



**COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA
REQUEST FOR NEW & TERMINATED CERTIFICATE OF AUTHORITY**

1. GENERAL INSTRUCTIONS

All questions should be directed to Pearson VUE at 1-888-204-6204 between the hours of 7AM and 6PM EST Monday through Friday, EST.

- A. This request for New & Terminated Certificate of Authority (appointment) should be submitted by the insurer only.
- B. **DO NOT REMIT ANY PAYMENT AT THIS TIME.** Pearson VUE will bill the insurer monthly for all new appointments processed within the previous month.
- C. If the appointing company is registered with SIRCON this process may be completed at www.sircon.com.
- D. There are no fees for Certificate of Authority Termination.
- E. Certificates of Authority may not be processed for temporary licenses.
- F. **Forward request to: GEORGIA INSURANCE DEPARTMENT/Pearson VUE, PO Box 2357, Smyrna, GA 30081-2357 (no payment).**

2. NEW/TERMINATED CERTIFICATE OF AUTHORITY INFORMATION

Indicate whether this request is for a new certificate of authority or certificate of authority termination by placing an "X" in the appropriate box and completing the related section.

ADD A NEW CERTIFICATE OF AUTHORITY

Do not remit any payment at this time. Pearson VUE will bill the insurer monthly for all new appointments processed within the previous month. A Certificate of Authority (appointment) will cover all classes **COMMON BETWEEN THE INSURER AND THE APPOINTED LICENSEE.**

TERMINATE AN EXISTING CERTIFICATE OF AUTHORITY

Complete the section below. Requests for termination must be submitted within 30 days of the termination date. There is no fee for a Certificate of Authority termination.

Termination Effective Date: _____ Reason for Termination: _____

Is this a Termination for cause? NO YES *If yes, please attach all supporting documentation with this form.*

OFFICE ONLY
<input type="checkbox"/>

3. LICENSEE INFORMATION

Print the agent's name as it appears on the agent's Georgia insurance license in the boxes provided. Print the license number, SSN or NPN on the line provided. The agent must sign and date the document.

Last Name	First Name	MI	Suffix (Jr., etc.)

License Number	Social Security Number	National Producer Number

I, the undersigned agent, certify that I am properly licensed in the state of Georgia for the Certificate of Authority for which I am applying.

AGENT SIGNATURE	DATE
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OFFICE ONLY
<input type="checkbox"/>

4. INSURER INFORMATION

Print the insurer's name as it appears on Georgia's company records on the line provided. Print insurer's NAIC number on the line provided. The authorized company official must sign and date the document.

INSURER NAME _____

NOTE: Your appointment activity Report, as well as your monthly invoice for New Certificates of Authority, will be sent to the address on file with the Georgia Insurance Department. If you wish to change this address, you must submit a request in writing to the Agent's Licensing Section of the Georgia Insurance Department.

INSURER'S NAIC NUMBER _____

We, the undersigned, have made a diligent inquiry and investigation relative to this applicant's identity, residence and experience or instruction, including a character report by an agency not affiliated with this company, as to the classes of insurance to be transacted and are satisfied that the applicant is trustworthy and qualified to act as our agent and to hold himself out in good faith to the general public as such agent. We desire that he/she represent us in your state. I, the undersigned officer, certify that the insurer has in its possession a copy of this applicant's current and valid license and that the applicant has received a copy of this request for appointment. Further, we understand that it is a violation of the Georgia Insurance Statutes for any company to accept applications for insurance from an applicant if the applicant is not properly licensed.

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL	NAME OF AUTHORIZED COMPANY OFFICIAL (PLEASE PRINT)	DATE

Daytime Phone Number	Daytime Fax Number

OFFICE ONLY
Clerk's Initials: _____ Date: _____

OFFICE ONLY
<input type="checkbox"/>