

**STATE OF NEW MEXICO – OFFICE OF SUPERINTENDENT OF INSURANCE (OSI)
PRODUCER LICENSING BUREAU**

Business Entity Affiliation Form

Business Entity Federal Id Number _____ Check if app is **Pending** _____
 Business Entity Name _____
 Address _____ City _____ State Zip _____
 Contact Person _____ Telephone No. _____
 Email Address _____

Notice is hereby given that effective from the date shown on this notice, the designated business entity hereby affiliates the licensee(s) named herein to act as its affiliate.

Affiliation fee is \$20.00 per affiliate. We do not affiliate agencies. Please list only individual agents.

Payment must be made by Check or Money Order. Make payable to: OSI

**Mailing address: OSI
 Producer Licensing Bureau
 1120 Paseo de Peralta, 4th Floor
 Santa Fe, NM 87504**

NAME AS SHOWN ON LICENSE	NPN AND LICENSE TYPE
Example: John Smith	12345 – Independent Adjuster
AFFILIATIONS ARE RENEWED ANNUALLY AND MUST BE MAINTAINED FOR THE LIFE OF THE BUSINESS ENTITY LICENSE	

Please have only 6 affiliations per form, we will not accept "attached spreadsheets"

Total affiliations _____ \$20.00 per affiliate = \$ _____

Check _____ Money Order _____

Signature must be that of an officer of the business entity or a person authorized by the business entity to sign on behalf of the business entity.

Printed Name _____ Official Title _____
 Signature _____ Date _____

All filing fees are non-refundable or non-transferable, whether or not the application is processed. Per NMSA 59A-6-1 all fees are earned when paid and are not refundable.