



Department of Consumer & Business Services

Insurance Division — 3

P.O. Box 14480, Salem, OR 97309-0405
Phone: (503) 947-7981, Fax: (503) 378-4351
350 Winter St. NE, Room 440, Salem, Oregon
insurance.oregon.gov

Business Entity Application

FEIN: _____
[] Corporation [] Partnership [] Sole proprietor
[] Limited liability company [] Limited liability partnership [] Other _____

Business entity name: _____
Assumed business name or DBA: _____

(Oregon business entities using DBAs must be registered with the Corporation Division, Office of the Secretary of State.)

Mailing address: _____ Street address: _____
Street or P.O. Box: _____ Street or P.O. Box: _____
City/State/ZIP: _____ City/State/ZIP: _____
Business phone: () _____ E-mail: _____
Responsible producer* (See Page 2 for information): _____ SSN: _____

Table with 3 columns: Category, Application fee, License fee. Rows include Producer, Adjuster, and Consultant.

- 2. Classes of insurance for which you are applying:
[] Life
[] Health
[] Property
[] Casualty
[] Personal lines
[] Surplus lines (You must be licensed for property and casualty.)
[] Variable life (NASD proof required.)
[] Other

Make check or money order payable to Oregon Department of Consumer and Business Services (DCBS) after completing both pages of the application.

- 3. Limited lines for producer license. Check limited lines for which you are applying.
[] Credit (credit life, credit health, credit involuntary unemployment, GAP, mechanical breakdown, mortgage, and motor vehicle physical damage)
[] Crop
[] Surety
[] Title
[] Trip travel (baggage, trip cancellation, trip interruption, and travel ticket health)

Table for 4. Total fees. Columns: Fee Type, Amount. Rows: Application, License, Total.

Remit with payment to:
Fiscal Services Section
Oregon Department of Consumer & Business Services
P.O. Box 14610
Salem, OR 97309-0445

5. If business entity is a sole proprietorship, enter owner's name below; if a corporation, list all officers and/or directors and the names of persons owning 10 percent or more of the stock; and, if a partnership, list all partners.
Table with 2 columns: Name/Position, Address/City/State/ZIP

Use additional sheet, if necessary.

Table for Division use only. Columns: Date licensed, License number.

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