



OFFICE OF COMMISSIONER OF INSURANCE
 COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER
Ralph T. Hudgens, Commissioner



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AGENTS LICENSING

Request For New & Terminated Sub-Agent Certificate Of Authority

GID-396-AL APR2015

1. GENERAL INSTRUCTIONS

- A. This request 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. **Overnight Mail Address WITH PAYMENT:**
Bank of America, ATTN: PSI Services LLC Box 742983, 1075 Loop Road (2nd Floor), Atlanta, GA 30337
Regular Mailing Address WITH PAYMENT: PSI Services LLC, P.O. Box 742983, Atlanta, GA 30348-2983

2. NEW/TERMINATED CERTIFICATE OF AUTHORITY INFORMATION

Indicate type of request by placing an "X" in the appropriate box and completing the related section.

ADD A NEW CERTIFICATE OF AUTHORITY Amount Enclosed: \$
 Enclose a \$5.00 check or money order, payable to: **PSI SERVICES LLC / GEORGIA INSURANCE DEPT.**

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. If terminating a Limited subagent, 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.

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 indicate the subagents license number and SSN. The Subagent must sign and date the document.

Last Name	First Name	MI	Suffix (Jr., Sr.)
<input type="checkbox"/> AGR – Agent Resident <input type="checkbox"/> AGN – Agent Non-Resident <input type="checkbox"/> LSR – Limited Subagent 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

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 sponsoring agents license number and SSN on the lines provided. The sponsoring agent must sign and date the document.

Last Name	First Name	MI	Suffix (Jr., Sr.)
Sponsoring Agent License: <input type="checkbox"/> Agent Resident <input type="checkbox"/> 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, 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.

 Company Official – Authorized Signature Name of Authorized Company Official Date

 Contact Phone Number Contact Fax Number