

LOUISIANA DEPARTMENT OF INSURANCE

Application for Resident or Non-Resident Reinsurance Intermediary Manager or Broker

(Please Print or Type)

① Name		② Social Security # or FEIN #		③ LA License #	
④ List any name under which you are doing business			⑤ State of Domicile		⑥ Country of Domicile
⑦ Resident/Domicile Address (Physical Street)			⑧ City	⑨ State	⑩ Zip Code
⑪ Business Address (Physical Street)			⑫ City	⑬ State	⑭ Zip Code
⑮ Business Phone Number () - () - ()		⑯ Business Fax Number () - () - ()		⑰ Business E-Mail Address	
⑱ Business Web Site Address					
⑲ Applicant's Mailing Address			⑳ P.O. Box	㉑ City	㉒ State
㉓ Zip Code					

Agency or Business Entity Affiliations

㉔ Check One

<input type="checkbox"/> Reinsurance Intermediary Manger License Fee - \$75.00	<input type="checkbox"/> Reinsurance Intermediary Broker Fee - \$75.00	<input type="checkbox"/> Renewal of Reinsurance Manger License Fee - \$50.00	<input type="checkbox"/> Renewal of Reinsurance Intermediary Broker Fee - \$50.00
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Corporation/Partnership Applicants

㉕ Identify all individuals of your Corporation/Partnership who will be authorized to act as a Reinsurance Intermediary under your license

Name _____	SSN _____

㉖ Identify all officers, directors, stockholders, partners, and members in the Corporation/ Partnership. Attach additional sheets as needed.

Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____
Name _____	Title _____	SSN _____

Background Information

㉗ The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.
 “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 having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

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

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

Fiscal Division	Agent Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Initials	
		License Number	
		Issue Date	

Background Information Continued

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. 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 certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified 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 the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ 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. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

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

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

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

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

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ 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) certified copies of relevant documents.

Applicants Certification and Attestation

28 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
- 2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- 3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- 4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- 5. I authorize the jurisdictions to give any information they may have concerning me 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 am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
- 8. 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.

Must be signed by the designated/responsible licensed producer of the business entity:

Month _____ Day _____ Year _____

Signature of Designated/Responsible Licensed Producer

Typed or Printed Name of Designated/Responsible Licensed Producer

Louisiana License Number of Designated/Responsible Licensed Producer

Reinsurance Intermediary Manager Appointment/Notice of Contract between Reinsurance Intermediary Manager and Reinsurer or Cancellation

This Form must be completed and signed by an authorized representative of the reinsurer appointing or canceling a Reinsurance Intermediary Manager. If this is an appointment, complete Parts I and II. If this is a cancellation, complete Parts I and III. This form must be mailed through the United States Postal Service. The form will not be processed if received through any other means.

Part I REINSURANCE COMPANY INFORMATION			
Name of Reinsurer		Telephone #	
Address of Reinsurer		City	State Zip Code
LA DOI Company #	NAIC #	Employee Identification #	

Part II APPOINTMENT OF REINSURANCE INTERMEDIARY MANAGER			
Name of Reinsurance Intermediary Manager		Telephone #	
Address of Reinsurance Intermediary Manager		City	State Zip Code
LA DOI License #	Social Security # or FEIN #		
<p>A copy of the contract between the reinsurer and the Reinsurance Intermediary Manager must be attached. The contract must meet the requirements of L.S.A. R.S. 22§1210.26. The contract must be filed at least thirty (30) days before the reinsurer assumes or cedes business through the Reinsurance Intermediary Manager, and the contract must be approved by the Commissioner of Insurance. If this is a renewal appointment, any contract that has previously been filed with the Department does not need to be filed again. Submit only those contracts which have not previously been submitted.</p>			

Part III CANCELLATION OF PRODUCER AS A MANAGING GENERAL AGENT			
Name of Reinsurance Intermediary Manager		Telephone #	
Address of Reinsurance Intermediary Manager		City	State Zip Code
LA DOI Company #	Social Security # or FEIN #		

Signature of Authorized Insurer Representative

Print Name and Title

Date

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		Classification Number	
		Date Processed	
		Initials	

General Instructions

This packet is designed to assist the individual preparing the application in meeting the requirements of The Louisiana Department of Insurance. The forms and procedures of the application 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.

While our Department staff 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.

- All submittals in association with this application must be sent through the United States Postal Service. Hand delivery is not acceptable and any information arriving in this manner will be returned without review.
- Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application.
- Do not alter the forms contained in this packet. If you feel the requirements do not apply to your firm, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the application being returned to the applicant.
- All certified documents required in the application must be dated within ninety (90) days of submittal of the application.
- Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item, which would otherwise be required, is not available, a written explanation must be supplied upon submission.

Reinsurance Intermediary Requirements

- If you are already licensed as a property & casualty producer in the state of Louisiana, you do not need to complete this application. Any person who is currently licensed as a Louisiana producer may act as a Reinsurance Intermediary Manager by filing Form 1210.26 "Appointment/Notice of Contract Between Reinsurance Intermediary Manager and Reinsurer". Any person currently licensed as a Louisiana producer may act as a Reinsurance Intermediary Broker without filing any additional forms.
- Complete and attach Form 1210.26 "Appointment/Notice of Contract Between Reinsurance Intermediary Manager and Reinsurer or Cancellation". A Form 1210.26 and a copy of the contract between the Reinsurance Intermediary Manager and each Reinsurer must be filed at least thirty (30) days before the reinsurer assumes the cedes business through the producer.
- The initial fee is \$75.00.
- You must renew this license every April 30th. A \$50.00 fee is required for renewal.
- Notice: The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.