Print Form

AFFILIATED BUSINESS ARRANGEMENT DISCLOSURE

In accordance with § 10-2-401 (6), this disclosure form must be completed and submitted (a)with every application for a new license (b) for continuation of an existing license and (c) upon any change to affiliation information. Complete a separate form for each Affiliated Business Arrangement.

1) Disclosure Reason

Indicate the disclosure reason for submitting this form:

☐ New License /Reinstatement ☐ License Renewal ☐ Change Affiliation Information

2) Name and Address of New License Title Applicant or Title Licensee (Individual or Company)

_____
(Name)

_____
(Physical Business Street Address)

_____
(City) (State) (Postal Code) (Contact Phone Number)

Indicate your Colorado Insurance Producer License Number, SSN, or FEIN._____

3) Underwriter Disclosure

List the Underwriter(s) with whom you are currently contracted to conduct business. Indicate if you are disclosing a new affiliation or ending a previously disclosed affiliation. Enter the effective date. If you are an employee of an agency and have no direct underwriting agreements, write "None".

Add☐ End☐ Effective Date_____ _____
(Underwriter's Name)

Add☐ End☐ Effective Date_____ _____
(Underwriter's Name)

4) Disclosure of Affiliated Business Arrangement

Provide the name and physical address of the Affiliated Business. If you (or the agency) is not a party to any affiliated business arrangement and does not own any interest in an affiliated business, write "None".

_____
(Name of Affiliated Business)

_____
(Physical Business Street Address)

_____
(City) (State) (Postal Code)

Indicate if you are disclosing a new affiliation or ending a previously disclosed affiliation. Enter the effective date.

☐ Add Affiliation (Effective Date_____) ☐ End Affiliation (Effective Date _____)

Complete the name, occupation, and employer of each owner, director, partner, officer, and/or member of the Affiliated Business.

_____
(Name) (Occupation) (Employer)

_____
(Name) (Occupation) (Employer)

_____
(Name) (Occupation) (Employer)

5) Original Signature (This form must be signed by the individual applicant/licensee. For agency licenses, this form must be signed by a company officer.)

_____
(Signature) (Date)

_____
(Printed Name) (Title if Company Officer)

SUPPLEMENT TO AFFILIATED BUSINESS ARRANGEMENT DISCLOSURE

Additional Underwriters

List the Underwriter(s) with whom you are currently contracted to conduct business. Indicate if you are disclosing a new affiliation or ending a previously disclosed affiliation. Enter the effective date.

Add☐ End☐ Effective Date_____ _____
(Underwriter's Name)

Add☐ End☐ Effective Date_____ _____
(Underwriter's Name)

Add☐ End☐ Effective Date_____ _____
(Underwriter's Name)

Add☐ End☐ Effective Date_____ _____
(Underwriter's Name)

Additional owners, directors, partners, officers, and/or members

Complete the name, occupation, and employer of each owner, director, partner, officer, and/or member of the Affiliated Business.

(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)
(Name)	(Occupation)	(Employer)