

NEW MEXICO

State Licensing Instructions:

Please type or Print Legible

1. Complete the Application for Individual Motor Club Representative Registration/License
2. #35 Employment History – You will need to provide 5 years worth of Employment, Unemployment and/or Education with no gaps in the dates.
3. You must sign the application
4. You must attach a copy of the Proof of Fingerprint Submission Receipt – www.aps.gemalto.com . The fingerprint reason must be for that of Insurance. See attached instructions for further information regarding fingerprinting.
5. See attached documents for proving New Mexico Residency that must be included.
6. Mail form with the following filing fees:
 - a. Check or Money Order made payable to Motor Club of America in the amount of \$37.55 for:
 - a. \$35.00 License Fee
 - b. \$2.55 Appointment Fee

Mail form and filing fee to:

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

**NOTICE TO ALL APPLICANTS REGARDING
BACKGROUND CHECKS
Effective January 1, 2014**

Pursuant to Article 59A-11-2(E), the Superintendent of Insurance may require a criminal history background investigation of the applicant for a license by means of fingerprint checks by the department of public safety and the federal bureau of investigation. Pursuant to Article 59A-11-2(F), the Superintendent of Insurance may obtain from the department of public safety and the federal bureau of investigation, at the expense of the applicant for a license, criminal history information concerning each applicant, using the applicant's fingerprints or other identifying information. The information shall be used by the Superintendent solely in determining whether to grant the application. Based on this statutory authority, all resident applicants for a license MUST be fingerprinted as part of the application process.

New Mexico Department of Public Safety (DPS) has partnered with 3M Cogent to provide fingerprint services. All applicants must register prior to being fingerprinted. **Applicant must attach a copy of the 3M Cogent Proof of Fingerprint Submission Receipt to their license application.**

Your license application will be considered incomplete and will not be processed if the 3M Cogent Proof of Fingerprint Submission Receipt is not submitted.

PLEASE NOTE THAT THE PRODUCER LICENSING BUREAU DOES NOT CONSIDER THE APPLICATION COMPLETE UNTIL THE BACKGROUND CHECK PROCESS IS COMPLETED.

The ORI Number for Office of Superintendent of Insurance (OSI) is NM920210Z. All applicant fingerprint background checks will be processed electronically. The fee is \$44.00. Please register at www.cogentid.com.

Fingerprinting must be done at one of the authorized fingerprint locations. Fingerprint site location information is available at <https://www.cogentid.com/index.htm>

**New Mexico Applicant Processing Service
Process Overview**

Registration

All applicants must register prior to being fingerprinted. You must be fingerprinted within 90 days of registration..

All Other Applicants (Not Department of Health)

- The facility/agency or applicant must register with 3M Cogent at www.cogentid.com. Choose New Mexico and then click *Register Online for a Background Check*.
- After registration is complete, the applicant will receive a **Registration ID Number**.
- While online registration (www.cogentid.com) is the preferred registration method, telephone registration is also available: 1-877-99NMAPS (1-877-996-6277).

Fingerprinting

- Fingerprint sites are listed at www.cogentid.com > New Mexico > Fingerprint Location Map.
- **Appointments are not required.**
- If you are paying by money order, bring a money order made out to 3M Cogent.

Documents that prove New Mexico Residency

Individual Applicants

- The following documents must have the same **physical address** and be valid.
- **Documents can be from the same type of category, but not from the same company.** (Ex. 2 utility bills are accepted, but not from the same company.)
- Your New Mexico Residency Documents must match your current legal name:
 - It must include the suffix (example: Mrs." and "Jr.") if it is a part of your current legal name; and
 - It may include, omit, or abbreviate your middle name.

If your legal name does not match your proof of residency, you can provide linking documents that show why your name is different. The only linking documents that the state accepts are:

- Marriage Certificates
- Divorce Decrees
- Court Orders
- Adoption or other court records

Documents That Prove New Mexico Residency Provide Two (2) Of the Following:

Documents Dated within 60 Days

- Utility Bill (Ex. Gas, Electric, Propane, Water, Waste, Internet, satellite, Home Phone). **No cell phone bill statements are accepted.**
- Bank, Credit Card, or Mortgage Monthly Statement. **No account balance or new account forms.**
- City, Country, State, Tribal, or Federal Document Attesting to having Residency in New Mexico.

Documents Dated within 6 months

- Insurance Bill, Card, or Binder. Home, health, life, auto, homeowners, and renter's policies are acceptable.

STATE OF NEW MEXICO
OFFICE OF SUPERINTENDENT OF INSURANCE

SUPERINTENDENT OF INSURANCE
Russell Toal



DEPUTY SUPERINTENDENT
Jennifer A. Catechis

BULLETIN 2022-009

MAY 27, 2022

TO: EVERY BUSINESS ENTITY AND INSURANCE PRODUCER INDICATING NEW MEXICO IS ITS RESIDENT STATE.

RE: RESIDENT PRODUCER LICENSE RESIDENCY REVIEW

The purpose of this bulletin is to advise applicants for an Insurance Producers License of the residency requirements for obtaining a resident license in New Mexico.

13.4.2.7, NMAC defines a “resident of the state” as "an individual who maintains a principal home in New Mexico and holds no active resident insurance license in another state". The general licensing requirements for individuals and business entities are specified in 13.4.2.9(A)&(B) and 13.4.2.10(A)&(B), NMAC respectively. The contents of the application form are described in 13.4.2.9(B) and 13.4.2.10(B), NMAC. Special licensing requirements applicable to individuals is specified in 13.4.2.9(F), NMAC.

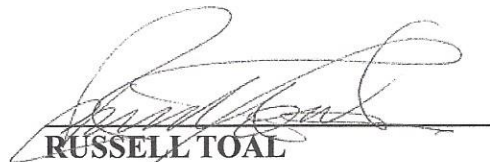
The Office of Superintendent of Insurance (“OSI”) has reason to believe that there may be applicants for a New Mexico Resident Insurance Producer License who do not meet residency requirements. In the event the OSI forms a reasonable belief after a review of the information required of an applicant that New Mexico is not the applicant’s principal place of residence or principal place of business, the OSI will request such other additional pertinent information and documentation as the Superintendent may reasonably deem necessary to make a determination of residency. Examples of documents that may be requested can be found at <https://a.storyblok.com/f/132761/x/eceb27ebe7/required-resident-documents-5-2022.pdf>. Failure to provide the additional documents or other information can result in the suspension, revocation, or refusal of a Resident Insurance Producer License.

Please direct all inquiries to agents.licensing@state.nm.us or (855) 4-ASK-OSI.

Main Office: 1120 Paseo de Peralta, Room 428, Santa Fe, NM 87501
Satellite Office: 6200 Uptown Blvd NE, Suite 400, Albuquerque, NM 87110
Main Phone: (505) 827-4601 | Satellite Phone: (505) 322-2186 | Toll Free: (855) 4 - ASK - OSI
www.osi.state.nm.us

Thank you for your cooperation.

ISSUED this 27th day of May, 2022.



RUSSELL TOAL
SUPERINTENDENT OF INSURANCE

**New Mexico Application for
Individual Motor Club Representative Registration/License**
(Please Print or Type)

Check appropriate box for license requested.

- Resident License
 Non-Resident License
 • Identify Home State: _____

Demographic Information						
1 Soc. Security Number			2 If assigned, National Producer Number (NPN)			
4 Last Name JR./SR. etc		5 First Name		6 Middle Name	7 Date of Birth (month) ____ (day) ____ (year) ____	
8 Residence/Home Address (Physical Street)			9 City		10 State	11 Zip Code
13 Home Phone Number () -	14 Gender (Circle One) Male Female		15 Are you a Citizen of the United States? (Check One) Yes _____ No _____ (If No, of which country are you a citizen?) (If NO, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)			
16 Business Entity Name						
17 Business Address (Physical Street)			18 P.O. Box	19 City	20 State	21 Zip Code
23 Business Phone Number (include extension) () -	24 Business Fax Number () -		25 Business E-Mail Address		26 Business Web Site Address	
27 Applicant's Mailing Address			28 P.O. Box	29 City	30 State	31 Zip Code
32 Foreign Country						
33 a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)						
Agency or Business Entity Affiliations						
34 List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)						
FEIN		NPN		Name of Agency		
FEIN		NPN		Name of Agency		
Employment History						
35 Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.						
			From		To	
			Month	Year	Month	Year
Name			Position Held			
City	State	Foreign Country				
Name						
City	State	Foreign Country				
Name						
City	State	Foreign Country				
Name						
City	State	Foreign Country				
(State Use)						

Motor Club Representative

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.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes No

37 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "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 having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a written statement explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A Yes No

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A Yes No

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? Yes No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a 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 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 written statement identifying the type of license and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- 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 a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

Yes No

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes No

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Yes No

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

If you answer yes, you must attach to this application:

- 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
- copies of all relevant documents.

Yes No

7. Do you have a child support obligation in arrearage? Yes ___ No ___
If you answer yes,
a) by how many months are you in arrearage? Months _____

b) are you currently subject to and in compliance with any repayment agreement? Yes ___ No ___
c) are you the subject of a child support related subpoena/warrant? Yes ___ No ___
(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

Applicant's Certification and Attestation

38 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 license 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 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.
3. 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.
4. 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.
5. I authorize the jurisdictions 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.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. 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).

Month/Day/Year

Original Producer Signature

Full Legal Name (Printed or Typed)

Attachments

39 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Licensing Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).