



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE
DIVISION OF INSURANCE
PO BOX 329
TRENTON, NJ 08625-0329

**LEGAL BUSINESS NAME & FICTITIOUS or TRADE NAME
APPROVAL REQUEST FORM**

Pursuant to N.J.A.C. 11:17-2.8(e), a resident licensee or a license candidate seeking a resident license may obtain prior Department approval of a proposed business name before the filing of the name with the Department of Treasury - Division of Revenue. A business name is defined as the legal name of a business entity and any trade or fictitious name under which a licensee or license candidate conducts or intends to conduct insurance business.

This form should be submitted via e-mail to inslic@dobi.nj.gov or faxed to (609) 984-5263. Please allow ten (10) business days after receipt of the request by NJDOBI for the response to be provided.

IDENTIFY YOUR PROPOSED BUSINESS NAME: _____

New Jersey Insurance Producer License Number (If Applicable): _____

Federal Tax number-FEIN for Business Entity (If Applicable): _____

Please Provide Mailing Address and E-mail Address:

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address: _____

Check type of approval requested below (select only one (1) box):

- Legal Business Name (Resident Only)
- Fictitious or Trade Name (Resident Only)
- Nonresident Consent Letter for Foreign Entity (Filing for Certificate of Authority - COA)

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