



Product: Non Resident License for Individual
 Sender Date: 08/11/2021
 Application State(s): VA

Demographic Information			
Soc. Security Number		***-**-8357	NPN 416918
FINRA Individual Central Registration Depository 1977732		Business Website Address	
Business Entity Name			
Last Name KUBALA	JR./SR. etc	First Name ROBERT	Middle Name K
Gender MALE	Are you a citizen of the United States? Yes		If No, of which country are you a citizen?
			Date of Birth 03/22/1960
Residence Address 1520 WEHRLE DR # 4		City WILLIAMSVILLE	State NY
		Postal Code 14221	Country USA
Business Address 4446 MAIN ST SUITE 300		City AMHERST	State NY
		Postal Code 14226	Country USA
Mailing Address 1520 WEHRLE DR # 4		City WILLIAMSVILLE	State NY
		Postal Code 14221	Country USA
Residence Phone (716) 867-4922	Extension		
Business Phone (716) 867-4922	Extension		
Fax Phone (716) 834-8669	Extension		
Business Email VS689@PRIMERICA.COM			
Personal Email VS689@PRIMERICA.COM			

Agency or Business Entity Affiliations for VA / Insurance Producer		
List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business)		
FEIN	NPN	Name of Agency
There are no affiliations listed.		

Employment History			
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, unemployment and full-time education.			
Name	From	To	Position Held
Primerica	08/2016	08/2021	Senior Vice President
City	State	Country	
Amherst	NY	USA	

Type of License Requested for VA / Insurance Producer

Jurisdiction	License Type	Line of Authority
Virginia	Insurance Producer	Health
Virginia	Insurance Producer	Life And Annuities
Virginia	Insurance Producer	Variable Contracts

Background Questions

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1A Have you ever been convicted of a misdemeanor, had a judgment withheld or deferred, or are you currently charged with committing a misdemeanor? No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1B Have you ever been convicted of a felony, had a judgment withheld or deferred, or are you currently charged with committing a felony? No

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court)

1B1 If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033?

1B2 If so, was consent granted? (Attach copy of 1033 consent approved by home state.)

1C Have you ever been convicted of a military offense, had a judgment withheld or deferred, or are you currently charged with committing a military offense? No

Note: For Questions 1a, 1b and 1c, "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Background Questions

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 2 Have you ever been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner, officer or director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

- 3 Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. No

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

- 4 Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? No

If you answer yes, identify the jurisdiction(s):

- 5 Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

Background Questions

The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

6 Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? No

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7 Do you have a child support obligation in arrearage? No

7A If you answer yes,
a) by how many months are you in arrearage?

7B b) are you currently subject to and in compliance with any repayment agreement?

7C c) are you the subject of a child support related subpoena/warrant?
(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8 In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A

8A If you answer yes
Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?
Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Applicant's Certification and Attestation

Applicant's Certification and Attestation

The Applicant must read the following very carefully:

1. I hereby certify that, under penalty or 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 a license revocation or denial of the license and may subject me to civil
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 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 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
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. I acknowledge 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.
8. 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).

This application has been electronically attested (Yes/No): Yes