



COMMISSIONER OF INSURANCE, RALPH T. HUDGENS
STATE OF GEORGIA

REQUEST FOR NEW & TERMINATED SUBAGENT 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 Monday through Friday, EST.

- A. This request for New/Terminated Subagent Certificate of Authority should only be submitted by the sponsoring agent.
B. A Certificate of Authority will cover all classes of insurance HELD IN COMMON BETWEEN THE SPONSORING AGENT AND THE APPOINTED LICENSEE.
C. Certificates of Authority may not be processed for temporary licenses.
D. This form may be photocopied for future use.
E. Forward request, along with payment, if applicable, to: GEORGIA INSURANCE DEPARTMENT/Pearson VUE, PO Box 281137, Atlanta, GA 30384-1137.

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, if applicable, completing the related section.

ADD A NEW CERTIFICATE OF AUTHORITY

If adding a New Certificate of Authority, enclose a \$5.00 check or money order, payable to Pearson VUE. A Certificate of Authority will cover all classes held in common between the sponsoring agent and the appointed licensee.

Amount Enclosed: _____

OFFICE ONLY box with checkbox

TERMINATE AN EXISTING CERTIFICATE OF AUTHORITY

Complete the information below. Requests for termination must be submitted within 30 days of the termination date. There is no fee for a Certificate of Authority Termination. If terminating a Limited Subagent, one must submit the Limited Subagent's license with this form.

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 box with checkbox

3. SUBAGENT INFORMATION

Print the subagent's name as it appears on the subagent's Georgia insurance license in the boxes provided. Select the subagent's license prefix by placing an "X" in the appropriate box and print the subagent's six-digit license number and SSN on the lines provided. The subagent must sign and date the document.

Name entry boxes: Last Name, First Name, MI, Suffix (Jr., etc.)

SUBAGENT LICENSE PREFIX (select one):

- [] AGR - Agent Resident [] LSR - Limited Subagent Resident [] WCN - Workers Compensation Non-resident
[] AGN - Agent Non-resident [] LSB - Limited Subagent Borderline [] WCB - Workers Compensation Borderline
[] BLB - Agent Borderline [] WCR - Workers Compensation Resident

SUBAGENT LICENSE NUMBER

SUBAGENT SOCIAL SECURITY 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.

SUBAGENT SIGNATURE _____ DATE _____

OFFICE ONLY box with checkbox

4. SPONSORING AGENT INFORMATION

Print the sponsoring agent's name as it appears on the sponsoring agent's Georgia insurance license in the boxes provided. Select the sponsoring agent's license prefix by placing an "X" in the appropriate box and print the six-digit license number on the line provided. Print the subagent's SSN in the boxes provided. Print the name of the sponsoring agent's agency in the space provided. The sponsoring agent must sign and date the document.

Name entry boxes: Last Name, First Name, MI, Suffix (Jr., etc.)

SPONSORING AGENT LICENSE PREFIX (select one): [] AGR - Agent Resident [] AGN - Agent Non-resident

SPONSORING AGENT LICENSE NUMBER

SPONSORING AGENT SOCIAL SECURITY NUMBER

SPONSORING AGENT'S AGENCY NAME

We, the undersigned, have made a diligent inquiry and investigation relative to this applicant's identity, residence and experience or instruction as to the classes of insurance to be transacted and are satisfied that the applicant is trustworthy and qualified to act as our subagent and to hold himself out in good faith to the general public as such subagent. We desire that he/she represent us in your state. I, the undersigned Agent, certify that I have possession of a copy (or the original where required by Georgia Insurance Department Regulation 120-2-3) of this applicant's current and valid license for the above line(s) of insurance and that the applicant has received a copy of this request for certificate of authority. Further, we understand that it is a violation of the Georgia Insurance Statutes for any agent to accept applications for insurance from an applicant if the applicant is not properly licensed.

SPONSORING AGENT SIGNATURE _____ DATE _____

OFFICE ONLY box with checkbox

OFFICE ONLY box with Clerk's Initials and Date fields

Forward request along with payment, if applicable, to: GEORGIA INSURANCE DEPARTMENT/Pearson VUE, PO Box 281137, Atlanta, GA 30384-1137. Checks must be made payable to: Pearson VUE.