



LOUISIANA DEPARTMENT OF INSURANCE

APPLICATION FOR RESIDENT OR NONRESIDENT REINSURANCE INTERMEDIARY BROKER OR MANAGER

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION FILE. Incomplete or improperly submitted application files will result in the application file being disapproved as incomplete and fees forfeited. Only complete applications will be accepted. Applications that are received without the minimum requirements will be disapproved as incomplete.

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 an "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.

Please type or print legibly. Illegible applications will be disapproved as incomplete. All questions must be answered fully and no fields on the application form should be left blank. If a field does not apply, enter "N/A". Applications with blank fields will be disapproved as incomplete.

Verify that all of the background questions have been answered. If you answered "Yes" to any one of the background questions, all relevant documentation must be attached. Applications with "Yes" answers that do not have the required documentation attached to the application will be disapproved as incomplete.

NO APPLICATION FEE IS REQUIRED

Licenses for Reinsurance Intermediary Brokers and Managers renew annually on April 30.

Additional Requirements for Reinsurance Intermediary Managers:

- Attach a copy of an Errors and Omissions policy in the amount of \$50,000 or more.
- Complete and attach "Appointment/Notice of Contract Between Reinsurance Intermediary Manager and Reinsurer or Cancellation"
- The appointment form 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. 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.



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 APPLICATION FOR RESIDENT OR NONRESIDENT
 REINSURANCE INTERMEDIARY BROKER OR MANAGER

Check appropriate box for license requested.

- Reinsurance Intermediary Broker - Initial
- Reinsurance Intermediary Broker - Renewal
- Reinsurance Intermediary Manager - Initial
- Reinsurance Intermediary Manager - Renewal

Mail Application to:
 P.O. Box 94214
 Baton Rouge, LA 70804-9214

Demographic Information					
① Name			② Social Security # or FEIN #		
③ DBA/Trade Name (if applicable)				④ State of Domicile	
⑤ Resident Address			⑥ City	⑦ State	⑧ Zip Code
⑨ Business Address			⑩ City	⑪ State	⑫ Zip Code
⑬ Phone Number	⑭ Fax Number	⑮ Business Web Site Address		⑯ Business E-Mail Address	
⑰ Mailing Address		⑱ P.O. Box	⑲ City		⑳ State
					㉑ Zip Code

Business Entity Applicants		
㉒ Identify all individuals in your business entity who will be authorized to act as a Reinsurance Intermediary under your license.		
Name _____	SSN _____	- -
Name _____	SSN _____	- -
Name _____	SSN _____	- -
Name _____	SSN _____	- -
㉓ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:. Attach additional sheets as needed.		
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -
Name _____	Title _____	SSN _____ - -

Background Information

Please read the following very carefully and answer every question.

- 1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes ___ No ___

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or 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 juvenile court.)

Yes ___ No ___

- 1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony?

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

N/A ___ Yes ___ No ___

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?

N/A ___ Yes ___ No ___

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

- 1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes ___ 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 identifying all parties involved (including their percentage of ownership, if any) and 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.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a probation order, a compliance order, 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, all parties involved (including their percentage of ownership, if any) 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 the business entity or any owner, partner, officer or director of the business entity, 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. Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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): _____

Background Information (continued)

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, 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? 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) copies of all relevant documents.

Applicants Certification and Attestation

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, 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 or limited liability company to civil or criminal penalties.
- 2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company 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 or limited liability company 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, or member or manager of a limited liability company, 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 which this application is made to give any information they may have 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 comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 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).

Must be signed by an officer, director, principal or partner of the business entity:

Month Day Year

Signature

Typed or Printed Name

Social Security Number

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 #			

A copy of the contract between the reinsurer and the Reinsurance Intermediary Manager must be attached. The contract must meet the requirements of La.. R.S. 22§1727 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.

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