

# Ohio Department of Insurance

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



## LICENSE REACTIVATION APPLICATION

This reactivation request may only be completed by those persons who were granted inactive status by the Ohio Superintendent of Insurance, by means of a previous request submitted on the License Inactivation Request form INS3235 and have been inactive for two (2) or more years. (Persons who have been inactive for less than two (2) years will need to comply with the pre-licensing requirements as though applying as a new agent.)

① Soc. Security Number				
② Last Name JR./SR. etc		③ First Name		④ Middle Name
⑤ Date of Birth				
⑥ Residence/Home Address (Physical Street)		⑦ P.O. Box	⑧ City	⑨ State
⑩ Zip				
⑪ Home Phone Number ( )	⑫ Are you a Citizen of the United States? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, of which country are you a citizen?)			
⑬ Business Name				
⑭ Business Address (Physical Street)		⑮ P.O. Box	⑯ City	⑰ State
⑱ Zip				
⑲ Business Phone Number ( )	⑳ Business Fax Number ( )	㉑ E-Mail Address		
㉒ Mailing Address		㉓ P.O. Box	㉔ City	㉕ State
㉖ Zip				

### Agency or Business Entity Affiliations

㉗ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

Fein #		Name of Agency	
Fein #		Name of Agency	
Fein #		Name of Agency	

### Employment History

㉘ **Account for all time for the past five years.** Give all employment experience starting with your previous employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

	From		To		Position Held
	Month	Year	Month	Year	
Name					
City					
State					
Name					
City					
State					
Name					
City					
State					
Name					
City					
State					
Name					
City					
State					

Required Information

29 The Applicant must read the following very carefully and answer every question:

- 1. Are you currently deriving income from any business or employment activities other than insurance?
If Yes, describe below the other business and/or employment activities in which you are now engaged.
2. In which county do you reside?
3. What license qualification type(s) are you requesting reactivation?
4. What was the effective date of your license inactivation?
5. Were you in compliance with Ohio's CE requirement at time your license was inactivated?
6. What was the reason for inactivating your license?
7. Why are you requesting license reactivation?
8. Do you currently hold an insurance license in another state?

Background Information

30 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 1a. Have you ever been convicted of a MISDEMEANOR, had a judgment withheld or deferred, or are you currently charged with committing a MISDEMEANOR?
1b. Have you ever been convicted of a FELONY, had a judgment withheld or deferred, or are you currently charged with committing a FELONY?
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?

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 answered "Yes" to any of the above questions (1a, 1b, or 1c), you must attach to this application:
a) a written statement 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.

Applicant's Initial \_\_\_\_\_

Background Information (continued)

- 2. Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration 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, sanctioned 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, or registration. “Involved” also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If 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 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 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 a 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 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 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 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, arbitration, or mediation proceedings, and
c) a copy of the official documents, 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, director, or member or manager of a 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 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
a) copies of all relevant documents.

- 7. Do you have a child support obligation in arrearage? [ ] Yes [ ] No

If Yes,

- a) by how many months are you in arrearage? \_\_\_\_\_ 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
(If Yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

- 8. Are you a member or veteran of the armed forces, or the spouse or surviving spouse of a service member or veteran? [ ] Yes [ ] No

Applicant’s Initials \_\_\_\_\_

**Applicants Certification and Attestation****31 The Applicant must read the following very carefully:**

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either (a) I have no child-support obligation, or (b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, 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 am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. I certify that while on inactive status I met and followed the conditions for inactive status.

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Date

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

**Attachments****32 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.**

1. Proof of approved continuing education credits based on the license type being reactivated (or proof of pre-licensing education course for each line of authority) completed within the preceding six (6) months of reactivation.
  - a) A person reactivating a life, accident and health, property, casualty or personal lines license must complete 24 hours of CE credit (3 of which must be approved as ethics).
  - b) A person reactivating a title license must complete 12 hours of CE credit (10 of which must be approved as title and 2 of which must be approved as ethics).
  - c) A person reactivating a surety bail bond license must complete 14 hours of CE credit (12 of which must be approved as surety bail bond and 2 of which must be approved as ethics).
2. Check or money, payable to the "State of Ohio Treasurer", for any required reactivation fees.
  - a) A person who inactivated a life, accident & health, property, casualty, personal lines or title license must submit a reactivation fee of \$50.00.
  - b) A person who inactivated a surety bail bond license must submit a reactivation fee of \$200.00.

**Instructions****33 Return application along with proof of completed education and check or money order for any required fees to:**

Ohio Department of Insurance  
License Division  
50 W. Town St., 3<sup>rd</sup> Fl.  
Suite 300  
Columbus, OH 43215  
(614) 644-2665

A person who has been inactive for less than two years must comply with the pre-licensing requirements as though applying as a new agent, including pre-licensing education, examination, application and background check. There are no exceptions to this requirement.

**DEPARTMENTAL USE ONLY**

Previous received Inactivation form  Yes  No

Date of License Inactivation \_\_\_\_\_

Received proof of Course Completion  Yes  No

Compliant with CE at time of inactivation  Yes  No