

**Business Entity Endorsement**

LIC 411-8A (Rev 07/2010)

Producer Licensing Bureau  
 P.O. Box 1139  
 Sacramento, CA 95812-1139  
 (916) 322-3555 or (800) 967-9331  
 www.insurance.ca.gov

Pursuant to Section 1627 and 1661 of the Insurance Code

License Number of Business Entity:

Business Entity Name:
Mailing Address:
City, State, Zip:

**To the Insurance Commissioner of the State of California: Effective from the date of filing this notice, the Business Entity hereby endorses the person(s) named to exercise the agency or brokerage powers of the business entity.**

**Note:** Enter only one endorsement type per line. (Exception SL/SP)

\***AH** - Accident and Health Agent    \***LO** - Life-Only Agent    **LI** - Life-Limited to the Payment of Funeral & Burial Expenses  
**FX** - Fire/Casualty Broker-Agent    **AU** - Limited Lines Automobile Insurance Agent    **LA** - Life and Disability Analyst  
**CS** - Cargo Shipper's Agent    \*\***CI** - Credit Insurance Agent    **PL** - Personal Lines Broker Agent    **MC** - Motor Club Agent  
**SL** - Surplus Line Broker    **SP** - Special Lines' Surplus Line Broker    **SL/SP** - Surplus Line & Special Lines' Surplus Line Broker    \*\*\***LS** - Life Settlement Broker

#	**Endorsement Type	Endorsee's Social Security Number****	Endorsee's Name (as shown on license)	Effective Date of Endorsement
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

**Signature** and title of authorized representative.

<input style="width: 95%; height: 20px;" type="text"/> Title:	Date:
E-mail:	Phone Number: (    )

**Filing fee:** Submit \$22 filing fee per endorsement type. Enter number of  X \$22

Please note If you are endorsing an applicant for an insurance license, submit only one name per form and attach the form to the application.

- |  |  |
|--|--|
| 1. If you are submitting only an endorsement:<br><b>Mail Endorsement form and fee to ►</b><br>or                             | California Department of Insurance<br>P.O. Box 957<br>Sacramento, CA 95812-0957  |
| 2. If endorsement is being submitted with original application<br><b>Mail Endorsement form with application and fee to ►</b> | California Department of Insurance<br>P.O. Box 1139<br>Sacramento, CA 95812-1139 |

\* If endorsing both Accident and Health Agent and Life-Only Agent submit only one filing fee.  
 \*\* For Credit Insurance applicants only: submit \$31 per endorsement.  
 \*\*\* There is no fee for the Life Settlement Broker.  
 \*\*\*\* Disclosure of your U. S. social security number is mandatory pursuant to Cal. Civil Code, § 1798.17; Cal. Family Code, § 17520(d); and Federal Privacy Act of 1974, §§7(a) (2) (B) and 7(b). Your social security number will be used primarily for purposes of processing your application, including conducting any necessary investigation into your background. If you fail to disclose your social security number, your application will not be reviewed. An individual has a right of access to certain records containing personal information pertaining to that individual. Individuals may obtain information regarding the location of their records by contacting the Bureau Chief, Producer Licensing Bureau, California Department of Insurance by phone (800-967-9331) or by mail, to the following address: 320 Capitol Mall, Sacramento CA 95814.