

Renewal or Reinstatement Application for Iowa Navigator License

Please print or type all information.

For office use only

Iowa Insurance Division
Attn: Producer Licensing
1963 Bell Avenue, Suite 100
Des Moines, Iowa 50315

Part I - Identification

Full Legal Name of Applicant _____

Date of Birth _____

License Number _____

Residence Address _____

(Street address is required)

Business Address _____

(Street address is required)

Home phone _____

Business phone _____

Business Email Address _____

Part II – Background Information

Please answer yes or no to the following questions. If you answer yes to any question, you *must* include a written statement explaining your answer.

a) Has any disciplinary action ever been taken against you by any regulatory agency in Iowa, which has not been previously reported to this insurance department?

Yes

No

b) Have you ever been convicted or pled no contest to any misdemeanor or felony or have any misdemeanor or felony charges currently pending against you, which has not been previously reported to this insurance department? (Misdemeanor does not include minor traffic violations.)

Yes

No

Part III – Attachments

a) \$20.00 license fee (for reinstatements add an additional \$100.00 to the license fee). Make check or money order payable to the Iowa Insurance Division.

b) Proof of continuing education (Annual recertification “Certified Marketplace Navigator” certificates and/or Iowa Certificate of Completion forms totaling a minimum of 36 hours of training and/or continuing education)

c) Proof of evidence of financial responsibility per Iowa Administrative Code 85.14

Part IV - Affiliation Verification

I hereby certify that _____

(Name of Applicant)

Is affiliated with _____

(Name of Navigator Business Entity)

Full legal name of Owner, Officer, Partner or Director who acts as the Designated Responsible Person for this Navigator Entity:

Printed Name _____

Title _____

Signature _____

Email Address _____

Part IV – Applicant’s Certification

I hereby swear, under penalty of perjury, that the statements made in this application and any attachments are true and correct and that I have read and understand the insurance laws of the State of Iowa related to the Navigator license. I designate the Insurance Commissioner to be my agent for service of process regarding all insurance disciplinary matters and agree that service upon the commissioner is of the same legal force and validity as personal service upon myself. I understand that this license will terminate automatically when my employment with the Navigator Business Entity named in Part IV terminates.

Signature of Applicant _____

Printed Applicant Name _____

Date _____

08/19/2016