

How to Apply for Navigator Licenses Using the NIPR

Covering Wisconsin

Fall 2022



The National Insurance Producer Registers (NIPR) Licensing Center

The NIPR Licensing Center is an online resource for obtaining, renewing and managing insurance licenses. Navigators and Navigator Entities and can apply for and renew their license on the NIPR.

In 2022, OCI has asked Navigators and Navigators Entities to apply for and renew their licenses using the NIPR.

Submitting an Individual Navigator Application

Submitting an Individual Navigator Application



Submitting an Individual Navigator Application

Before submitting an individual Navigator license application or renewal

New Navigators

- 1. Complete current year's Assister Training on the MLMS
- 2. Complete 16 hours of prelicensing training
- 3. Take and pass the Navigator exam
- 4. Complete fingerprinting

Returning Navigators

- 1. Complete current year's Assister Training on the MLMS
- 2. Complete annual 8 continuing education requirements

Returning Navigators First Check the SBS

Returning Navigators should check the SBS License Manager to see if your continuing education credits for this year are recorded in the system. Until your continuing education credits are recorded you will be unable to renew your license.

After the conference each year, Covering Wisconsin submits a list of attendees to the Office of the Commissioner of Insurance who enters credits for each Navigator into the system.

NAIC State Based Systems – Getting Started

Look up **your** license **details** on

https://sbs.naic.org/s olar-external-lookup/

You can enter your name. You do not need to know your NPN or License (which are the same). This system will find it.

	•	
Jurisdiction REQUIRED		
Wisconsin		
Search Type REQUIRED		
Licensee		
Entity Type REQUIRED		
Individual		
Individual Enter one or more additional fields:	First Name	
Individual Enter one or more additional fields: Last Name	First Name	
Individual Enter one or more additional fields: Last Name License Number	First Name	
Individual Enter one or more additional fields: Last Name License Number	First Name NPN	
Individual Enter one or more additional fields: Last Name License Number Advanced Criteria	First Name NPN	

Finding Yourself Using the Lookup

Find yourself and select License Manager

Insurance Commissioners													
Wisconsin State Based Systems												17	E
≡													
Lookup Search	Show 10 🗸	entries					Showing 1 to 1	of 1 entries		Q	Filter		
How Do I?					License								
Jurisdiction REQUIRED	License Number	NPN	Name	License Type - Status	Effective Date	Expiration Date	ls Resident?	LOAs	Alias Names	Business Address ✔	Business Phone	Designated Home State	License Mapager
Wisconsin ~ Search Type REQUIRED	100124243		<u>SMITH, JANE C</u>	Intermediary (Agent) Individual-Inactive	06/28/1982	12/31/1985	Yes	NO LINES ASSIGNED		STEVENS POINT, WI 54481		(License Manager
Licensee ~	6509846	6509846	<u>SMITH, JANE E</u>	Intermediary (Agent) Individual-Inactive	02/17/1994	02/15/2004	Yes	NO LINES ASSIGNED		GRAFTON, WI 53024			License Manager
Entity Type REQUIRED Individual Enter and as more additional fields:	19106826	19106826	SMITH.JANE ELLEN DECKER	Intermediary (Agent) Individual-Active	05/01/2022	04/30/2024	No	Accident & Health (06/12/2019) Casualty (05/06/2019) Life (06/12/2019)		BLUE ASH, OH 45242	(513) 846- 6174		<u>License</u> <u>Manager</u>
Last Name smith	2064443	2064443	<u>SMITH. JANE</u> LYNN	Intermediary (Agent) Individual-Active	10/01/2022	09/30/2024	No	Property (05/06/2019) Accident & Health (05/10/2000) Life (05/10/2000)		HARRISBURG, PA 17110	(717) 526- 7448		<u>License</u> <u>Manager</u>
First Name								Variable Life/Variable Annuity (09/17/2009)					
jane	8184353	8184353	<u>SMITH, JANEEN</u> <u>NICOLE</u>	Intermediary (Agent) Individual-Inactive	10/18/2005	05/31/2010	No	NO LINES ASSIGNED		MAYFIELD VILLAGE, OH 44143	(877) 776- 2436		<u>License</u> <u>Manager</u>
License Number	17952903	17952903	SMITH, JANELL	Intermediary (Agent) Individual-Active	09/01/2022	08/31/2024	No	Personal Lines P&C (02/22/2018)		TAMPA, FL 33619	(210) 498- 9204		License Manager
NPN	8035500	8035500	SMITH, JANELL	Intermediary (Agent) Individual-Inactive	07/18/2018	02/28/2021	Yes	NO LINES ASSIGNED		MILWAUKEE, WI 53208	(414) 628- 0716		License Manager
Advanced Criteria	7382548	7382548	<u>SMITH, JANELLE</u> DIANE	Intermediary (Agent) Individual-Inactive	01/17/2003	06/30/2009	No	NO LINES ASSIGNED		SAN ANTONIO, TX 78216			License Manager
	17150005	17150005						o # (00/07/00/00			(000) 055		

Enter the License Manager

Enter the last four digits of your SSN

W How Do I?	License Manager	
Jurisdiction REQUIRED		
Wisconsin		
Entity Type Required		
Individual		
Last Name REQUIRED		
SMITH		
Choose One REQUIRED	6509846	
Last 4 Digits of SSN REQUIRED		
Search Reset		

Navigate to Your Education Transcript

On the top click the Education Transcript

Until the SBS shows you as *CE Compliant* for the current year, you won't be able to renew your license on the NIPR. The License Manager Summary Page displays information about the licensee categorized in sections and has quick access to the PDF license, email address update and education transcript information via the buttons on the toolbar. Use the 'License Type' dropdown to view the different license types if applicable. Click the 'Education Transcript' icon.

💓 State Based Systems - Arkansas	🏶 Print License 🛛 💟 Update Email Address	Education Transcript License Type: Insurance Producer
Licensee Demographics		
Name: Ashley, Lauren C	NPN: 17187441	
Domicile State: Arkansas	Domicile Country: United States	Resident?: Yes
Address		
Business Address Mail	ing Address	
216 WARD ST 104	CAIN RD	

The licensee's education transcript will open in a new tab. To print, initiate a File - Print from within your Internet browser.



Returning Navigators



SBS Support Center

The SBS Support Center contains additional details and guides



GENERAL QUESTIONS

🔁 How Do I Use the SBS Website

Find my NPN or license number

Go to the Lookup tool, select your jurisdiction and then Licensee Search Type. A set of criteria pertinent to licensee data displays automatically below the Search Type dropdown box. Enter the known information for the licensee and click Search. For more search criteria, click the Advanced Criteria link at the bottom left-hand corner of this box. You are not required to enter values in all of the fields.

Go to : <u>https://nipr.com/lice</u> <u>nsing-center/apply</u>

Apply for a New License

Obtaining an insurance license in your state, or other states in which you may have interest in doing business is not difficult, if you know what to expect, and can fulfill the requirements.

Go to the Online Application

License Types and Relevant State Information



License Types and Relevant State Information

Resident License

Key Information

When applying for a Resident license a \$5.60 transaction fee and state license fees may apply. See the state rules and requirements for more information.

Apply Online

In order to apply for a new license, you will need to provide:

- License Number or National Producer Number (if previously licensed) or
- Social Security Number (first-time applicants only) or FEIN
- Date of birth (individuals)
- Applicant, Licensee, License, and Residency type
- Pay electronically: Visa, Mastercard, AMEX, or electronic check

Go to the Online Application

My NIPR

Guest User 🕶

Notice - Idaho will be converting to use State Based Systems (SBS). Beginning at 6:00 PM Central Time on September 8th, 2022, all Idaho transactions will be turned off. Processing is expected to resume at approximately 9 AM Central Time on September 14th, 2022. Any transactions submitted during this downtime will be declined. We apologize for any inconvenience this may cause.

Identify Licensee





Search Type

New Navigators

- 1. Choose SSN
- 2. Enter your last name and SSN
- 3. Accept the use agreement

Returning Navigators

1. Can use your NPN or SSN Notice - Idaho will be converting to use State Based Systems (SBS). Beginning at 6:00 PM Central Time on September 8th, 2022, all Idaho transactions will be turned off. Processing is expected to resume at approximately 9 AM Central Time on September 14th, 2022. Any transactions submitted during this downtime will be declined. We apologize for any inconvenience this may cause.

Identify Licensee		
Individual		
Search Type	O License Number	
	 National Producer Number (NPN) 	
	 Social Security Number (SSN) 	
	Select one identifier above	
Last Name	Doe	
SSN	555-55-5555	
	✓ I accept the NIPR Use Agreement	
♦ Back		Next 🗲

If asked, enter your date of birth

My NIPR

Notice - Idaho will be converting to use State Based Systems (SBS). Beginning at 6:00 PM Central Time on September 8th, 2022, all Idaho transactions will be turned off. Processing is expected to resume at approximately 9 AM Central Time on September 14th, 2022. Any transactions submitted during this downtime will be declined. We apologize for any inconvenience this may cause.

Authorization				
Please verify your	identity by providing your date of birth			
		Date of Birth	MM/DD/YYYY	
			A Date of Birth is a required field	
← Back				Next 🗲

Guest User 🔻

Product Type

- 1. Product Type: Other Licensing
- 2. Application Type:
 - Initial New Navigator
 - Renewal Returning Navigator
- 3. Residency Type: Resident



Select a State

Scroll down to select Wisconsin

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💰 U	ser Menu
elect a State	DRAK
Search	
UTAH	Select
VERMONT	Select
VIRGINIA	Select
WASHINGTON	Select
WEST VIRGINIA	Select
WISCONSIN	Select
WYOMING	Select
▲ Back	Next 🍝

License Type

Select Navigator Individual

Not seeing that option? Go to next slide.

nipr/frontend/start-flow	
Intermediary (Producer) Individual	
Crop Select Al	O Deselect All
Surety	
Travel	
Attorney Title	
Legal Expense	
Employee Benefit Plan Administrator	
None Select Al	O Deselect All
Life Cathlement Daylor	
Life Settlement Broker	
None Select Al	Deselect All
Navigator Individual	
None Select Al	ODeselect All
Reinsurancemeenstere Broker	
None Steer Al	Deselect All
Reinsurance Intermediary Manager	
None Stelect Al	C Deselect All
Temporary Insurance Intermediary	
Accident & Health	O Deselect All
Casualty	
Credit	
Crop	
Legal Expense	
Life	
Personal Lines P&C	
Variable Life/Variable Annuity	
	\bigcirc
← Back	(Next +

License Type Not Appearing?

New Navigators: Make certain you have completed pre-licensing training and passed the Navigator Exam. Please allow 3-5 business days for exam information to be received by NIPR.

Returning Navigators: Make certain you've completed annual continuing education requirements and OCI has recorded them. Instructions for checking your CE credits are the beginning of this slide deck.

CACs becoming Navigators: See next page



Paper Form Option

A paper form is available if the NIPR doesn't work for you. This NIPR doesn't work if you took your Navigator exam too long ago. This often happens with CACs who are transitioning to Navigators

Complete the first three pages of the form and email it to <u>ociagentlicensing@wisconsin.gov</u>. In the text of your email note that you're a CAC becoming a Navigator.

When submitting a paper form make certain attach your training completion certificate from the Marketplace Learning Management System.

Ref: Section 628.92 (1), Wis. Stat.					E-mail: ocia	P.O. Box 7872 P.O. Box 7872 Madison, WI 53707-7872 (608) 266-8699 agentlicensing@wisconsin.gov Web Address: oci.wi.gov
Check appropriate box for license requested.						
Navigator New License (no fee)	gent Nev	/ License (\$75.00 fe	e)		
Renewal (\$35.00 fee) Reinstatement (\$70.00 fee)						
NSTRUCTIONS: This application together with the applical is required pursuant to s. 628.92, Wis. St information from other states and law enf	ble nonre tat. Perse forcemen	efundable f onally iden it agencies.	ee is requ tifiable inf	ired for li ormation	censure. on this for	Completion of this form rm will be matched with
Last Name and Suffix (Sr., Jr.) First Name	Middle Na	me	Date of I	Birth (Mo./l	Day/Yr.)	Social Security Number
						, i
Residence/Home Address						
City	St	ate		Zip Co	ode	
Mailing Address				PO Bo	ж	
City	St	ate		Zip Co	ode	
List any other assumed, fictitious, alias, or trade name under which ye	ou are do	ing business	or intend	to do busin	ess	
Business Address						
City	St	ate		Zip Co	ode	
Home Telephone Number BusinessTelephone Number Applic	cant E-ma	il Address		Busin	ess E-mail	Address
Are you a citizen of the US? (check one) Yes No	lf no, o If no, p	f which cour roof of eligib	ntry are you ility to worl	a citizen? k in the US	is required	d.
Em	nploymen	t History				
Account for all time for the past five years. Give all employment exp and part-time work, self-employment, military service, unemployment	perience st nt and full	tarting with y time educat	our curren	t employer	working ba	ack five years. Include full-
		Fro	m	1	ō	
		Month	Year	Month	Year	Position Held
Name:						
City: State: Foreign Country:						
Name		I I				

APPLICATION FOR INDIVIDUAL

NAVIGATOR LICENSE

State of Wisconsir

Office of the Commissioner of Insurance

The registry will then take you through a series of questions regarding your address, your employment history, lawsuits, misdemeanors, felonies, and military offences. Answer all the questions.

If you'd like to preview the questions you can read them on the pdf version of the <u>Application for Individual Navigator License</u>.

Attestation

Read the attestation and accept.

NIPR NATIONAL INSURANCE LICENSING CENTER PRODUCTS & SERVICES ABOUT NIPR HELP Q My NIPR Guest User * # User Mens Attestation MEW Read carefully and Accept to continue. 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license 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, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all Insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself. 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company. 4. I further certify that, under penalty of perjury, a) I have no child-support obligation, b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application. 5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information. 6. Lacknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure. 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this
application or requested by the jurisdiction(s).

laccept

← Back

.nipr.com/my-nipr/frontend/flows/2/260102/attestation

Next 🗲

A

Payment

After attestation, you'll get to the payment screen.

The url from this screen can be copied and shared if you need someone else at your organization to submit payment on your behalf.

Choose Payment Type				
How would you like to pay?	Billing Details * = Required			
	* First Name:			
○ Credit Card	* Last Name:			
	* Address Line 1:			
Electronic Check	Address Line 2:			
	Address Line 3:			
	* City:			
	* State or Province:		~	
	* Country:	United States of A	America 🗸 🗸	
	* Zip Code:			
	* Phone:	-	-	
Your Total is: \$5.60				
« Back				Next
				_

Follow-up Is Required

- After paying the fee, you'll get to this screen.
- Follow up is always required!
 - 1. Make certain you follow-up by emailing your FFM Training Completion Certificate to <u>ociagentlicensing@wisconsin.gov</u>
 - 2. If you answered yes, to any of the background questions, you may need to provide additional documentation to OCI regarding that incident.

Order #14815905			N
View Re View your recei	ceipt ^{pt}	0	View Detail View and download your order
Requests will be sent to the	state. Please allow up to 5 business d	ays for changes to dis	play on the Producer Database (PDB).
Order Number: Order Date: Application State(s): Product: Order Total:	14815905 9/21/2022, 11:36 AM WISCONSIN Resident Licensing \$5.60		
WISCONSIN: Transacti	on #702336200		
WISCONSIN: Transacti	ion #702336200		
WISCONSIN: Transacti In Progress NAVIGATOR INDIVIDUAL: State Messages:	ion #702336200 None		
WISCONSIN: Transacti In Progress NAVIGATOR INDIVIDUAL: State Messages: Action Required Navigato Send certificate of con	ion #702336200 None r Individual applicants must complete apletion to ociagentlicensing@wiscons	any federally manda in.gov.	ted training required under the federal health care exchang
WISCONSIN: Transacti In Progress NAVIGATOR INDIVIDUAL: State Messages: Action Required Navigato Send certificate of con Action Required If applica application process, th submit requested info	on #702336200 None Individual applicants must complete apletion to ociagentlicensing@wiscons ant answered "Yes" to application ques the applicant should submit required d irmation will result in the application b	any federally manda in.gov. tions or other inform ocumentation within eing closed as expire	ted training required under the federal health care exchang ation is being requested in order to proceed with the 90 days of submission date of licensing application. Failure d. All fees are non-refundable.
WISCONSIN: Transacti In Progress NAVIGATOR INDIVIDUAL: State Messages: Action Required Navigato Send certificate of con Action Required If applica application process, th submit requested info No Action Required When Documents in lieu of s	Ion #702336200 None Individual applicants must complete npletion to ociagentlicensing@wiscons ant answered "Yes" to application ques the applicant should submit required d irmation will result in the application b an original document is not required to the documents to the state(s)	any federally manda in.gov. tions or other inform ocumentation within eing closed äs expire to be sent to the state via fax, e-mail or post	ted training required under the federal health care exchang ation is being requested in order to proceed with the 90 days of submission date of licensing application. Failure d. All fees are non-refundable. 1, use the Attachments Warehouse for Additional Licensing al mail.

What Next?

- 1. Look for a payment receipt in your inbox. It comes from <u>donotreply@nipr.com</u>.
- 2. Email your MLMS Training Certificate to <u>ociagentlicensing@wisconsin.gov</u>
 - If you responded yes to any of the background questions, include the additional information requested.
 - Include any address change updates as you cannot make address changes within the NIPR.
- 3. You'll get an email from NIPRGateway reminding you to send in your MLMS Training Certificate (see next page).

NIPRGateway Email

-----Original Message-----From: <u>niprgateway@nipr.com</u> <<u>niprgateway@nipr.com</u>> Sent: Thursday, October 13, 2022 11:45 AM

Subject: Resident Renewal application - Trans # 704580367 - Status Update

** Please do not reply to this email. You will not receive a response to inquiries directed to this email account. Due to the variations in state specific processing, it may take up to 10 business days to process your application. If you have any questions or concerns, please contact the state(s) in which you have applied. Contact information for the state insurance departments can be found at https://nipr.com/help/state-contact-cards then click on the state and navigate to the Producer / Agent licensing section of that state's web site. **

Transaction # 704580367

To

Thank you for your recent electronic Resident Renewal application for WI for

This is an update on the status of your application. A decision has not yet been reached due to the following reason(s):

- Lic Class: Navigator Individual - Comments: Your application has been sent to the state for review due to application for non-uniform lines. Navigator Individual applicants must complete any federally mandated training required under the federal health care exchange. Send certificate of completion to <u>ociagentlicensing@wisconsni.gov</u>. * If applicant answered "Yes" to application questions or other information is being requested in order to proceed with the application process, the applicant should submit required documentation by the expiration date. Failure to submit requested information will result in the application being closed as expired. All fees are non-refundable. * When an original document is not required to be sent to the state, use the Attachments Warehouse for Additional Licensing Documents in lieu of sending the documents to the state(s) via fax, e-mail or postal mail.

* Please refer to the Contact Us and State Specific Requirements links on the website for additional information. Please remit the items requested as soon as possible in order to reduce further delays to the processing of your application. If you have already received the results for your application, please disregard this message.

Again, we thank you for your business.

What Next?

After emailing your MLMS Training Certificate to <u>ociagentlicensing@wisconsin.gov</u> you'll receive an automated message from OCI. It will say,

"Our office is experiencing a significant volume of application submissions which is impacting our processing time frames. Section Ins 6.59 (4) (c), Wis. Adm. Code allows OCI to determine an approval or denial of a licensing application within 90 days of a completed application."

Finding Your Navigator License

After submitting your license application or renewal, you can lookup **your** license **details** on the NAIC State Based Systems license manager tool at

https://sbs.naic.org/solar-external-lookup/license-manager

Remember OCI has 90 days to process your application. When looking for your license or renewal, check back frequently, but don't worry about it until 90 days have passed.

How Do 1?	License Manager
Jurisdiction REQUIRED	
Entity Type REQUIRED	
Individual	
Choose One Required	
NPN License Number	Enter NPN here
Last 4 Digits of SSN REQUIRED	
Search Reset	
Search Reset	

NAIC State Based Systems – External Look-Up

National Association o

Wisconsin State Based Systems

sbs.naic.org/solar-external-

Look-up anyone's license using

https://sbs.naic.or g/solar-externallookup/

P How Do I?	Lookup Search
Jurisdiction REQUIRED	
Wisconsin	×
Search Type REQUIRED	
Licensee	~
Entity Type REQUIRED	
Individual	
Enter one or more additional fields	
Last Name	First Name
License Number	NPN
Advanced Criteria	

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6°F Sunny



Questions?





Navigator Business Entity Licensing



Reference: Navigator Entities

Licensee Name	Also Know As	Licensee #	NPN #
Board of Regents of the University of Wisconsin System	Covering Wisconsin	100198445	17423800
Northwest Wisconsin Concentrated Employment Program, Inc	NWCEP and WCI	100191346	17088877
Partnership Community Health Center, Inc		100198221	17775765
Wisconsin Institute for Public Policy and Service	Hispanic 2 Hmong Network, a Program of the Wisconsin Institute for Public Policy and Service	3001677716	20158082
Progressive Community Health Centers		3001857367	20283365
Family Health Center of Marshfield, Inc		3001627412	20121295
ABC for Rural Health		3001676839	20158081
Centro Hispano of Dane County, Inc		100214060	18072532
Gerald L Ignace Indian Health Center, Inc		100192121	17225697

NIPR

Go to: https://nipr.com/



Business Entity

Choose Business Entity



Identify Your Business

First Time Entities Use the FEIN

Returning Entities Use the NPN.

My NIDD				Cuprt How
NY NIPK				Guest Oser
Please access the following link to learn h https://doi.sc.gov/DocumentCenter/View/ Declaration-for-South-Carolina-due-to-Hu	ow to apply for the South C 13985/Bulletin-Number-20 rricane-lan	arolina Emergency Adjuster 22-11Notice-of-Unusual-Ci	license, effective Sep rcumstanceCatastro	otember 29, 2022. phe-Insurance-
dentify Licensee				
Business Entity				
Business Entity Search Type	O License Number			
Business Entity Search Type	O License Number O National Producer Nu	mber (NPN)		
Business Entity Search Type	 License Number National Producer Nu Federal Employer Ider 	mber (NPN) itification Number (FEIN)		
Business Entity Search Type	 License Number National Producer Nu Federal Employer Ider Select one identifier abor 	mber (NPN) tification Number (FEIN) ve		
<u>3usiness Entity</u> Search Type	 License Number National Producer Nu Federal Employer Ider Select one identifier abor I accept the NIPR Use 	mber (NPN) tification Number (FEIN) ve Agreement		

Find Your Entity's NPN

NAIC National Association of Insurance Commissioners Wisconsin

State Based Systems

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Go to: https://sbs.naic.org/sol ar-external-lookup/

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Find Your Entity's NPN

NAIC National Association

Wiscon State Based Sys

Select

- 1. Jurisdiction: Wisconsin
- 2. Search Type: Licensee
- 3. Entity Type: Business Entity

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	How Do 1? Lookup Search
	Jurisdiction Required
	Wisconsin 🗸
	Search Type REQUIRED
	Licensee ~
	Entity Type Required
	Business Entity
	Enter one or more additional fields:
	License Number NPN
	Business Name
	Advanced Criteria
	I agree to the NAIC's Terms and Conditions
	Search Reset
	© 2022 National Association of Insurance Commissioners. All rights reserved.

Need Help Finding Your Entities NPN?



See it under NPN

Product Type

Choose: Other licensing

NIPR NATIONAL INSURANCE PRODUCER REGISTRY	LICENSING CENTER	PRODUCTS & SERVICES	ABOUT NIPR	HELP Q	
My NIPR				Guest U	ser 🔻
	👫 Use	r Menu			
Select Product					
	Adjuster Licensing Other Licensing Other Licensing Contact Change R PDB Detail Repor	is g Request (Change Address, F t	Phone, or Email)		
← Back				Next •	>
NATIONAL INSURAN PRODUCER REGIST 1100 Walnut Street, Suite 1500 Kansas City, MO 64106	ICE RY L P	icensing Center roducts & Services .bout NIPR	Get the Free Mobi News & Events NIPR Jobs	le App	

Application Type

- 1. Product Type: Other Licensing
- 2. Application Type:
 - New Navigator Entities: Initial
 - 2. Returning Navigator Entities: Renewal
- 3. Resident: Resident



Select a State

- Make certain
 Wiscosnin is selected.
- 2. Choose next

My NIPR

Guest User 🔻

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🕷 User Menu		
		Deselect
		Next
	✓ User Menu	User Menu

Select a License Type



Answer Questions

Answer each of the questions with your organization's information.

Applicant Name: BOARD OF REGENTS OF THE UN WISCONSIN SYSTEM	IVERSITY OF	Application State(s): WI Resident/Home State: WI License #	
Flow #:			
→ Biographic Data			
Business Entity Name			
FEIN			
Home State	Wisconsin		
License Number			
NPN			
Is the business entity affiliated with a financial institution/bank?	⊖ Yes ම No		
			Next 🗲
Addresses			
Phone Contact Data			
Web Information			
Designated Responsible Producers			

Submit Payment

Enter payment information

Choose Payment Type			
How would you like to pay?	Billing Details		
	* = Required * First Name:		
O Credit Card	* Last Name:		
	* Address Line 1:		
O Flashersia Okasli	Address Line 2:		
C Electronic Check	Address Line 3:		
	* City:		
	* State or Province:		~
	* Country:	United States of America	~
	* Zip Code:		
	* Phone:		-
Your Total is: \$5.60			
« Back			

Follow-Up Required

- Follow-up is always required!
- 1. Proof of sufficient liability coverage
- List of all individual Navigators at your
 organization





1.Look for an NIPR Receipt in your inbox. It comes from <u>donotreply@nipr.com</u>

2.If you have any questions regarding your order, please contact their customer service at <u>www.nipr.com/help</u>.

3. Make certain you follow-up by sending your bonding/insurance information and list of Navigators to OCI to <u>ociagentlicensing@wisconsin.gov</u>.

4.After emailing in the agent licensing inbox, you should receive an automated message from OCI. It will say, "Our office is experiencing a significant volume of application submissions which is impacting our processing time frames. Section Ins 6.59 (4) (c), Wis. Adm. Code allows OCI to determine an approval or denial of a licensing application within 90 days of a completed application."

Meeting Bond Requirements

Action Required Applicant must submit proof of a performance bond. The minimum requirement for the performance bond is \$100,000. Applicant must send an original performance bond (signed and sealed) directly to the Wisconsin Office of the Commissioner of Insurance via regular mail to the following address: Office of the Commissioner of Insurance P.O. Box 7872 Madison WI 53707-7872

- Option 1: Provide OCI with proof of sufficient liability coverage for employment practices. Can by sent via email to <u>ociagentlicensing@wisconsin.gov</u>.
- Option 2: Obtain a Surety Bond for a minimum amount of \$100,000 naming the Wisconsin Commissioner of Insurance named as the obligee. Must be send by mail.

Option 1 - Liability Coverage for Employment Practices

						NO	RTWIS-06	s	OHLSSO
<u>C</u>	ORD [®]	CERT	IFI	CATE OF LIABIL	ITY INS	URANC	E	DATE (MN 9/29	//DD/YYYY) / 2021
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MPOF fSUE hisce	RTANT: If the certificate hold BROGATION IS WAIVED, sub ertificate does not confer rights	ler is an A ject to th to the ce	ADDI ne te ertific	TIONAL INSURED, the policy(i rms and conditions of the poli ate holder in lieu of such end	es) must hav icy, certain p orsement(s).	e ADDITION olicies may	AL INSURED provision require an endorsemen	ns or be e nt. A state	ndorsed. ement on
TH IN CE EX	HIS IS TO CERTIFY THAT THE PO IDICATED. NOTWITHSTANDING A ERTIFICATE MAY BE ISSUED OR XCLUSIONS AND CONDITIONS OF S	DLICIES O NY REQU MAY PER SUCH POLI	F INS IREMI TAIN, CIES.	SURANCE LISTED BELOW HAVE I ENT, TERM OR CONDITION OF THE INSURANCE AFFORDED B LIMITS SHOWN MAY HAVE BEEN	BEEN ISSUED ANY CONTRA Y THE POLIC REDUCED BY	TO THE INSUF CT OR OTHER IES DESCRIB PAID CLAIMS.	RED NAMED ABOVE FOR T DOCUMENT WITH RESP ED HEREIN IS SUBJECT	The Polic Ect to WH To all the	Y PERIOD IICH THIS E TERMS,
INSR	TYPE OF INSURANCE	ADDL		POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMI	rs	
A	X COMMERCIAL GENERAL LIABILITY					(1111/20/1111)	EACH OCCURRENCE	s	1,000,000
	CLAIMS-MADE X OCCUR			61445843	7/1/2021	7/1/2022	DAMAGE TO RENTED	s	300,000
							MED EXP (Any one person)	s	10,000
		_					PERSONAL & ADV INJURY	s	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	s	2,000,000
	X POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	s	1,000,000
								s	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT	s	
	ANY AUTO						BODILY INJURY (Per person)	s	
	OWNED SCHEDULEI	D					BODILY INJURY (Per accident)	s	
	HIRED ONLY NON-OWNE	₽					PROPERTY DAMAGE (Per accident)	s	
		.					(*)	s	
Α	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	s	2,000,000
	EXCESS LIAB CLAIMS	MADE		4244584301	7/1/2021	7/1/2022	AGGREGATE	s	2,000,000
	DED X RETENTION \$ 10	,000						s	
в	WORKERS COMPENSATION						X PER OTH-		
	AND EMPLOYERS' LIABILITY	Y/N		A324620	7/1/2021	7/1/2022		s	100,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	s	100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s	500,000
С	Employment Practices			EMN 0445472	7/1/2021	7/1/2022	EPLI		1,000,000

Provide OCI with proof of sufficient liability coverage for employment practices.

Talk to your organization's insurance agent, tell them what you need and why. They should be able to help you.

Email OCI

(<u>ociagentlicensing@wisconsin.gov</u>) a copy of your liability coverage for employment practices.

Option 2 – Surety Bond

A surety bond is defined as a three-party agreement that legally binds together a principal who needs the bond, an obligee who requires the bond and a surety company that sells the bond. The bond guarantees the principal will act in accordance with certain laws. If the principal fails to perform in this manner, the bond will cover resulting damages or losses.

Send an original performance bond (signed and sealed) directly to the Wisconsin Office of the Commissioner of Insurance via regular mail.

Office of the Commissioner of Insurance

P.O. Box 7872

Madison WI 53707-7872

Special Considerations for University of Wisconsin Entities

Entities which are part of the University of Wisconsin system meet OCI's bonding requirements through their state liability protection. Currently, this applies to Covering Wisconsin and WIPPS.

Because the activities of the CMS cooperative agreement are within the scope of University employment, University employees and entities receive liability protection from the State of Wisconsin with respect to liability arising from such activities.

Send List of Navigators to OCI

1. Email a list of the Navigators your organization employs.

- Include each Navigator's full name and NPN number (if they have one)
- Let OCI know if any Navigators have left your organization

2. OCI Agent Licensing Inbox at ociagentlicensing@wisconsin.gov