

# Georgia Resident Application Questionnaire Initial Temp License or Permanent License

**\*Note** this form should not be used for Temp Renewal or Temp to Permanent Licenses. Please use GID-103 Application (August 2014).

Please return completed and signed form to:

**GEORGIA RLC**

Primerica Regional Licensing Center

Phone: (470) 564-6371

Fax: (470) 564-6215

Email: [ga.rlc@primerica.com](mailto:ga.rlc@primerica.com)

Please check license Type:

New Temporary License

New Permanent License

Life

Life, Accident & Sickness

Legal\* Name: \_\_\_\_\_  
Last                      Suffix                      First                      Middle

**\*Note:** The Georgia Department of Insurance REQUIRES that the name listed above match the name on the government issued signature and photo ID (e.g., driver's license or employment authorization) that you use at the testing site.

Social Security Number:\* \_\_\_\_\_

**\*Note:** You must have a valid Social Security Number (SSN) on your license application. Tax ID numbers and Individual Tax Identification Numbers (ITINs) will not be accepted.

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Email Address REQUIRED:** \_\_\_\_\_

Residence/Home Address Required: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Phone Number Required: \_\_\_\_\_

RVP Business Address Required: 2193 Northlake Parkway, Suite 107

City: Tucker State: GA Zip Code: 30084

RVP Business Phone Number Required: 770-458-1610

RVP Business Fax Number Required 770-454-6828

Are you a Citizen of the United States? (check one) YES  NO

\*If "NO," of which country are you a citizen? \_\_\_\_\_

**\*Note:** You must attach a copy of a front & back of permanent resident card, work authorization, visa, etc. to this Questionnaire.

**\* Note:** Any "Yes" answers, *must* include letter of explanation, court documents and the Primerica SSR form.

1. Have you been convicted of or are you currently charged with the commission of any crime or pled nolo contendere in a Criminal proceeding or have you received first offender treatment or had adjudication of guilt withheld in a criminal proceeding, other than a minor traffic offense?

Yes\*  No

**Please answer the following Georgia Temporary Agent License Questions #2 thru #5**

2. Name of Sponsoring Insurance Company: Primerica Life Insurance Company

3. NAIC Company Code: 65919

4. Name of Supervising Agent: \_\_\_\_\_ (**\*\*IMPORTANT\*\*** Supervising Agents **MUST** hold an active Permanent Resident Life or Life, Accident and Sickness line of authority in the state of Georgia.)

5. Supervising Agent License Number: \_\_\_\_\_

**EMPLOYMENT HISTORY**

**Please enter information into the sections below (at least one is required).**

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. If providing current employment, please enter current month and year as the end date.

Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Position Title:  
\_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Position Title:  
\_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Position Title:  
\_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Position Title:  
\_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Position Title:  
\_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Position Title:  
\_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Position Title:  
\_\_\_\_\_

Employer: \_\_\_\_\_ Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

Position Title:  
\_\_\_\_\_

## Uniform Background Questions – Individual

All questions are required unless otherwise specified

### Please answer the following Uniform Background Questions – Individual

#### Question 1

**NOTE:** For Questions 1a, 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
- B) A copy of the charging document.
- C) A copy of the official document, which demonstrates the resolution of the charges or any final judgment.
- D) The Primerica Special Registration Review Form (SRR Form)

#### Question 1A

Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving with 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).

Yes\* \_\_\_\_\_ No \_\_\_\_\_

#### Question 1B

Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony?

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

Yes\* \_\_\_\_\_ No \_\_\_\_\_

#### Question 1B1

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 \_\_\_\_\_ N/A \_\_\_\_\_

#### Question 1B2

If so, was consent granted? (attach copy of 1033 consent approved by home state)

Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

#### Question 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 \_\_\_\_\_

2. **Have you** 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. 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 certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified 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? Do not include personal bankruptcies, unless they involve funds held on behalf of others. Yes \_\_\_\_\_ No \_\_\_\_\_

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

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? Yes \_\_\_\_\_ No \_\_\_\_\_  
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, arbitrations 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) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

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

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? If you answer yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency. \_\_\_\_\_ 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 \_\_\_\_\_

## Attestation

The Applicant **must** read the following very carefully:

I have read the questions and answers given by this applicant herein, and have made a diligent inquiry and investigation relative to this applicant's character, identity, residence, experience and instruction. The findings of said inquiry and investigation enable me to certify as follows:

- 1) Said answers are true to the best of my knowledge and belief
- 2) I am satisfied that the applicant is trustworthy and qualified to act as our temporary agent or limited subagent and to hold himself or herself in good faith to the general public as such temporary agent or limited subagent.
- 3) We desire the applicant to be licensed as indicated to represent us in the state of Georgia.

\_\_\_\_\_ I Agree                      \_\_\_\_\_ I Disagree

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date (mm/dd/yy)**

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## Applicant's Authorization

I authorize and direct Primerica Life Insurance Company ("the Company") or its designated representative to submit electronically to the Georgia Department of Insurance all the information I have provided herein, together with other information from my Independent Business Application.

I shall be liable for and agree to indemnify and hold the Company harmless for any and all harm related to or arising from the application, its submission and transmission, including but not limited to harm resulting from any incomplete or false answers made by me.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date (mm/dd/yy)**

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## Temporary License Agreement

The Representative below ("Trainee") desires to obtain a Georgia temporary license through Primerica Life Insurance Company. The Trainee agrees:

1. To complete the Independent Business Application (IBA)
2. To work closely under the supervision of the Trainer and Base Shop RVP named below
3. To maintain the highest standards of business conduct.

\_\_\_\_\_  
**Signature of Applicant (Trainee)**

\_\_\_\_\_  
**Date (mm/dd/yy)**

I agree to properly supervise and assist in the training of Trainee and understand I am accountable for his/her actions,

\_\_\_\_\_  
**Signature of Trainer**

\_\_\_\_\_  
**Date (mm/dd/yy)**

I agree to properly supervise and assist in the training of the Trainee and, additionally, to review all applications to be sure that they are being properly complete.

\_\_\_\_\_  
**Signature of RVP**

\_\_\_\_\_  
**Date (mm/dd/yy)**



OFFICE OF COMMISSIONER OF INSURANCE  
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

Ralph T. Hudgens, Commissioner

2 Martin Luther King Jr., Dr., West Tower, Atlanta, GA 30334



www.ocl.ga.gov

Illegal Immigration Reform And Enforcement Act  
Citizenship Affidavit Form

ENFORCEMENT  
GID-276-EN JUL2014  
(replaces GID-235-SF)

This affidavit is provided to satisfy the new or renewal requirements for an application in which one of the following types of business:

- INSURANCE** (specify below):  **SAFETY FIRE\*** (specify below):  **INDUSTRIAL**
- Agent  Agency\*  Carrier\*  Engineering  Hazardous Materials  **LOAN\***
- Manufactured Housing  Safety Engineering

\* If the person providing the affidavit serves as "the designated responsible party" (ex.: owner/operator, partner, executive, etc...) for one of these business types, please provide the name of the business: \_\_\_\_\_

If you know one of the following identifiers, please enter it here:

License # \_\_\_\_\_ NAIC # \_\_\_\_\_ Employer ID # \_\_\_\_\_

**O.C.G.A. §50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a license, certificate, registration, permit, etc., as referenced in O.C.G.A. §50-36-1, from the Office of Insurance, Safety Fire and Industrial Loan Commissioner, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

[Check **ONLY ONE** of the following:]

- 1)  I am a United States citizen; OR
- 2)  I am a legal permanent resident of the United States; OR  
My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_
- 3)  I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.  
My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

**The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1(e)(1), with this affidavit.**

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**!! SUBMIT ONLY THIS COMPLETED CITIZENSHIP AFFIDAVIT PAGE WITH THE REQUIRED DOCUMENTATION !!**