

IMPORTANT

All applicants applying for a license are required by the Florida Department of Financial Services to create an account in the **MyProfile** system. In addition, applicants are required to **grant 'Third Party Privileges'**, *before* the RLC can complete the Florida Resident Questionnaire on line and apply for the license. This is a new measure by the Department to create a more secure environment for your information.

Immediately after submitting your Florida Resident Application Questionnaire, create your **'MyProfile'** ...

To Create an Account on the New MyProfile system:

- Logon to <https://dice.fldfs.com>
- Click on **Create Account**
- Select Account Type: **Individual**
- Simply follow the prompts to finish creating your account.

Grant Third Party Privileges:

- From the user's inbox, select "Third Party Privileges" on the right.
- Enter the RLC's email address fl.rlc@primerica.com in the box under Search Accounts and *click* "Search".
 - ❖ **IMPORTANT:** Make sure to use the above RLC email address with the **.** instead of an **_**.
- The Search results will appear below the search box. Verify that it is Lynn Jones at 2073 Summit Lake Drive.
- Click the Select button under Action.
- Under Permissions, select:
 - New Application
 - Send Emails To Third Parties
 - Submit Documents *****
- Click Save.
- You should receive a message that says, "The permissions were saved successfully"
 - **Important reminder:** Do not pay any \$\$ to the State of FL on their website b/c Primerica will pay for your license. ***

HELPFUL TIPS

- ✓ Use the above RLC email address with the **."** instead of an **_"**.
- ✓ Be sure to select your County in the appropriate drop down box.
- ✓ If you are **not** filling in the appropriate Business Address box, do NOT put a check in the box titled "Business Address is different from home".

Florida Resident Application Questionnaire

Please return completed and signed form to:

FLORIDA RLC

Primerica Regional Licensing Center
2073 Summit Lake Drive Ste. 301, Tallahassee, FL 32317

Phone: (850) 562-4726 ~~ **Toll-Free Fax:** (800) 381-7102 ~~ **Email:** fl.rlc@primerica.com

1) 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.

2) Date of Birth (mm/dd/yyyy): _____

3) Legal* Name: _____
First Middle Last Suffix

***Note:** You are **REQUIRED** to have the name listed above match the name on the government issued signature and photo ID (e.g., driver's license) that you use at the testing site.

4) Sex: Male _____ Female _____

5) Ethnic Identification: White/Non-Hispanic _____
Black/Non-Hispanic _____
Hispanic _____
Asian/Pacific Islander _____
American Indian/Alaska _____
Native _____
Other _____

6) Native Language: English _____
Spanish _____
Other _____

7) Select your highest level of Education: Less than High School _____
High School Diploma or GED _____
Some College _____
4-Year College Degree _____
Advanced Degree _____

8) Home Street Address: _____
City: _____ County: _____ State: _____ Zip: _____

9) Home Telephone Number (include area code): (_____) _____

10) E-Mail Address* _____

***Note:** Without your correct email address, this division cannot keep you updated when laws and rules change that affect your license.

11) RVP Street Address: _____
RVP City: _____ County: _____ State: _____ Zip: _____

12) RVP Telephone Number (include area code): (_____) _____

Preferred Mailing Address: Home _____ Business: _____ Other*: _____

***If "Other," please provide address:** Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

STEP 1: Background Questions

Questions 13-24: The Applicant must read the following very carefully and answer every question: Any yes answers require appropriate documentation be sent to the RLC with the Questionnaire. A listing of Appropriate Documentation is found at the end of this Questionnaire.

On the following screens you will be asked a series of background questions. These questions will include questions about arrests, tickets, crimes and/or any other criminal history. The Department requires full disclosure. If you are not sure how to answer any of the following questions, STOP and make this determination prior to completing and submitting your application.

If you are unsure how to answer questions regarding your criminal history, are unsure whether your crime was a felony, or are unsure whether you pled to a crime, you should consult an attorney or review your court records prior to answering. Court records can be obtained from the County Clerk's Office in the County where the case was handled. If you are uncertain how to answer the questions, respond in the affirmative. An incorrect "Yes" answer to these questions will not be held against you.

Application fees are non-refundable. If you have additional questions, please contact the Bureau of Licensing at AgentLicensing@MyFloridaCFO.com.

- 13) I understand that failure to disclose my complete criminal history and/or my failure to provide accurate answers on this application will result in the denial of my application and I have read and understand all of the information provided above.

Yes _____ No _____

- 14) Felonies: Have you ever pled nolo contendere or no contest or guilty to or have you ever had adjudication withheld for, or have you ever been convicted of or been found guilty of any felony crime under the laws of any municipality, county, state, territory or country? (You must answer "Yes" even if adjudication of guilt was withheld even if your civil rights were restored, even if you received a pardon and whether or not the records are sealed or expunged.)

Yes _____ No _____

- ❖ If you answered **yes** to #14, please answer the follow three questions. The descriptions of the felonies and misdemeanors are at the end of this questionnaire.

14A Disqualification for Certain Felonies. Pursuant to Section 626.207, Florida Statutes (2011), persons who commit certain felonies are DISQUALIFIED from licensure. The disqualification applies regardless of whether adjudication was withheld.

See attached examples of crimes that fall within this category.

Have you ever pled nolo contendere or no contest or guilty to or have you ever had adjudication withheld for, or have you ever been convicted of or been found guilty of any first degree felony, a capital felony, a felony involving money laundering, fraud of any type, or embezzlement, or a felony directly related to the financial services business? (You must answer "Yes" even if adjudication of guilt was withheld, even if your civil rights were restored, even if you received a pardon and whether or not the records are sealed or expunged.)

Yes _____ No _____

14B Disqualifying Period For Felonies Involving Moral Turpitude: A 15-year disqualifying period exists for all felonies involving moral turpitude that are not already disqualified in accordance with Section 626.207(3), Florida Statutes. The disqualifying period begins upon the applicant's final release from supervision or upon completion of the applicant's criminal sentence for the crime, including payment of fines, restitution, court costs and termination of probation.

See attached examples of crimes that fall within this category.

14B con't. Have you ever pled nolo contendere or no contest or guilty to or have you ever had adjudication withheld for, or have you ever been convicted of or been found guilty of any felony involving moral turpitude? (You must answer "Yes" even if adjudication of guilt was withheld, even if your civil rights were restored, even if you received a pardon and whether or not the records are sealed or expunged.) By answering "Yes," you understand you are likely subject to a 15-year disqualifying period which begins upon the final release from supervision or upon completion of the criminal sentence and your fees will not be refunded if it is determined you are not eligible for licensure.

Yes _____ No _____

14C Disqualifying Period for All Other Felonies: A 7-year disqualifying period exists for all other felonies. The disqualifying period must be met prior to application. The disqualifying period begins upon the applicant's final release from supervision or upon completion of the applicant's criminal sentence, including payment of fines, restitution, court costs or termination of probation.

See attached examples of crimes that fall within this category.

Have you ever pled nolo contendere or no contest or guilty to or have you ever had adjudication withheld for, or have you ever been convicted of or been found guilty of any felony? (If you already provided the information related to this felony in response to the questions above, you do not need to answer this question in the affirmative unless you have additional felonies. (You must answer "Yes" even if adjudication of guilt was withheld, even if your civil rights were restored, even if you received a pardon for the crime and whether or not the records are sealed or expunged.) By answering "Yes," you understand you are likely subject to a 7-year disqualifying period and your fees will not be refunded if it is determined you are not eligible for licensure.

Yes _____ No _____

- 15) Misdemeanors:** Within the past 10 years have you pled nolo contendere or no contest or guilty to or had adjudication withheld for, or been convicted of, or been found guilty of any misdemeanor crime under the laws of any municipality, county, state, territory or country? (You must answer "Yes" even if adjudication of guilt was withheld, even if your civil rights were restored, even if you received a pardon and whether or not the records are sealed or expunged.)

Yes _____ No _____

15A Disqualifying Period for Misdemeanors related to the Financial Service Business: A 7-year disqualifying exists for all misdemeanors related to the financial service business. The disqualifying period must be met prior to application. The disqualifying period begins upon the applicant's final release from supervision or upon completion of the applicant's criminal sentence, including payment of fines, restitution, court costs or termination of probation.

Have you ever pled nolo contendere or no contest or guilty to or have you ever had adjudication withheld for, or have you ever been convicted of or been found guilty of any misdemeanor related to the financial service business? (You must answer "Yes" even if adjudication of guilt was withheld, even if your civil rights were restored, even if you received a pardon for the crime and whether or not the records are sealed or expunged.) By answering "Yes," you understand you are likely subject to a 7-year disqualifying period and your fees will not be refunded if it is determined you are not eligible for licensure.

Yes _____ No _____

- (14/15) If you answered YES to #14 or #15, please answer the following question: "Have your civil rights been restored?"**

Yes _____ No _____

- 16) Have you ever had a judgment withheld, been convicted or had a judgment deferred for a military offense, or are you currently charged with committing a military offense?
Yes _____ No _____
- 17) Are you currently on probation, serving community control, participating in pretrial intervention or any other diversion program, or are you currently serving any sentence for any legal action taken against you or threatened to be taken against you?
Yes _____ No _____
- 18) In the past 12 months, have you been arrested, jailed, indicted, or had an Information filed against you or have you been otherwise charged with a crime by ticket/notice to appear or other formal charging document by any law enforcement authority anywhere in the United States or its possessions or any other country? 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.
Yes _____ No _____
- 19) Are there any charges or allegations currently pending against you in any criminal, administrative (including FINRA) or civil jurisdiction?
Yes _____ No _____
- 20) Are there any criminal, administrative (including FINRA) or civil charges or allegations currently pending against any entity for which you are an owner, partner, manager, director, or officer, or any entity you control in any way?
Yes _____ No _____
- 21) Have you ever been named in an administrative proceeding/action by any state agency or public authority or any other regulatory authority (including FINRA)? (This would include fines, probation, restitution, restricted or probationary licenses, cease and desist orders, suspension, revocation, or denial.)
Yes _____ No _____
- 22) Has any company or agency for which you are an owner, partner, manager, director, or officer, ever been named in an administrative proceeding by any state agency or public authority or any other regulatory authority (Including FINRA)? (This would include fines, probation, restitution, restricted or probationary licenses, cease and desist orders, suspension, revocation, or denial.)
Yes _____ No _____
- 23) Have you failed to comply with any civil, criminal, or administrative action taken by a child support enforcement program under Title IV-D of the Social Security Act, 42 U.S.C. ss. 651et seq., to determine paternity or to establish, modify, enforce, or collect support?
Yes _____ No _____
- 24) I understand that I must be fingerprinted through the Department's vendor, Morpho Trust USA. You can register, find locations, and pay for fingerprinting by visiting www.L1enrollment.com/FLInsurance or by calling 1-800-528-1358. The fingerprinting is \$45.80, plus local Florida county sales tax.
- * If you currently hold a valid license with the Department and have submitted fingerprints within the last 48 months you will not be required to submit fingerprints.
 - * If you have submitted fingerprints within the last 12 months you will not be required to submit fingerprints.

I also understand that if I am applying for a Home Warranty (2-51), Service Warranty (2-52) or Automobile warranty (2-53) license, that I am not required to be fingerprinted.

Please click YES if you understand these instructions.

Yes _____ No _____

STEP 2: Application Specifics

25) Are you applying for a temporary or a permanent license?

Temporary _____ Permanent _____ ✓

26) **TYPE OF LICENSE(S) for which you are applying:**

26A) _____ 02-14** – Resident Life Including Variable Annuity Insurance Agent

***If you completed the Primerica Education classroom prelicensing course, you are qualified to apply for the 2-14 Life and Variable Annuity Exam.*

- ❖ Within the last four years, I have taught or completed a 40 hour course that was approved by Florida Department of Financial Services for this license type.

Yes _____ No _____

Identify the following:

Name of Pre-License Classroom Course: _____

Completion Date of Course: _____ (mm/dd/yy)

26B) _____ 02-15* – Resident Life Including Variable Annuity & Health Insurance Agent

**If you completed the UCanPass online course that included Health, or if you completed the classroom Life course and the Health portion of the UCANPASS online course, you are qualified to take the 2-15 Life, Var. Annuity & Health exam.*

IMPORTANT NOTE:

If you are applying for a **2-15 Resident Life including Variable Annuity & Health Insurance Agent license**, you ***must*** also answer the following questions.

- ❖ Within the last four years, have you taken a 40 hour health, life, annuity and variable contracts pre-licensing course approved by the Department? *(This course is no longer offered, as of July 1, 2015)*

Yes _____ No _____

Course Name: _____ Date: _____ (mm/dd/yy)

- ❖ Within the last four years, I have taught or completed:

Select ALL that apply:

- ☐ 40 hour life, annuity, and variable contracts pre-licensing course, or
- ☐ Chartered Financial Consultant (ChFC), American College of Financial Services, or
- ☐ Fellow, Life Management Institute (FLMI), Life Management Institute
- ☐ 40 hour health pre-licensing course, or Certified Employee Benefit Specialist (CEBC), Wharton School of the University of Pennsylvania, or
- ☐ Chartered Healthcare Consultant (ChHC), American College of Financial Services, or
- ☐ Registered Employee Benefits Consultant (REBC), American College of Financial Services, or
- ☐ Registered Health Underwriter (RHU), American College of Financial Services

27) Are you a United States citizen?

Yes _____ No _____

(27A) If **NO**: Are you a Legal Alien with work Authorization?

Yes _____ No _____

***Note:** If you answer YES to Question 27A, you **must** attach the following to this Questionnaire:

1. Legible copy of front and back of Permanent Resident Alien Card (Green Card) and legible copy of Social Security Card ~ **OR** ~
2. Legible copy of Employment Authorization Card and legible copy of Social Security Card

28) Are you or your spouse currently a member of the United States Armed Forces in good standing or have been honorably discharged from service?

Yes* _____ No _____

"If **YES**, please provide one of the following: a copy of a military identification card, military dependent identification card, military service record, military personnel file, veteran record, discharge paper, OR separation document that indicates such member is currently in good standing or such veteran is honorably discharged."

***Note:** If you answer YES, upon verification of your military service, the pre-licensing requirement for this license will be waived.

29) Are you an employee of the United States Veterans Administration or its State Service Office?

Yes* _____ No _____

***Note:** If you are an employee of the USVA or its State Service Office, you are disqualified from getting a Life Insurance License in Florida.

30) Are you a funeral director, direct disposer or an employee or representative thereof, or do you have an office in or in connection with a funeral establishment?

Yes* _____ No _____

***Note:** If you are an employee of a funeral home, the Florida Department of Financial Services must issue a Certificate of Authority to your funeral home. In addition, you are limited to selling a maximum of \$12,500 face value policy per client.

31) Are you applying for a license for the **PRIMARY** purpose of placing insurance on your own life, interests or that of members of your family?

Yes _____ **No** _____

32) Are you applying for a license in order to place insurance **PRINCIPALLY** on an officer, director, stockholder, partner or employee of a business in which you or a member of your family is engaged?

Yes _____ **No** _____

33) Are you applying for a license for the **PRIMARY** purpose of writing insurance covering a debtor of a firm, association, or corporation in which you are an officer, director, stockholder, partner or employee?

Yes _____ **No** _____

34) If you have held a license in another state in prior years, you may be exempt from the exam. Have you held a license in another state for a minimum of one {1} year immediately preceding the date you became a resident of this state and have not been a resident of Florida for more than 90 days from today's date.

Yes _____ No _____

35) In the last four years, have you held a resident license in any state for the same lines of insurance, and was that license valid for a minimum of one year?

Yes _____ No _____

- 36) Are you or your spouse currently a member of the United States Armed Forces in good standing or have been honorably discharged from service within 24 months prior to applying for this license?

Yes* _____ No _____

"If **YES**, please provide one of the following: a copy of a military identification card, military dependent identification card, military service record, military personnel file, veteran record, discharge paper, OR separation document that indicates such member is currently in good standing or such veteran is honorably discharged."

**Note: If you answer YES, upon verification of your military service, the application fee will be refunded.*

- 37) Do you have the Chartered Life Underwriter (CLU) designation?

Yes _____ No _____

- 38) Within the last four years, have you been awarded a Chartered Financial Consultant (CHFC) or Fellow, Life Management Institute (FLMI) designation?

Yes _____ No _____

- 39) Within the last four years, I have taught or completed a 60 hour pre-licensing course that was approved by the Florida Department of Financial Services for this license type.

Yes _____ No _____

- 40) Do you hold a college degree with at least nine credit hours of insurance instruction related to the license you are applying for?

Yes _____ No _____

- 41) Within the last four years, I have completed at least six months of responsible insurance duties as a substantially full-time employee in property and casualty insurance sold to individuals and families for noncommercial purposes.

Yes _____ No _____

Applicant Authorization Statement

I authorize and direct Primerica Life Insurance Company ("the Company") or its designated representative to submit electronically to the Florida Department of Financial Services 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)

Applicant Affirmation Statement

Where required by law, I hereby name and appoint the Chief Financial Officer of the State of Florida my attorney to receive service of legal process issued against me, upon causes of action arising within the State of Florida out of transactions under my Florida license; that this appointment shall constitute effective legal service upon me as long as there may be any cause of action against me arising out of insurance transactions within the State of Florida. (626.741; 626.742, 626.792; 626.835; 626.836; 626.84201, F.S.)

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree provided under section 837.06, F.S.

Under penalties of perjury, I declare that I have read the foregoing application for license and that the facts stated in it are true. I understand that misrepresentation of any fact required to be disclosed through this application is a violation of the Florida Insurance and Administrative Codes and may result in the denial of my application and/or the revocation of my insurance licenses(s).

I understand that as an applicant who is subject to a national fingerprint-based criminal history record check, I have certain rights based on Title 28, Code of Federal Regulations (CFR), Section 16.30-16.34. The rights include a reasonable time to respond to the agency for any deficiencies reported in the criminal history report; the ability to challenge the accuracy of the information in the report by contacting the FBI; and any records held by the agency will be used and retained according to the FBI Criminal Justice Information Services (CJIS) requirements. A copy of the Noncriminal Justice Applicants Privacy Rights may be obtained by visiting our website at <https://www.myfloridacfo.com/Division/Agents/>.

I understand that, per section 626.171(5), F.S., all application fees are non-refundable.

☐ **I agree to the above statement.**

Printed Name of Applicant

Solution Number

Signature of Applicant

Date (mm/dd/yy)

— MYFLORIDACFO.COM > DIVISION > AGENTS > LICENSURE > GENERAL > DISQUALIFYING PERIODS

Disqualifying Periods

Last Updated: 07/29/2015

Select Type: Permanent Bar • 15-Year • 7-Year

Permanent Bar Felony Crimes:

- ANY CAPITAL FELONY
- ANY FELONY DIRECTLY RELATED TO FINANCIAL SERVICES BUSINESS
- ANY FIRST DEGREE FELONY
 - BLACKMAIL
- COUNTERFEITING- (MONEY, BONDS, OR FINANCIAL INSTRUMENTS)
- EMBEZZLEMENT
 - EXTORTION
- FALSE STATEMENT (FINANCIAL TRANSACTIONS)
- MONEY LAUNDERING
- FORGERY
- FRAUD
- SALE OF UNREGISTERED SECURITIES
- UTTERING A FORGERY

Moral Turpitude Felony Crimes -15 Year Disqualification:

- ABUSE OF ELDERLY PERSON
- AGGRAVATED ASSAULT
- AGGRAVATED BATTERY
- ARSON
- BOMB THREAT, PLACING A BOMB
- BREAKING AND ENTERING
- BRIBERY
- BURGLARY/ROBBERY
- CARRYING A CONCEALED WEAPON
- CHILD ABUSE/NEGLECT
- CHILD MOLESTATION
- DEALING IN STOLEN PROPERTY
- ESCAPE
- GRAND LARCENY
- GRAND THEFT
- KIDNAPPING
- MANSLAUGHTER
- MURDER
- PERJURY
- POSSESSION OF DRUGS- (SOME CASES)
- POSSESSION OF DRUGS WITH INTENT TO SELL/DELIVER/ETC.
- RAPE
- RECEIVING STOLEN PROPERTY
- SEXUAL BATTERY / SODOMY
- TAMPERING WITH EVIDENCE
- TAX EVASION
- THEFT

Non-Moral Turpitude Felony Crimes- 7 Year

Disqualification:

- BATTERY ON LAW ENFORCEMENT OFFICER
- BATTERY OR ASSAULT
- CRIMINAL MISCHIEF
- DOMESTIC VIOLENCE
- DRIVING UNDER INFLUENCE/DRIVING WHILE INTOXICATED
- DRIVING WHILE LICENSE SUSPENDED/REVOKED
- FLEEING ARREST
- PASSING WORTHLESS BANK CHECK- (CASE SPECIFIC)
- POSSESSION OF DRUGS- (MOST CASES)
- RESISTING ARREST WITH OR WITHOUT VIOLENCE
- SALE OF FIREWORKS
- SOLICITATION OF PROSTITUTION
- TRESPASSING

Please note: The list above is only intended to provide guidance and may not include all felony crimes. Aggravating and mitigating factors can affect the true length of the disqualifying period. However, mitigation may not result in a disqualifying period less than 7 years. The disqualifying periods begin upon the applicant's final release from supervision or upon completion of the applicant's criminal sentence, including payment of fines, restitution, and court costs for the crime for which the disqualifying period applies. After the disqualifying period has been met, the burden is on the applicant to demonstrate that the applicant has been rehabilitated, does not pose a risk to the insurance-buying public, is fit and trustworthy to engage in the business of insurance pursuant to s. 626.611(7), F.S., and is otherwise qualified for licensure.