

## Ohio Department of Insurance

John R. Kasich – Governor  
 Mary Taylor – Lt. Governor/Director



# Application for Business Entity Navigator Certification NAVIGATOR CERTIFICATION

(Please Print or Type)

### Demographic Information

Business Entity Name		Incorporation/Formation Date (MM/DD/YY)		FEIN	
National Producer Number (NPN) – (if licensed insurance business entity)			Federal Navigator ID Number		
List and other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			State of Domicile		Country of Domicile
Business Address (Physical Street)		P.O. Box	City		State
					Zip or Foreign Country
Business Phone Number (include extension) (    )			Business Fax Number (    )		
Business E-Mail Address			Business Web Site Address		
Mailing Address		P.O. Box	City		State
					Zip or Foreign Country

### Designated/Responsible Navigator

**Identify at least one Designated/Responsible Navigator responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state.**

Name _____	SSN _____	Federal Nav. # _____	
Name _____	SSN _____	Federal Nav. # _____	

### Owners, Partners, Officers and Directors

**Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company.**

Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____
Name _____	Title _____	SSN/FEIN _____	Owner	<input type="checkbox"/> Yes/ <input type="checkbox"/> No	% of ownership interest _____

### Background Questions

**The Applicant must read the following very carefully and answer every question.**

1a. 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 a **MISDEMEANOR**, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company currently charged with committing a **MISDEMEANOR**?  Yes     No

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.

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

Background Questions - Continued

1b. 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 a FELONY, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company currently charged with committing a FELONY? [ ] Yes [ ] No

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

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? [ ] N/A [ ] Yes [ ] No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) [ ] N/A [ ] Yes [ ] No

1c. 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 a MILITARY OFFENSE, had a judgment withheld or differed, or is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, currently charged with committing a MILITARY OFFENSE? [ ] Yes [ ] No

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 having been given probation, a suspended sentence or a fine.

If "Yes", you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident;
b) a copy of the charging document; and
c) a 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 member or manager of a limited liability company, ever 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, certification or registration censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license, certification or registration 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, certification or registration. "Involved" also means having a license, certification or registration 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, certification or registration, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by Ohio of any delinquent tax obligation that is not the subject of a repayment agreement? [ ] Yes [ ] No

4. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in lawsuit, arbitration 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 copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, or mediation proceedings, and
c) a 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 of a limited liability company ever had a contract or any other business relationship 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 navigator certification; and
b) copies of all relevant documents.

6. Does the business entity currently hold an active insurance license? [ ] Yes [ ] No

Fees

The following registration fee is required to be submitted with your application.

- Entity with 99 or fewer certified associated navigators \$250.00
Entity with 100 or more certified associated navigators \$500.00

Applicant's FEIN \_\_\_\_\_

**Applicant's Certification and Attestation**

**On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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, certification or registration denial, revocation or suspension and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of Ohio, the business entity or limited liability company hereby designates the Superintendent of Insurance to be its agent for service of process regarding all insurance matters in Ohio and agree that service upon the Ohio Superintendent of Insurance is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Ohio Superintendent of Insurance to verify any information supplied with any federal, state or local government agency, current or former employer.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made 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.
6. I acknowledge that I understand and comply with Ohio's laws and regulations for licensure, certification or registration.
7. I acknowledge and understand that the business entity and its affiliates, in order to be certified as an insurance navigator, may not receive any financial compensation, including monetary and in-kind compensation, gifts, or grants, on or after October 1, 2013, from an insurer offering a qualified health benefit plan through an exchange operating in this state.
8. I acknowledge that I understand that Insurance Navigators cannot make eligibility determinations and cannot select qualified health plans (QHP) for consumers, or enroll applicants into a QHP and that the Insurance Navigators must provide fair, impartial and accurate information to assist consumers.
9. I hereby certify that all individual Insurance Navigators affiliated with this business entity have met the required training, licensure/certification/registration, passage of appropriate State or Federal Insurance Navigator examinations, background checks, and disclosure standards and do not have any conflicts of interest that will impact their ability to be an Insurance Navigator according with 45 CFR.155.210.
10. I hereby certify that I shall maintain a list of every individual Insurance Navigator affiliated with the business entity and will provide the list to the Superintendent of Insurance upon request.
11. I certify that the Designated Responsible Navigator(s) named on this application understands that he/she is responsible for the business entity's compliance with the insurance laws, rules and regulations of this State.
12. I hereby certify that upon request, I will furnish the Ohio Superintendent of Insurance, certified copies of any documents attached to this application or requested by the jurisdiction.

**Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (month/day/year)

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

**Application Attachments**

**The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.**

1. Non-refundable registration fee (check or money order) made payable to the "State of Ohio Treasurer";
2. Proof that the business entity is authorized to do business in the state of Ohio by the Ohio Secretary of State;
3. All documents listed under background questions 1a, 1b, 1c, 2, 4, and 5, if applicable; and
4. Proof of Federal funding under division (i) of section 1311 of the Affordable Care Act.

**All documents should be submitted to:**

Ohio Department of Insurance  
Licensing Division  
50 West Town Street, Suite 300  
Columbus, Ohio 43215

For questions regarding the Navigator registration process, please contact the Ohio Department of Insurance, Licensing Division at 614-644-2665 or via email at [Licensing@insurance.ohio.gov](mailto:Licensing@insurance.ohio.gov).