



STATE OF MAINE  
 Bureau of Insurance  
 34 State House Station  
 Augusta, ME 04333

Date Received

PORTABLE ELECTRONIC DEVICE INSURANCE VENDOR APPLICATION  
 Per 24-A M.R.S. – Chapter 89

{ } Resident { } Non Resident

For Bureau Use Only

**Demographic Information**

① Vendor/Business Name		② Incorporation/Formation Date (month) ___(day) ___(year) ___		③ FEIN -	
④ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.		⑤ State of Domicile		⑥ Country of Domicile	
⑦ Business Address		⑧ City	⑨ State	⑩ Zip Code	⑪ Country
⑫ Phone Number (include extension) ( ) -		⑬ Fax Number ( ) -	⑭ Business Web Site Address	⑮ Business E-Mail Address	
⑯ Mailing Address		⑰ P.O. Box	⑱ City	⑲ State	⑳ Zip Code
⑳ Identify a Responsible Contact (must be owner or employee): Name: _____ Title: _____ E-Mail address: _____ Address: _____ Phone: _____ Fax: _____					
㉓ Does the vendor derive more than 50% of its revenue from the sale of portable electronic device insurance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach the following information: Name, title and address of each officer/partner/director with 10% or more interest or voting interest.					

**SUPERVISING ENTITY**

Must be licensed as a insurance business entity or as a insurer

㉔ Name: \_\_\_\_\_ FEIN: \_\_\_\_\_ Maine License # \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

㉕ **List the name and address of all physical locations in Maine where coverage is offered: (if additional space is needed, attach a list to back of form)**

Name \_\_\_\_\_ Address: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

Name \_\_\_\_\_ Address: \_\_\_\_\_

**PORTABLE ELECTRONIC INSURANCE LICENSE**

**Background Information**

26 Please read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

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

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been involved 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 the business entity or any owner, partner, officer or director, or member or manager if a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include bankruptcies that 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.

4. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration 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) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- b) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

5. Has the business entity or any owner, partner, officer or director, or member or manager if a 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.

**Applicant's Certification and Attestation**

27 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. The applicant hereby appoints the Superintendent of Insurance as the applicant's attorney to receive service of all legal process issued against it in any civil action or proceeding in this State and agrees that process so served is valid and binding against the applicant. The appointment is irrevocable, binds the company and any successor in interest as well as the assets or liabilities of the applicant and must remain in effect as long as the applicant's license remains in force in this State.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I authorize the jurisdictions to give any information they may have concerning me 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.
5. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
6. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

**Must be signed by an officer, director, or partner:**

\_\_\_\_\_  
Month/Day/Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**INCOMPLETE APPLICATIONS** may be returned (please type or print clearly).

**Trade Names:** A licensee doing business under any name other than the licensee's legal name is required to notify the Superintendent prior to using the trade name.

Payment **must** be submitted with all applications.

Make all checks payable to: **Treasurer State of Maine**

License fee **\$1,000.00**

**RETURN application and fees to:**

**Maine Bureau of Insurance**  
34 State House Station  
Augusta, ME 04333-0036  
Phone: (207) 624-8475  
Fax: (207) 624-8599

**OVERNIGHT DELIVERY** such as **FedEx & UPS** to:  
76 Northern Ave  
Gardiner, ME 04345

**OVERNIGHT DELIVERY** such as **USPS** to:  
34 State House Station  
Augusta, ME 04333

E-mail us at: [Insurance.PFR@maine.gov](mailto:Insurance.PFR@maine.gov)