

Indiana Navigator Designation Form
For Licensed Insurance Producers and Consultants

Demographic Information					
Insurance License Number			If assigned, National Producer Number (NPN)		
Last Name	First Name	Middle Name	Date of Birth (mo.)____ (day)____ (yr.)____		
Residence/Home Address	City	State	Zip Code		
Home Phone Number () -	Gender ☐ Male ☐ Female		Are you a Citizen of the United States (check one) ☐ Yes ☐ No - If no, of which country are you a citizen? (If NO, supply proof of eligibility to work in U.S.)		
Email Address					
Mailing Address	P.O. Box	City	State	Zip Code	Foreign Country
a. List any other assumed, alias, maiden or trade names which you have used in the past.					
b. List any trade names under which you are currently doing business or intend to do business (May be subject to state approval)					

Background Information	
The applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.	
1. Are you acting on behalf of one or more application organizations (AO)? If you answer yes: You must provide the name, address, phone number, fax number, email address, and website for the primary AO with which you are associated. For all other associated AOs, you must provide a list of the name and FEIN of each associated AO with your application.	<i>(circle one)</i> Yes / No
2 a) Do you receive direct compensation/commission from a health insurance issuer when you enroll an individual in a health plan? b) Do you have any other existing or potential conflicts of interest? Note: "Conflict of interest" may include a direct or indirect, through business or family, interest or relationship with a third party or any type of compensation received from a third party that prohibits or inhibits, or potentially prohibits or inhibits, you from exercising independent judgment in the best interest of the consumer. If you answer yes: You must submit a Disclosure of Conflicts of Interest form with your application.	Yes / No Yes / No
3. Were you or your associated Application Organization (AO) selected to receive funding through the federal Navigator cooperative agreement and/or are you or your associated AO a FFM-designated Certified Application Counselor? If you answer yes: You must provide your federal Navigator cooperative agreement and/or Certified Application Counselor number with your application.	Yes / No

Applicant's Certification and Attestation

I, on behalf of myself and/or on behalf of the application organization (AO), as the duly authorized representative, hereby certify, under penalty of perjury and under penalty of denial, suspension, or revocation of registration, that:

1. All of the information submitted in this application and attachments is true, correct, and complete to the best of my knowledge and belief. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for certification denial, suspension, or revocation and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner of the Indiana Department of Insurance (IDOI) or other appropriate party to be my agent for service of process regarding all insurance matters in Indiana and agree that service upon the Commissioner of IDOI, or other appropriate party is of the same legal force and validity as personal service upon myself.
3. I grant permission to the Commissioner of IDOI, or other appropriate party to verify information with any federal, state, or local government agency, current or former employer, or insurance company.
4. I, as an Indiana Navigator or AO have not failed to pay state income tax or comply with any administrative or court order directing payment of state income tax.
5. I will timely notify the Commissioner of IDOI of a change in: legal name, address, associated Indiana Navigators and/or Application Organization affiliation.
6. I authorize the jurisdiction to which this application is made to give any information concerning me or the AO, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdiction and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
7. I acknowledge that I understand and will comply with the laws and regulations of the state of Indiana.
8. I agree not to misrepresent the terms of insurance, nor will I exhibit unfair trade practice in the business of insurance.
9. I agree to appear as an Indiana Navigator or AO on the State web site for consumer assistance, which may be linked to other webpages. I understand that I may opt out of publication by contacting the IDOI.
10. I will notify the Commissioner of IDOI of any potential or existing changes in conflict of interest status in accordance with the Indiana Navigator Certification's Conflict of Interest Policy.
11. For any Indiana Navigator or Application Organization receiving federal Navigator cooperative agreement funds, I certify that I am in compliance with federal standards and requirements.
12. For non-Resident Licensed producers, I certify that I am licensed and in good standing in my home state/resident state.
13. For Indiana Navigators, I a) have no child support obligation, b) have a child support obligation and I am currently in compliance with that obligation, or c) have identified my child support obligation arrearage on this application.
14. For Application Organizations, all Indiana Navigators who provide navigator services on behalf of the AO, are properly certified, meet all requirements under Ind. Code 27-19-4-3, and have not committed any act, to the best of the AO's knowledge and belief, that would be grounds for denial, suspension, or revocation of certification.
15. For non-Resident Application Organizations, the AO certifies that it is registered and in good standing in its home state/resident state.
16. I will furnish certified copies of any documents attached to this application or any additional documents if requested by IDOI.
17. I will abide by the insurance laws of the State of Indiana.

Must be signed by applying Indiana Navigator or by an officer, director, or partner of the AO:

Month/Day/Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Title (for AO representative)