



CAPE® Education, Inc. ID# 54-1637870
Concierge License Renewal Service - \$139

CAPE® will process your PENNSYLVANIA Resident Producer Renewal Application (This service is NOT available for Adjuster License Renewals)

same (business) day license renewal application process
AND
payment of the Pennsylvania License Renewal Fee
AND
confirmation of license renewal

The Fine Print: Please send the completed 6 page license renewal application form and valid credit card payment authorization to CAPE®. The individual insurance producer must have accumulated 24 Continuing Education (CE) credits. CAPE® will verify postings of CE credits from non CAPE®/other sources but is not responsible for missing credits from non CAPE®/other sources. The individual insurance producer's license must be currently active. If Availability and cost of this service are subject to change. CAPE® will communicate directly with you when the license is renewed and send the new license to you.

If you are on license expiration day, CAPE® must receive prior to 12:00pm, Mon-Fri, excluding holidays, in order for CAPE® to process the same day.

If you are within a month of license expiration day, please send by 12:00pm, Mon-Fri, excluding holidays, for same day processing. If CAPE® receives after 12:00pm, then the license renewal will process the following business day.

If your license has recently expired, CAPE will attempt to renew your license. Pennsylvania rules stipulate an additional \$110 penalty for renewing/reinstating an insurance license if done so within one year following the license expiration date. If the online renewal process calls for payment of the additional \$110, you authorize CAPE® to charge your credit card and proceed with the process. You are advised that if the online process does not ask for the stipulated \$110 late filing penalty, the additional \$110 will not be charged. Additionally, you are advised; and you agree that the absence of the \$110 late fee being charged does not eliminate the possibility that the Pennsylvania Insurance Department may require payment of same later. If/when said payment demand may be made, you agree it will be your responsibility to pay.

Name (Printed)_____ Name (Signed)_____ Date_____

Same Day license renewal application process and license renewal payment: Cost: \$139.00

Email: process@capecschool.com or FAX: 610-353-9471

Check one: Visa MasterCard AmEx Discover

Card #: _____ Exp.Date: _____ CSV: _____

Cardholder (print name) _____

Authorized Signature: _____

Question 1

NOTE: For Questions 1a, 1b and 1c, "**Convicted**" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Question 1A

Have you been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor, which has not been previously reported to this insurance department?

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- No
- Yes

Question 1B

Have you been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony, which has not been previously reported to this insurance department?

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

- No
- Yes

Question 1B1

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

- No
- Yes
- Not Applicable

Question 1B2

If so, was that consent granted? (Attach copy of 1033 consent approved by home state.)

- No
- Yes
- Not Applicable

Question 1C

Have you been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense, which has not been previously reported to this insurance department?

- No
- Yes

Question 2

Have you been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department?

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration, application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

- No
- Yes

Question 3

Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? If you answer yes,

- No
- Yes

Question 3A

By how many months are you in arrearage?

Question 3B

Are you currently subject to and in compliance with any repayment agreement?

- No
- Yes
- Not Applicable

Question 3C

Are you the subject of a child support related subpoena/warrant?

- No
- Yes
- Not Applicable

Question 4

Since the last renewal or initial application in this state, have you failed to pay state income tax or comply with any administrative or court order directing the payment of state income tax?

- No
- Yes

You MUST review the pre-populated answers to the above questions for accuracy. CAPE® will not proceed with your license renewal if you do not sign the below confirmation.

ATTESTATION for Pennsylvania

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements.

Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania, regarding the lines of authority for which I am licensed.

In addition, if I am renewing a Public Adjuster/Public Adjuster Solicitor license, I do hereby certify that I have the bond required as a condition for a licensure as well as a contract approved by the Pennsylvania Insurance Department.

(Note: False statements may result in criminal penalties, administrative enforcement action, including fines and licensure action, or all of the aforementioned.)

I will retain the hard copy of the renewal form signed by me for three years from this date.

Name (Printed) _____ Name (Signed) _____ Date _____

Please answer the below questions.

Phone Information

	Current Phone	
Home Phone	<input type="text"/>	
Business Phone	<input type="text"/>	Ext. <input type="text"/>
Toll Phone	<input type="text"/>	Ext. <input type="text"/>
Fax Phone	<input type="text"/>	

Business Address

	Current Address	
Address	<input type="text"/>	* Required
	<input type="text"/>	
	<input type="text"/>	
City	<input type="text"/>	* Required
State	Pennsylvania	
Zip	<input type="text"/>	* Required

Residence Address

	Current Address	
Address	<input type="text"/>	* Required
	<input type="text"/>	
	<input type="text"/>	
City	<input type="text"/>	* Required
State	Pennsylvania	
Zip	<input type="text"/>	* Required

Mailing Address

	Current Address	
Address	<input type="text"/>	* Required
	<input type="text"/>	
	<input type="text"/>	
City	<input type="text"/>	* Required
State	Pennsylvania	
Zipcode	<input type="text"/>	* Required

**CAPE® Consulting Concierge License Renewal Service –
PENNSYLVANIA Resident Producer Renewal Application
(This service is not available for Adjuster License
Renewal)**

Last Name _____

First Name _____

Phone # _____

Email _____

Social Security # _____

PA Resident License # _____

Name(Printed) _____

Name (Signed) _____

Date _____