal supervision	and instruction
Address  (Signature and Title of Company official or Appointing Agent Subscribed and sworn before me this	contracts and the laws of this state pertaining thereto; that this club agent has Sec. 83-11-237, Mississippi Code of 1972 and that this club agent does thoro	personally read and does understand the ughly understand the difference between	provisions of
Subscribed and sworn before me this,,  My Commission Expires:	(Automobile Club Identification Number)	(Name of Automobile C	Club)
Subscribed and sworn before me this		Address	
My Commission Evniros:		(Signature and Title of Company official	al or Appointing Agent
My Commission Expires:  (Notary Public)	Subscribed and sworn before me this day of		
	My Commission Expires:	(Notary Public)	