



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: \_\_\_\_\_

1. Categories and fees (Check appropriate boxes.)
Table with columns: Category, Application, License
[ ] Producer \$30 (1850) + \$45 (1575)
[ ] Adjuster \$30 (1850) + \$45 (1577)
[ ] Consultant \$30 (1850) + \$45 (1578)
Enter total application and license fees in #4.

- 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)

4. Total fees
Table with columns: Fee Type, Amount
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 columns: Name/Position, Address/City/State/ZIP

Use additional sheet, if necessary.

Division use only
Date licensed License number

FISCAL USE ONLY — 44410

