

## Entity Name Change/ Assumed Name (DBA) Request Form

Use this form to register assumed names of currently licensed people and entities. You may also use it to change the official name of a currently licensed entity.

**Filing fee for reinsurance intermediary: \$500**

**Filing fee for other agents or entities: \$50**

### What are you registering?

Assumed name                       Official name change of licensed entity

Agent's or entity's TDI license number

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Social Security number of the agent or Federal Employer Identification Number (FEIN) of the entity

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Name of agent or entity (Exact name on your license - Do not enter assumed name or new entity name)

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### Assumed name or new name of entity

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To register an assumed name, enter the exact assumed name as it's shown on the assumed name certificate. To register an entity name change, enter the exact new name of entity as it's reflected in the entity's official name change document.

**Assumed name means any name other than a true name or present legal name.** You must attach a copy of an assumed name certificate that has been filed with the county clerk's office of the county in which the assumed name will be used if the assumed name:

- In the case of a person, is a name that does not include the person's last name or family name.
- In the case of a partnership, is a name that does not include the last name or other legal name of each partner.
- In the case of a person or partnership, is a name, including a last name, that suggests the existence of additional owners by including words such as "Company," "& Company," "& Sons," "& Associates," "Brothers," or similar words, but not words that merely describe the business or professional service.
- In the case of a limited partnership (LP), a corporation, a limited liability partnership (LLP), or a limited liability company (LLC), any name other than the name in its certificate of formation or a comparable document. A corporation, LP, LLP, or LLC may file a copy of assumed name certificate that has been filed with the Texas Secretary of State rather than the county clerk.

**New name of entity** means the new official name of a currently licensed entity. You must attach either:

- a) A copy of the certificate of amended registration reflecting the official entity name change that was filed with the Texas Secretary of State's office.

**or**

- b) A copy of the certificate of name change that was filed with any other authorizing entity. A partnership must attach a copy of the official name change as shown in the amendments to the partnership agreement.

**Have you attached all required documents?**     Yes     No

Attach the assumed name certificate, if required. Each entity must attach: (1) a copy of the assumed name or a copy of the official document verifying the change of the entity's name, and (2) adjustment of financial responsibility requirement by either an endorsement to its errors and omissions policy extending coverage to include the assumed name or listing the new entity name as a named insured on the policy. An entity that meets its financial responsibility requirement with a bond must provide a rider to the bond that reflects the entity's new name. An entity changing its official name must attach its current license.

### **Certification**

I certify that the information submitted on this form is true and correct and that I have attached all information requested. I also certify that I am aware of the licensing provisions in the Texas Insurance Code and the provisions of Title 28, Texas Administrative Code, Sections 19.901 and 19.902, relating to the registration of assumed names.

\_\_\_\_\_  
Signature of agent or entity's officer or partner

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Daytime phone number of person signing

\_\_\_\_\_  
Email address of person signing

### **Questions**

If you have any questions or need help, email Customer Service at [License@tdi.texas.gov](mailto:License@tdi.texas.gov) or call 512-676-6500.

### **Mailing Instructions**

Make your check or money order payable to "Texas Department of Insurance." **Important:** Include the licensee's legal name and Texas license number on the check or money order.

Send the completed form, attachments, and required fee to:

#### **USPS:**

Agent and Adjuster Licensing, MC: CO-AAL  
Texas Department of Insurance  
PO Box 12030  
Austin, Texas 78711-2069

#### **UPS and Fedex to:**

Agent and Adjuster Licensing, MC: CO-AAL  
Texas Department of Insurance  
1601 Congress Ave.  
Austin, Texas 78701

**Your rights:** You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, Texas Department of Insurance, PO Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, Texas Department of Insurance, PO Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.