

MIKE RUSS

FINANCIAL TRAINING CENTERS, INC.

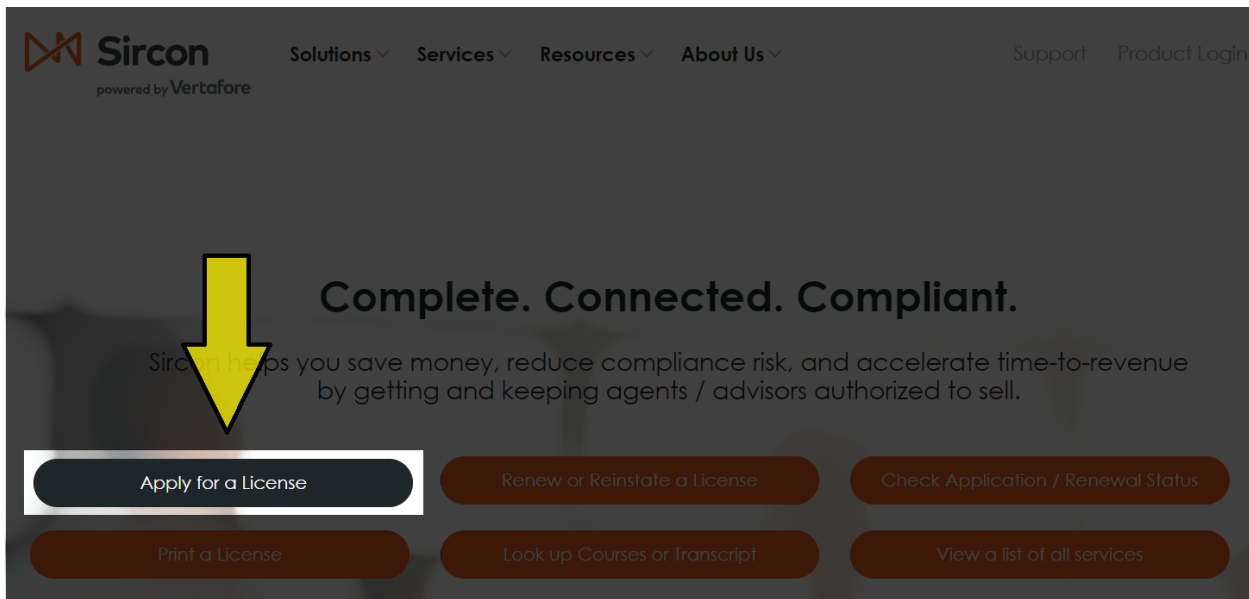
You may use this guide when you are ready to apply for your Insurance License with Sircon. Make sure you complete the following steps prior to commencing your license application:

- ✓ Complete your insurance **pre-licensing course** (12, 20, 32, 40, or 52-Hour course). You must receive a certificate of completion upon completion of the course. If you do not receive a certificate of completion, your license application will NOT be approved.
- ✓ Pass the **CA state exam** with PSI.
- ✓ [If you have an ACTIVE insurance license SKIP this step] Complete a **fingerprinting service** with a Live Scan vendor for a background check.

Note: The information in these images is false and was only entered for the purpose of creating this document. You must enter your own information when filling out your application.

STEP 1: Go to Sircon's Website

- Click on the link: <https://www.sircon.com/index.jsp>
- Click on “**Apply for a License**”



The screenshot shows the Sircon website homepage. At the top left is the Sircon logo with the tagline "powered by Vertafore". To the right of the logo are navigation links: "Solutions", "Services", "Resources", and "About Us", each with a dropdown arrow. Further right are "Support" and "Product Login". The main content area features the headline "Complete. Connected. Compliant." followed by the text "Sircon helps you save money, reduce compliance risk, and accelerate time-to-revenue by getting and keeping agents / advisors authorized to sell." Below this text is a grid of six buttons: "Apply for a License", "Renew or Reinststate a License", "Check Application / Renewal Status", "Print a License", "Look up Courses or Transcript", and "View a list of all services". A large yellow arrow points from the headline area down to the "Apply for a License" button.

STEP 2: Select Your Application Type

- Click the orange button labeled as “**New Insurance License.**”
- Select “**Resident**” (If you are not a CA resident or live in multiple states, please contact the CA Department of Insurance [1-800-967-9331] to determine your residence).
- Select “**Individual**”
- Click “**Continue**”

License Applications

i If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

NEW INSURANCE LICENSES

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

Is this a Resident or Non-Resident license?	<input checked="" type="radio"/> Resident	<input type="radio"/> Non-Resident
Are you an individual or a firm?	<input checked="" type="radio"/> Individual	<input type="radio"/> Firm

[Cancel](#) [Continue](#)


NEW ADJUSTER LICENSES

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

You'll be able to select a license type on following screens




STEP 3: Enter Your Email Address

- Enter the applicant's email address.
- Click "Continue"

License Applications

Email Address:

 [Why do you need my email?](#)

[Home](#) | [News](#) | [State Information](#) | [NAIC Information](#) | [Privacy](#) | [Terms of Use](#) | [Help](#) | [FAQ](#)

Copyright © 1998-2023 Sircon Corp. | [Email Support](#) | 877-876-4430 | 1500 Abbot Rd Ste.100 | East Lansing, MI 48823

STEP 4: Enter Your Information

- Enter the applicant's LAST NAME.
- Enter the applicant's SSN or ITIN. *Note: If you have both numbers, you must use your SSN.*
- Confirm your SSN or ITIN.
- Select "Applicant" as the preparer.
- Select "California" from the list of states.
- Select "Credit Card/Electronic Check Submission" as your payment method.
- Click "Continue"

Individual Resident License Application

Last Name * Required
SSN * Required
Confirm SSN * Required

Preparer Applicant Authorized Submitter * Required

A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).

States Accepting Electronic License Applications

Click on a state name to view the license types available for each submission method.

Attention Alabama applicants: All individual license applicants must submit proof of US citizenship by going to <https://aldoi.gov/LicenseeCZ/Initial.aspx> before your license is issued.

Attention Georgia Applicants: Beginning January 1, 2012, you are required to submit Citizenship Affidavit Form GID-276-EN with your application. This form is available on the state website at <https://oci.georgia.gov/citizenship-affidavit>.

- | | | | | |
|---|---|---|--|---|
| <input type="radio"/> Alabama | <input type="radio"/> Hawaii | <input type="radio"/> Massachusetts | <input type="radio"/> New Mexico | <input type="radio"/> South Dakota |
| <input type="radio"/> Alaska | <input type="radio"/> Idaho | <input type="radio"/> Michigan | <input type="radio"/> North Carolina | <input type="radio"/> Tennessee |
| <input type="radio"/> Arizona | <input type="radio"/> Illinois | <input type="radio"/> Minnesota | <input type="radio"/> North Dakota | <input type="radio"/> Texas |
| <input type="radio"/> Arkansas | <input type="radio"/> Indiana | <input type="radio"/> Mississippi | <input type="radio"/> Ohio | <input type="radio"/> Utah |
| <input checked="" type="radio"/> California | <input type="radio"/> Iowa | <input type="radio"/> Missouri | <input type="radio"/> Oklahoma | <input type="radio"/> Vermont |
| <input type="radio"/> Colorado | <input type="radio"/> Kansas | <input type="radio"/> Montana | <input type="radio"/> Oregon | <input type="radio"/> Virginia |
| <input type="radio"/> Connecticut | <input type="radio"/> Kentucky | <input type="radio"/> Nebraska | <input type="radio"/> Pennsylvania | <input type="radio"/> Washington |
| <input type="radio"/> Delaware | <input type="radio"/> Louisiana | <input type="radio"/> Nevada | <input type="radio"/> Puerto Rico | <input type="radio"/> West Virginia |
| <input type="radio"/> District of Columbia | <input type="radio"/> Maine | <input type="radio"/> New Hampshire | <input type="radio"/> Rhode Island | <input type="radio"/> Wisconsin |
| <input type="radio"/> Georgia | <input type="radio"/> Maryland | <input type="radio"/> New Jersey | <input type="radio"/> South Carolina | <input type="radio"/> Wyoming |

States Accepting Paper License Applications

There are currently no states accepting paper license applications.

Payment Method

Credit Card/Electronic Check Submission
** We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **

I am actively working with a Siron insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.
** We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **

I am actively working with a Siron insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.

STEP 5: Select License Type

- Select “Insurance Producer”
- Answer the question, “Previously Licensed?”
- Click “Continue”

Individual Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)

License Information

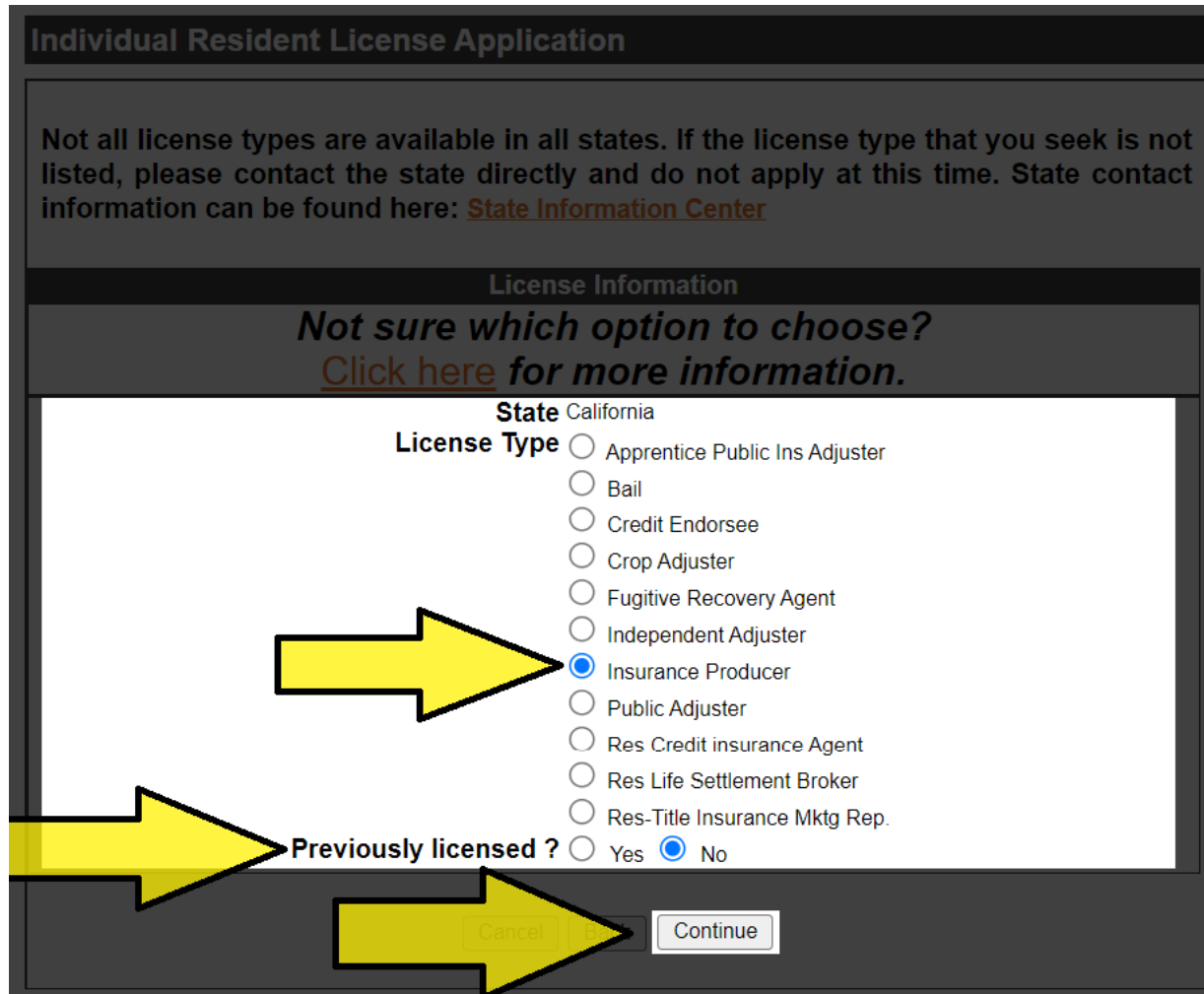
*Not sure which option to choose?
[Click here for more information.](#)*

State California

License Type

- Apprentice Public Ins Adjuster
- Bail
- Credit Endorsee
- Crop Adjuster
- Fugitive Recovery Agent
- Independent Adjuster
- Insurance Producer
- Public Adjuster
- Res Credit insurance Agent
- Res Life Settlement Broker
- Res-Title Insurance Mktg Rep.

Previously licensed ? Yes No



STEP 6: Select License Qualification Code

Read the options below carefully (**ONLY ONE** should apply to you):

- If you are applying for the **Life, Accident & Health or Sickness Insurance License** (commonly known as *Life and Health*), then select BOTH, “**Accident & Health or Sickness**” AND “**Life**”
- If you are applying for the **Life-Only License**, then select “**Life**”
- If you are applying for the **Accident & Health or Sickness License** (commonly known as Health Only), then select “**Accident & Health or Sickness**”
- If you are applying for the **Property Broker-Agent and Casualty Broker-Agent Insurance License** (commonly known as *Property & Casualty or P&C*), then select BOTH, “**Casualty**” AND “**Property**”
- If you are applying for the **Personal Lines Broker-Agent Insurance License** (commonly known as *Personal Lines*), then select “**Personal Lines**”
- If you are applying for the **Commercial Insurance License** then select BOTH, “**Casualty**” AND “**Property**”

Individual Resident License Application

Lines of authority that are currently held by the producer in the resident state will appear below, but they will not be selectable.

Qualification Information for State of California: Insurance Producer

Life and Disability Analyst must be 23 years old and the lines of authority "Life" and "Accident & Health or Sickness" must be held for 5 years.

Applicants that apply for Variable Life and Variable Annuity must be registered with and supply his or her Financial Industry Regulatory Authority (FINRA) Central Registration Directory (CRD) number and be approved in California.

Qualification Code

** At least one qualification must be selected.*

- | | | |
|--|---|---|
| <input type="checkbox"/> Accident & Health or Sickness | <input type="checkbox"/> Limited Lines Auto Ins Agent | <input type="checkbox"/> Self-Service Storage Agent |
| <input type="checkbox"/> Burial and Funeral Expense | <input type="checkbox"/> Motor Club Agent | <input type="checkbox"/> Special Lines SL Broker |
| <input type="checkbox"/> Car Rental | <input type="checkbox"/> Part Time Fraternal | <input type="checkbox"/> Surplus Lines Broker |
| <input type="checkbox"/> Cargo Shipper's Agent | <input type="checkbox"/> Personal Lines | <input type="checkbox"/> Variable Life/Variable Annuity |
| <input type="checkbox"/> Casualty | <input type="checkbox"/> Portable Electronics | |
| <input type="checkbox"/> Life | <input type="checkbox"/> Property | |

Cancel Back Continue



- Click “Continue”

STEP 7a: Complete the "Individual Information" and "Individual Alias Information" Sections


Individual Resident License Application

Individual Information

If applying for variable line of authority, the FINRA CRD number is required. Please note that the e-mail address entered on this page is the address to which the license application confirmation e-mail and PDF file will be sent. This is only applicable to individuals who do not have an active subscription to SIRCON. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past or are currently doing business as or intend to do business as.

Social Security Number ***-**-****


National Producer Number [What's this?](#)


 First Name * Required


Middle Name


Last Name


Suffix (Jr, Sr, etc.)

 Birth Date * Required (mm-dd-yyyy)

 Gender * Required

 Citizen Country Code * Required

 Business Email Address * Required


 Applicant Email Address * Required

Business Website

FINRA CRD Identifier [What's this?](#)

Individual Alias Information (Optional)

*The information in this section is optional.
If you elect to provide this information, please enter all required fields.
List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval)*



Type * Required

First Name * Required

Middle Name

Last Name * Required

Suffix Name

Type * Required

First Name * Required

Middle Name

Last Name * Required

Suffix Name

Type * Required

First Name * Required

Middle Name

Last Name * Required

Suffix Name

Type * Required

First Name * Required

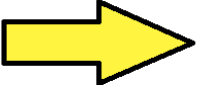
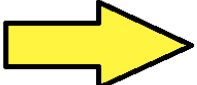




Middle Name

Last Name * Required

Suffix Name

STEP 7b: Complete the Remaining Sections

Note: If you have been appointed by a company, you will need their permission to use the company address as your “Individual Business” address. Otherwise, you may use your residence address as your business address.

Individual Residence Address	
<i>California law requires that you provide a residential and business street address as your addresses of record. Do NOT use a P.O. Box Number instead of a street address.</i>	
	Line One <input type="text" value="1234 San Diego Ave"/> * Required
	Line Two <input type="text" value="Unit # B2"/>
	Line Three <input type="text"/>
	City <input type="text" value="San Diego"/> * Required
	State <input type="text" value="California"/>
	Postal Code <input type="text" value="92111"/> * Required
	Country <input type="text" value="United States"/> * Required
Individual Business Address	
<i>California law requires that you provide a residential and business street address as your addresses of record. Do NOT use a P.O. Box Number instead of a street address.</i>	
	Line One <input type="text" value="Mike Russ Financial Training Centers"/> * Required
	Line Two <input type="text" value="1111 9th Street"/>
	Line Three <input type="text" value="#201"/>
	City <input type="text" value="Coronado"/> * Required
	State <input type="text" value="California"/>
	Postal Code <input type="text" value="92118"/> * Required
	Country <input type="text" value="United States"/> * Required
Individual Mailing Address	
	Line One <input type="text" value="1234 San Diego Ave"/> * Required
	Line Two <input type="text" value="Unit # B2"/>
	Line Three <input type="text"/>
	City <input type="text" value="San Diego"/> * Required
	State <input type="text" value="California"/>
	Postal Code <input type="text" value="92111"/> * Required
	Country <input type="text" value="United States"/> * Required
Residence Phone Information	
	Phone Number <input type="text" value="619-123-4567"/> * Required
Business Phone Information	
	Phone Number <input type="text" value="800-724-5661"/> * Required
	Extension <input type="text"/>
Business Fax Information (Optional)	
<i>The information in this section is optional. If you elect to provide this information, please enter all required fields.</i>	
	Fax Number <input type="text"/>
	 <input type="button" value="Cancel"/> <input type="button" value="Back"/> <input type="button" value="Continue"/>

STEP 8: Enter Your Employment History for the Past FIVE YEARS

Employment History Information
Please enter information into the sections below (at least one is required).
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. If providing current employment, please enter current month and year as the end date.

Current Employment

Employment Type * Required

Beginning Date * Required (mm-yyyy)

Employer Name * Required

City * Required

State * Required

Province

Country * Required

Position Description * Required

Current Employment

Employment Type * Required

Beginning Date * Required (mm-yyyy)

Ending Date * Required (mm-yyyy)

Employer Name * Required

City * Required

State * Required

Province

Country * Required

Position Description * Required

Current Employment

Employment Type

Beginning Date * Required (mm-yyyy)

Ending Date * Required (mm-yyyy)

Employer Name * Required

City * Required

State

Province

Country * Required

Position Description * Required

Current Employment

Employment Type

Beginning Date * Required (mm-yyyy)

Ending Date * Required (mm-yyyy)

Employer Name * Required

City * Required

State

Province

Country * Required

Position Description * Required

STEP 9: Complete the Questionnaires and Agreements

The next few pages will contain disclosure agreements and questionnaires that will determine your eligibility to obtain an insurance license from the CA Department of Insurance. If you need assistance completing the following sections, you may contact the CA Department of Insurance's licensing hotline at 1-800-967-9331.

CA Disclosure Agreement

All questions are required unless otherwise specified

Please answer the following CA Disclosure Agreement

CA Individual License Application Background Questions

All questions are required unless otherwise specified

Please answer the following CA Individual License Application Background Questions

CA Individual License Requirements - DBA

All questions are required unless otherwise specified

Please answer the following CA Individual License Requirements - DBA

CA Individual License Requirements - Resident Fingerprinting

All questions are required unless otherwise specified

Please answer the following CA Individual License Requirements - Resident Fingerprinting

CA Individual License Requirements - Resident Insurance Producer

All questions are required unless otherwise specified

Please answer the following CA Individual License Requirements - Resident Insurance Producer

CA Insurance Producer License Questions

All questions are required unless otherwise specified

Please answer the following CA Insurance Producer License Questions

CA State Optional Questions

All questions are required unless otherwise specified

Please answer the following CA State Optional Questions

STEP 10: Complete the Attestation

Attestation Information for State of California: Insurance Producer

The Applicant must read the following very carefully:

I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I understand that pursuant to sections 1668(h) and 1738 of the insurance code, any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to insurance code sections 1703 and 1733, I authorize disclosure to the insurance commissioner of all financial institution records of any fiduciary accounts for the duration of this license. I understand if I fail to fully disclose any information requested in this application or if I make a false statement, my application may be denied. All fees are filing fees and are not refundable, whether the application is acted upon or an examination taken.

You must provide all information requested, omission of information will result in the application being rejected as incomplete. Per 1798.17 of the California civil code the information will be used to determine qualifications for licensure, compliance with the law, child support obligations, and establish positive identification. You have the right to review file maintained by this agency, unless the information is classified as confidential under section 1798.3(a) of the civil code.

I Agree* *Required*

Cancel

Back

Continue

STEP 11: Application Summary

- You may review your application before submitting it by clicking on “**Review License Application**”
- You must check the first box to continue.
- The second and third boxes are optional.
- Click “**Continue**”

License Application Summary

State to Apply California
Last Name **RUSS**
[Review License Application](#)

Electronic Applications			
Dest. State	License Type	Qualification Type	Total State Fee
California	Insurance Producer	Casualty Property	\$188.00
State Fee Total			\$188.00
Sircon Service Fee			\$0.00

Fee Summary	
Electronic Applications State Fee Total	\$188.00
Sircon Service Fee Total	\$0.00
Processing Fee Total	\$0.00
Total	\$188.00

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

I understand that all license application fees are non-refundable.
[Click here to view additional state requirements](#)

I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.
Please send email notifications to:

Use my information to create a Sircon account so I can track and manage my license credentials and continuing education (CE) requirements for free. [What's this?](#)
Sircon account email
Confirm your email to sign up