Pennsylvania
Insurance Department

Office of Insurance Market Regulation
Bureau of Licensing and Enforcement
1227 Strawberry Square, Harrisburg, PA 17120

LICENSEE LIST REQUEST FORM

The PA Insurance Department, Bureau of Licensing & Enforcement, provides the public licensing information of currently licensed individuals and firms (agencies), which includes the following license/registration types (resident and non-resident): insurance producer, limited lines producer, title agent, surplus lines producer, public adjuster, motor vehicle physical damage appraiser, viatical settlement broker, and exchange assister. The list does not include insurance companies.

The list includes the licensees' name, license number, national producer number (NPN), license type, lines of authority held (if applicable), license issue date, license expiration date, and mailing address. **Be advised that there are no phone numbers or email addresses included, as this information is not considered to be public.** The information on the list is raw data only and must be imported into a database such as Microsoft Access (do not use a spreadsheet such as Microsoft Excel because the file is too large, and it will not work). Once the information is imported into the database it can be sorted according to your preferences.

- **Return Completed Form to: RA-INSPECIALTYMAIL@PA.GOV**
- **A Non-Refundable Fee of $350.00 is Required – Payment instructions will be e-mailed to you upon receipt of this completed form. Once payment is received, you will be e-mailed instructions on how to access the list, including password information.**

PRINT OR TYPE ALL INFORMATION BELOW

REQUESTOR NAME _____

TITLE _____

FIRM/COMPANY NAME _____

EMAIL ADDRESS _____

PHONE NUMBER _____

CERTIFICATION

The undersigned hereby certifies that they understand the list only provides public information, is accurate as to the date prepared, and may not reflect new licensees or licenses that will be inactive subsequent to the preparation date of the list.

DATE _____ **SIGNATURE** _____