

**INSURANCE LICENSING SECTION  
 2910 NORTH 44TH STREET, SUITE 210  
 PHOENIX, ARIZONA 85018-7256**

**CERTIFICATE OF ASSUMED BUSINESS NAME**

Select one of the following:    **New**     (not previously filed)  
    **Change**     (previously filed but reporting a change)

FULL GENUINE NAME OF LICENSEE:					AZ INSURANCE LICENSE #:		
ASSUMED NAME:							
<b>Business</b> (Physical) Street Address				<b>Mailing</b> Address (optional)			
City	State	Zip Code	City	State	Zip Code	City	State
Physical Street Address of <b>Residence</b> (if an individual licensee)				Business Area Code and Telephone Number			
City	State	Zip Code	Residence Area Code and Telephone Number				
E-mail Address (optional)				Fax Area Code and Telephone Number (optional)			

**ACKNOWLEDGMENT AND CERTIFICATION**

As the person conducting or intending to conduct insurance under the assumed name on this Certificate, or as two of the owners, officers, directors, partners, trustees or LLC members/managers of a firm or corporation which is conducting or intends to conduct insurance under the assumed name on this Certificate, by my/our signature(s) below, I/we hereby acknowledge and certify:

- 1) That, in accordance with A.R.S. § 20-297, a licensee must submit an updated CERTIFICATE OF ASSUMED BUSINESS NAME before doing business under any name other than the licensee's legal name;
- 2) That the Director of Insurance may deny the use of an assumed business name, require the use of a different assumed business name or required the use of an assumed business name under this section if
  - the name is so similar to that of any firm, corporation or other entity already licensed or using an assumed name under a duly filed CERTIFICATE OF ASSUMED BUSINESS NAME as to cause uncertainty or confusion, or
  - the name would tend to deceive or mislead as to the nature of the business that is or will be conducted;
- 3) That the licensee must notify the Insurance Department in writing within 30 days after any material change to the information provided on this form.
- 4) That the filing of this certificate does not legally reserve the assumed business name as a trade name\*.

*\*NOTE: A trade name can be reserved with the Office of the Arizona Secretary of State if business will be transacted from an Arizona location. If you have received a Trade Name Certificate from the Arizona Secretary of State, please attach it to this Certificate.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_