

Submitting a CDO Application on Sircon Guide

Visit www.sircon.com/virginia.

Select “Virginia Health Benefit Exchange Assister Registration”.

Step 1- Select Application Type

License Applications

i If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#) [Renew an Existing License](#)

NEW INSURANCE LICENSES

Start an application for a **new license** or **add new lines of authority** to an existing license [New Insurance License](#)

NEW ADJUSTER LICENSES

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license [New Adjuster License](#)

OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database [Other Licenses](#)

You'll be able to select a license type on following screens

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Step 2 – Select Residency and Application Type

License Applications

1 If you have recently submitted an address change request to your resident state, please allow 5 to 7 business days for processing before submitting a new or updated license application.

[Check the Status of an Existing Application](#)

[Renew an Existing License](#)

NEW INSURANCE LICENSES

Start an application for a **new license** or **add new lines of authority** to an existing license

[New Insurance License](#)

Is this a Resident or Non-Resident license?	<input checked="" type="radio"/> Resident	<input type="radio"/> Non-Resident
Are you an individual or a firm?	<input type="radio"/> Individual	<input checked="" type="radio"/> Firm

Cancel [Continue](#)

CDO's Located in Virginia
Select Resident

Select Firm

Continue

NEW ADJUSTER LICENSES

Start an application for a **new adjuster license** or **add new lines of authority** to an existing license

[New Adjuster License](#)

OTHER LICENSES

Additional non-resident licenses that do not require an active resident license on the National Producer Database

[Other Licenses](#)

You'll be able to select a license type on following screens

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Step 3 – Enter CDO Name and Tax ID Information

Firm Resident License Application

Firm Name * Required

EIN * Required

Preparer Applicant Authorized Submitter * Required

Enter required information

Select Applicant

A paper copy of each requested license application will be generated at the end of the process regardless of submission method(s).

States Accepting Electronic License Applications

Click on a state name to view the license types available for each submission method.

CALIFORNIA - Business Entities applying as a Limited Liability Company (LLC's): LLC's are required to provide proof of satisfying the security requirements of Section 1647.5 of the California Insurance Code when applying for an insurance license and once licensed, must also file with the Commissioner an annual confirmation of coverage demonstrating continued compliance with the financial security requirements. Additional LLC application filing information, annual certification of coverage information, and links to forms that can be used as proof of fulfilling the security requirements, please go to the following link for Business Entity Limited Liability Company Requirements (<http://www.insurance.ca.gov/0200-industry/0020-apply-license/0300-business-license/business-entity-limited-liability.cfm>)

CALIFORNIA - Sole proprietorship may not apply electronically using the business entity uniform application, they must apply as an individual.

- | | | | | |
|--|---|--|--|---|
| <input type="radio"/> Alabama | <input type="radio"/> Hawaii | <input type="radio"/> Minnesota | <input type="radio"/> North Dakota | <input type="radio"/> Texas |
| <input type="radio"/> Alaska | <input type="radio"/> Idaho | <input type="radio"/> Mississippi | <input type="radio"/> Ohio | <input type="radio"/> Utah |
| <input type="radio"/> Arizona | <input type="radio"/> Illinois | <input type="radio"/> Missouri | <input type="radio"/> Oklahoma | <input type="radio"/> Vermont |
| <input type="radio"/> Arkansas | <input type="radio"/> Indiana | <input type="radio"/> Montana | <input type="radio"/> Oregon | <input checked="" type="radio"/> Virginia |
| <input type="radio"/> California | <input type="radio"/> Iowa | <input type="radio"/> Nebraska | <input type="radio"/> Pennsylvania | <input type="radio"/> West Virginia |
| <input type="radio"/> Colorado | <input type="radio"/> Kentucky | <input type="radio"/> Nevada | <input type="radio"/> Puerto Rico | <input type="radio"/> Wisconsin |
| <input type="radio"/> Connecticut | <input type="radio"/> Louisiana | <input type="radio"/> New Hampshire | <input type="radio"/> Rhode Island | <input type="radio"/> Wyoming |
| <input type="radio"/> Delaware | <input type="radio"/> Maine | <input type="radio"/> New Jersey | <input type="radio"/> South Carolina | |
| <input type="radio"/> District of Columbia | <input type="radio"/> Maryland | <input type="radio"/> New Mexico | <input type="radio"/> South Dakota | |
| <input type="radio"/> Georgia | <input type="radio"/> Michigan | <input type="radio"/> North Carolina | <input type="radio"/> Tennessee | |

Select Virginia Unless Located in Another State

States Accepting Paper License Applications

There are currently no states accepting paper license applications.

Payment Method

- Credit Card/Electronic Check Submission
** We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **
- I am actively working with a Sircon insurance carrier, agency or partner who is responsible for all or part of the transaction fee. I understand that I am responsible for paying any fees not paid for by the carrier/agency/partner.
** We accept VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER and electronic checks. **
- I am actively working with a Sircon insurance carrier, agency or partner to obtain licensure. I understand that, by checking this box and entering a username/password below, my request will be sent to the carrier/agency/partner who will determine whether to process with the state.

Select Payment Type

The information on the following pages may include information provided from the National Insurance Producer Registry's Producer Database and may contain information subject to the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. A Summary of Consumer Rights is provided [Here](#), and is available for viewing.

Continue

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Step 4 – Select License Type

Firm Resident License Application

Not all license types are available in all states. If the license type that you seek is not listed, please contact the state directly and do not apply at this time. State contact information can be found here: [State Information Center](#)

License Information

Applicant seeking registration as a Title Settlement Agency must first be licensed as a Title Insurance agency and be appointed by an insurer in Virginia.

State Virginia

- License Type
- CAC Designated Org
 - Consultant
 - Insurance Producer
 - Limited Lines Firm
 - Navigator Registration
 - Public Adjuster
 - Surplus Lines Broker
 - Title Settlement Agency
 - Viatical Settlement Broker

Previously licensed ? Yes No

Cancel Back Continue

Select CAC Designated Org

Continue

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Step 5 – Select Qualification Code

Firm Resident License Application

Lines of authority that are currently held by the producer in the resident state will appear below, but they will not be selectable.

Qualification Information for State of Virginia: CAC Designated Org

Qualification Code

* At least one qualification must be selected.

CAC Designated Org

Select

Cancel Back Continue

Continue

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Step 6 - Enter CDO Information

Firm Resident License Application

Agency Information

FEIN 854567896
Firm Name ABC Hospital LLC
Incorporation Date MM-DD-YYYY * Required (mm-dd-yyyy)
Agency Type Code Limited Liability Partnership * Required
Domicile Country United States * Required
Affiliated with a Bank? No * Required
Email Address ABCHospital@MedicalCare.com * Required
Business Web Address
FINRA CRD Identifier

Enter
Required
Information

Agency Alias Information

The information in this section is optional.
If you elect to provide this information, please enter all required fields.
List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business.

Enter
Alias/Trade
Name (Optional)

Type Alias * Required
Name BestCare * Required

Type * Required
Name * Required

Type * Required
Name * Required

Type * Required
Name * Required

Add More Agency Alias Information

Agency Business Address

Virginia law requires that the business or mailing address you provide must be in the state of Virginia. PO Box will not be accepted for business address.

Enter
Required
Information

Line One 123 Main Street * Required
Line Two
Line Three
City Richmond * Required
State Virginia
Postal Code 23219 * Required
Country * Required

Step 6 - Enter CDO Information Continued

Agency Mailing Address
Virginia law requires that the business or mailing address you provide must be in the state of Virginia.

Line One * Required
Line Two
Line Three
City * Required
State
Postal Code * Required
Country * Required

Agency Business Phone
Please verify the provided phone number is valid. Virginia Bureau of Insurance will reject license applications with invalid phone numbers that begin with '1'. Example: 123-523-1243 will not be allowed.

Phone Number * Required
Extension

Agency FAX
Please verify the provided fax number is valid. Virginia Bureau of Insurance will reject license applications with invalid fax numbers that begin with '1'. Example: 123-523-1243 will not be allowed.

Fax Number * Required

Enter Required Information (red box pointing to Line One)

Enter Required Information (red box pointing to Extension)

Enter Required Information (red box pointing to Fax Number)

Continue (red box pointing to Continue button)

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Step 7 – Enter CDO Officer/Director/Owner Information

Owners and Officers

Please enter information into the sections below (at least one is required).

Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity.

Enter
Required
Information

Type * Required

EIN/SSN * Required

Agency Name

First Name

Last Name

Title * Required

Owner * Required

Percent Ownership

Birth Date  (mm-dd-yyyy)

Type

EIN/SSN * Required

Agency Name


First Name

Last Name

Title * Required

Owner

Percent Ownership

Birth Date  (mm-dd-yyyy)

Add More Owners and Officers

Cancel Back Continue

Continue

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Step 8 - Answer Questions.

Each question, and subset questions must be answered. Select either Yes or No. Some questions have an “Other” box option in which you can type information, or N/A.

Step 9 – Agree to Attestation

Firm Resident License Application

Attestation Information for State of Virginia: CAC Designated Org

The organization has attached to this application a signed Compliance Agreement for Certified Application Counselor Designated Organizations with the Exchange in accordance with § 38.2-6514(C) of the Code of Virginia certifying adherence to all terms and conditions of privacy and security pursuant to 45 CFR § 155.260(b) as well as compliance with the standards specified in 45 CFR § 155.225(d)(3) through (d)(5).

The organization will administer a system to handle and protect personally identifiable information (PII) and sign a PII authorization form with consumers attesting to the organization’s adherence to all terms and conditions of privacy and security pursuant to 45 CFR § 155.260(b)(2).

The organization will certify individuals to serve as Certified Application Counselors in accordance with 45 CFR § 155.225(d) and sign an agreement with its individual Certified Application Counselors pursuant to 45 CFR § 155.225(d)(6). The organization has attached a list of individual Certified Application Counselors that it has certified.

The organization will maintain a registration process and method to track the performance of its individual Certified Application Counselors as required under 45 CFR § 155.225 (b)(1)(ii).

The organization will provide on a quarterly basis data and other information to the Exchange regarding the number and performance of its individual Certified Application Counselors as required under 45 CFR § 155.225(b)(1)(iii), as well as an updated list of the organization’s individual Certified Application Counselors.

The organization will require its individual Certified Application Counselors to complete required training on topics including qualified health plan options, insurance affordability programs, eligibility and enrollment rules, and all other regulatory requirements, including but not limited to the requirements under 45 CFR § 155.225(d).

I Agree* *Required*

Cancel Back Continue **Continue**

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Step 10 – Review Fee Summary

Note: No Virginia Exchange fee. However, a Sircon processing fee is required

Firm Resident License Application

License Application Summary

State to Apply Virginia
Firm Name ABC Hospital LLC
[Review License Application](#)

Processing Fee Required

Electronic Applications

Dest. State	License Type	Qualification Type	Total State Fee
Virginia	CAC Designated Org	CAC Designated Org	\$0.00
State Fee Total			\$0.00
Sircon Service Fee			\$12.50

Fee Summary

Electronic Applications State Fee Total	\$0.00
Sircon Service Fee Total	\$12.50
Processing Fee Total	\$1.45
Total	\$13.95

Check

Note: The above amount will not be charged to your credit card until you complete the payment process. Click the Submit button to proceed with the payment process.

I understand that all license application fees are non-refundable.

[Click here to view additional state requirements](#)

I would like to receive email notifications concerning state insurance deadlines, renewal notices, new electronic services and related issues.

Please send email notifications to:

Confirm Email

Submit

Step 11 – Enter Payment Information

* Credit Card Number:

* Expiration Date:

* Card Type: VISA MasterCard AMERICAN EXPRESS DISCOVER



If you are using a company/corporate card, you must be a signer on the account to use the card.

Billing Information

* First Name:

* Last Name:

Company:

* Street Address 1:

Street Address 2:

* City:

* Country:

* State:

* Postal Code:

* Phone Number:

* Email Address: