



LOUISIANA DEPARTMENT OF INSURANCE  
JAMES J. DONELON  
COMMISSIONER

**INSTRUCTIONS FOR  
APPLICATION VERIFYING ELIGIBILITY  
AS SURPLUS LINES INSURER  
IN THE STATE OF LOUISIANA**

**GENERAL INSTRUCTIONS**

This packet is designed to assist the individual preparing this application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance  
Company Licensing  
P.O. Box 94214  
Baton Rouge, LA 70804-9214  
OR  
1702 N. 3<sup>rd</sup> St.  
Baton Rouge, LA 70802  
Phone: (225) 219-0565  
Fax: (225) 219-9322  
E-Mail Address: [companvapps@ldi.la.gov](mailto:companvapps@ldi.la.gov)

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) The Department of Insurance accepts electronic submission of the application via email. An application submitted in this manner must be submitted to [companvapps@ldi.la.gov](mailto:companvapps@ldi.la.gov) to assure receipt and prompt processing by this Department. After submission of the application electronically the payment of the fees must be submitted hard copy to address above. All payments must be made payable to the Louisiana Department of Insurance.
- 2) If the application is submitted hard copy, all submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 4) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

- 5) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 6) All certified documents required in the application must be dated within six (6) months of submittal of the application. If an application is submitted hard copy rather than electronically all certifications must be original.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 9) We must be notified of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and financial statements and examination reports which become available after submission. Failure to notify us of such changes may result in disapproval of the application.
- 10) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.

## **COMMON QUESTIONS**

The following are some of the most commonly asked questions regarding the application package and process.

**Q: Where can I find the laws and regulations governing surplus lines insurers in Louisiana?**

**A: The portions of the code dealing specifically with Surplus lines insurers are La. R.S. 22:431-446.**

**Q: What are the minimum capital and surplus requirements for surplus lines insurers doing business in Louisiana?**

**A: The Louisiana Insurance Code requires that all applicants for licensure as a surplus lines insurers meet the minimum capital and surplus requirement under the laws of this state which is fifteen million dollars.**

**Q: What is the time frame for the review of an application?**

**A: This Department reviews all applications as soon after submittal as possible. The review process can be expected to take from sixty (60) to ninety (90) days from receipt of a complete application. Please take this time frame into account when considering deadlines and operation schedules for the applicant.**

**Q: Can the forms in the application packet be recreated on a word processor for completion by the applicant?**

**A: No. The forms in this packet are designed for ease of recognition by our staff and, in many cases, in strict compliance with statutory wording requirements. Therefore, any changes in the format or wording of the forms will cause delays in the review and may lead to the disapproval of the application. The forms are made available on our web site in a format that allows for entry of information directly onto the form.**

**Q: Can we meet with the Department for a preliminary review of our application prior to submission?**

**A: Yes. Our staff will be happy to meet with representatives of the applicant to review the application before it is actually submitted. It should be noted, however, this courtesy review is to help assure completeness only and our Division will not issue a preliminary approval or disapproval of the application prior to submission. Any application sent to this Office via U.S. Mail will be considered submitted for review and will not be eligible for a pre-review. You may make an appointment for preliminary review by contacting the Company Licensing Division of the Louisiana Department of Insurance. Preliminary reviews will be performed only with an appointment.**



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**APPLICATION VERIFYING ELIGIBILITY  
AS SURPLUS LINES INSURER  
IN THE STATE OF LOUISIANA**

General Information (Type or Print)	
COMPANY NAME: _____	
NAIC NO.: _____	FEIN NO.: _____
APPLICATION CONTACT NAME: _____	
CONTACT TITLE: _____	
CONTACT PHONE: _____	
CONTACT FACSIMILE: _____	
CONTACT EMAIL ADDRESS: _____	
CONTACT MAILING ADDRESS: _____	
_____	
_____	
_____	
FEES	
Review Fees	\$ 1,050.00
<b>Total Amount This Check</b>	<b>\$ 1,050.00</b>

## **SECTION 2– EXHIBITS**

**EXHIBIT A (FOREIGN APPLICANTS ONLY) – Copy of the most recent annual statement of the applicant certified by the proper official of the domiciliary state. If the most recent financial statement has been filed with the National Association of Insurance Commissioner, the applicant may incorporate that filing by reference in lieu of submission of a hard copy.**

**EXHIBIT B (FOREIGN APPLICANTS ONLY) – Copy of quarterly statements for all quarters subsequent to the most recent annual statement. If the most recent financial statement has been filed with the National Association of Insurance Commissioner, the applicant may incorporate that filing by reference in lieu of submission of a hard copy.**

**EXHIBIT C (FOREIGN APPLICANTS ONLY) – Certificate of Compliance for the applicant issued by the domiciliary state which clearly indicates the line or lines of insurance which the applicant is authorized to write in that state.**

**EXHIBIT D ( ALIEN APPLICANTS ONLY) - A copy of the letter from the International Insurers Division of the National Association of Insurance Commissioners advising the company that they have been placed on the list of approved unauthorized insurers maintained by that office.**

**EXHIBIT E (ALL APPLICANTS) - A plan of operation which briefly describes the types of business and products which the company intends to write in Louisiana on a surplus lines basis.**

### SECTION 3 – ADDRESS AND CONTACT INFORMATION

<b>DOMICILE ADDRESS: Below give the domiciliary address of the applicant.</b>		
Address:		
City:	State:	Zip:

<b>MAILING ADDRESS: Below give the mailing address of the applicant.</b>		
Address:		
City:	State:	Zip:

<b>ADMINISTRATIVE OFFICE ADDRESS: Below give the physical address of the main administrative office of the applicant.</b>		
Address:		
City:	State:	Zip:

<b>PRIMARY CONTACT: Below give the name, address, phone number and email address for the primary contact person with whom this Department should communicate after completion of the application process.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>COMPLAINT CONTACT: Below give the name, address, phone number and email address for the contact person to whom consumer complaints should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

## SECTION 3 – ADDRESS AND CONTACT INFORMATION - Continued

<b>REGULATORY COMPLIANCE CONTACT: Below give the name, address, phone number and email address for the contact person to whom regulations or other directives from the commissioner should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>ANNUAL STATEMENT CONTACT: Below give the name, address, phone number and email address for the contact person regarding the financial condition of the applicant should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>PREMIUM TAX CONTACT: Below give the name, address, phone number and email address for the contact person to whom inquiries from the department regarding tax payments should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>CYBERSECURITY CONTACT: Below give the name, address, phone number and email address for the contact person responsible for the receipt of and response to inquiries from the department regarding data security and data breaches should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>CATASTROPHE/DISASTER COORDINATION CONTACT: Below give the name, address, phone number and email address for the contact person for receipt of and response to inquiries from the department in the event of a catastrophe or disaster should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>MARKET CONDUCT CONTACT: Below give the name, address, phone number and email address for the contact person to whom market conduct issues should be directed.</b>		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

<b>CONTACT PHONE NUMBERS Below give the appropriate phone number for the indicated function. If the applicant has designated numbers for specific functions, include that information below.</b>	
FUNCTION	PHONE NUMBER
General Consumer Inquiries	
Claims	
Other (explain) _____	
Other (explain) _____	

<b>WEB ADDRESS: If the applicant maintains a web site, give the URL or World Wide Web address of the site.</b>



# ATTESTATION

STATE OF \_\_\_\_\_

COUNTY OR PARISH OF \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_  
and \_\_\_\_\_ who, after being duly sworn, did depose and say they  
have personal knowledge of the information submitted with this application and that all information contained  
in this application and all attachments thereto are complete, true and correct.

They do further attest that all of the following statements are true and correct:

- 1) If the applicant is domiciled in the United States in a state other than Louisiana:
  - a. The applicant currently possesses a minimum capital and surplus of at least \$15,000,000.00
  - b. The applicant is currently licensed in its domiciliary state to write the line or lines of insurance which the applicant will be writing in Louisiana with no restrictions or limitations on the Certificate of Authority of the company in its domiciliary state.
- 2) If the applicant is domiciled outside of the United States, The applicant is currently listed as an approved unauthorized insurer by the International Insurers Division of the National Association of Insurance Commissioners.

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant Representative

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name and Title of Applicant Representative

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Applicant Representative

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Printed Name and Title of Applicant Representative

SWORN TO and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed Name of Notary Public

My Commission Expires \_\_\_\_\_