

**STATE OF IOWA  
INSURANCE DIVISION**

**Application by a Portable Electronics Vendor for an  
Iowa "Portable Electronics Insurance Limited License"**

For office use only

Please print or type all information. Submit to:  
Iowa Insurance Division, Attn: Licensing Dept.  
1963 Bell Avenue, Suite 100  
Des Moines, IA 50315

**Part I – Applicant Identification**

Tax Identification Number \_\_\_\_\_

Full Legal Name of Applicant or Entity (include any d/b/a's) \_\_\_\_\_

Business Address \_\_\_\_\_

(Street address is required)

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Full Legal Name of Owner, Officer, Partner or Director who will act as the Designated Responsible Person for this Applicant

**Part II – Business Information**

**Insurer:** List the full name of the insurance company or companies whose insurance products the limited licensee intends to offer for sale in Iowa. \_\_\_\_\_

**Part III – Attachments (Senate File 487 522E.4(1))**

Please submit the following items with your completed application:

- a) The "Insurer for Portable Electronics Insurance Limited License" certificate.
- b) A list of all locations at which the limited licensee applicant intends to offer insurance for sale in Iowa. The list needs to include for each location their complete address and the location's number of endorsees.
- c) A check or money order payable to the Iowa Insurance Division for the license fee. (The application fee is the lesser of \$50.00 dollars per each endorsee at a location of the vendor or \$500.00 per location valid for a 3 year period and for each 3 year period thereafter a renewal fee in the same amount. A maximum fee of \$5000.00 shall apply for licensure of a portable electronics vendor with multiple locations.

**Part IV – Certification**

The undersigned owner, partner, officer or director of the Portable Electronics Vendor hereby certifies, 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 limited licensing of portable electronics. 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 me and the vendor company.

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

1963 Bell Avenue, Suite 100 / Des Moines, Iowa 50315  
Telephone 515-654-6565 / Facsimile 515-654-6500 / <http://www.iid.iowa.gov>