

SERVICE REQUEST FORM

For Indiana Navigators and Application Organizations

TO: INDIANA DEPARTMENT OF INSURANCE
 Attn: Navigator Director
 311 West Washington, Ste 300
 Indianapolis, IN 46204-2787

FAX: 317-232-5251

EMAIL: navigator@idoi.in.gov

FROM:

Name of Individual or Organization:			
Mailing Address (Street, PO Box etc):			
City:	State:	Zip:	License #:

NOTE: THE NAVIGATOR OR OFFICER/PRINCIPAL OF THE ORGANIZATION MUST SIGN THE BACK OF THIS FORM WHERE SHOWN

PART ONE: OPTIONS

(choose one or more)

- | | |
|--|--|
| <input type="checkbox"/> 1. Change of Residence Address and/or Phone Number
<input type="checkbox"/> 2. Change of Name
<input type="checkbox"/> 3. Correct Social Security or FEIN
<input type="checkbox"/> 4. Change of Business Address and/or Phone Number
<input type="checkbox"/> 5. Request Letter(s) of Clearance | <input type="checkbox"/> 6. Request Cancellation of License
<input type="checkbox"/> 7. Request Duplicate License(s) – <i>fee required</i>
<input type="checkbox"/> 8. Assumed Business Name
<input type="checkbox"/> 9. Change/Add Designated Licensed Navigator
<input type="checkbox"/> 10. Change/Add E-mail address |
|--|--|

PART TWO: INFORMATION REQUIRED

(complete corresponding section based on options selected)

1. CHANGE OF RESIDENT ADDRESS AND/OR PHONE NUMBER

Note: State law requires that you notify the Department of a change of address or name within thirty (30) days of the change. Failure to do so will result in a \$100.00 penalty, revocation, suspension, or other disciplinary action. **If non-resident and moving from one state to another, a certification letter or copy of the license from the new state must be attached.**

PRIOR ADDRESS (required)			NEW ADDRESS (required)		
Street Address			Street Address		
PO Box (If Applicable)			PO Box (If Applicable)		
City	State		City	State	
Zip	Phone Number		Zip	Phone Number	

2. CHANGE OF NAME (Attach copy of the legal documentation for the change.)

Name as currently in our record (Last, First, Middle)

New Name to appear in our records (Last, First, Middle)

3. CORRECT SOCIAL SECURITY NUMBER TO:

Note: You must attach copies of at least 2 forms of identification confirming the number you provide below.

4. CHANGE OF BUSINESS ADDRESS AND/OR PHONE NUMBER

Note: State law requires that you notify the Department of a change of business address within thirty (30) days of the change. Failure to do so will result in a \$100.00 penalty, revocation, suspension, or other disciplinary action.

PRIOR ADDRESS (required)			NEW ADDRESS (required)		
Street Address			Street Address		
City	State		City	State	
Zip	Phone Number		Zip	Phone Number	

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5. **REQUEST LETTER(S) OF CLEARANCE**

Note: You must return original license(s) to the Department before a Letter of Clearance will be issued. Please enclose a stamped self-addressed envelope of sufficient size to hold the material requested.

I have moved from Indiana to the State of _____. Please cancel all my existing Indiana resident insurance licenses and send me a Letter of Clearance. I have included my original license(s).

6. **REQUEST CANCELLATION OF LICENSE**

Please note which line of authority if not canceling all lines: _____
 Attach the original license. Check here if lost or misplaced

7. **REQUEST DUPLICATE LICENSE(S) (\$10.00 FEE REQUIRED)**

Note: The fee for a duplicate license is \$10.00 (personal check, cashier's check or money order). Do NOT send cash. Requests for duplicate license(s) will not be processed unless a fee is received.

License Type	Reason for Request

8. **ASSUMED BUSINESS NAME** _____

*Must notify the Department before using this name.
 Need to supply a copy of the Certificate of Amendment or a Signed document from the Secretary of State

9. **REMOVE/ADD DESIGNATED LICENSED NAVIGATOR:** _____

Producer License Number: _____ Remove or Add
 Producer License Number: _____ Remove or Add
 Producer License Number: _____ Remove or Add

10. **EMAIL ADDRESS**

Change of Personal Email Address: _____
 Change of Business Email Address: _____

PART THREE: SIGNATURE

(The navigator or officer/principle of the organization must sign this form certifying information is correct.)

 Signature of Navigator or Officer/Principal of Organization

 Date

 Print Name of Navigator or Officer/Principal of Organization

 Contact email

Renewal Notice: The Department will email a renewal notice via Sircon to the navigator/organization email on record. If for some reason the navigator does not receive a renewal invoice, it is still the navigator's responsibility to renew the license. Notices are emailed to the navigator approximately sixty (60) days before the license is due to expire.