

COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT

Manager or Exclusive General Agent License Corporation or Partnership Application

Type or Print - Complete All Necessary Information

PART I – IDENTIFICATION

NOTE: A license is required for each unique Employer Identification Number.

Employer Identification Number: -	Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Incorporation/Formation Date: (mm/dd/yy)
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Full Legal Name of Applicant:

Primary Address: <input type="checkbox"/> Address to be used as mailing address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Street (Required) (If applicable, include P.O. Box)</td> </tr> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> </table>	Street (Required) (If applicable, include P.O. Box)			City	State	Zip Code
Street (Required) (If applicable, include P.O. Box)							
City	State	Zip Code					
Secondary Address: <input type="checkbox"/> Address to be used as mailing address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3">Street (Required) (If applicable, include P.O. Box)</td> </tr> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 34%;">Zip Code</td> </tr> </table>	Street (Required) (If applicable, include P.O. Box)			City	State	Zip Code
Street (Required) (If applicable, include P.O. Box)							
City	State	Zip Code					

Business Telephone Number: () -	Business Fax Number: () -
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Business Email Address:

PART II – MANAGER/EXCLUSIVE GENERAL AGENT INFORMATION

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	1.	DOES THE CORPORATION/PARTNERSHIP NEGOTIATE AND BIND CEDING REINSURANCE CONTRACTS ON BEHALF OF AN INSURER?
<input type="checkbox"/>	<input type="checkbox"/>	2.	DOES THE CORPORATION/PARTNERSHIP MANAGE ALL OR PART OF THE INSURANCE BUSINESS OF AN INSURER BUT DOES NOT ACT AS AN AGENT FOR SUCH INSURER?
<input type="checkbox"/>	<input type="checkbox"/>	3.	HAS THE CORPORATION/PARTNERSHIP BEEN GRANTED SOLE AUTHORITY TO ACT DIRECTLY OR INDIRECTLY AS AN AGENT FOR AN INSURER?
<input type="checkbox"/>	<input type="checkbox"/>	4.	DOES THE CORPORATION/PARTNERSHIP UNDERWRITE, EITHER SEPERATELY OR TOGETHER WITH AFFILIATES, SUBAGENTS OR BROKERS, DIRECTLY OR INDIRECTLY, FOR AN INSURER IN ANY ONE YEAR AN AMOUNT OF GROSS DIRECT WRITTEN PREMIUM EQUAL TO OR MORE THAN TWENTY FIVE PERCENT OF THE SURPLUS AS REGARDS TO POLICYHOLDERS AS REPORTED IN THE LAST ANNUAL STATEMENT OF THE INSURER?

INDICATE THE FOLLOWING RELATIVE TO ANY “YES” ANSWER ABOVE:

NAIC Code #	Insurer Name	Contract Effective Date
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Note: A separate application form is required for each insurer for which you perform these duties.

PART III – TRADING AS NAME

If the applicant transacts business in Pennsylvania under an assumed trade name, provide the full name in the space provided below. **NOTE:** A corporation or partnership with its own Employer Identification Number cannot be used as a trading as name. Corporation or partnership applicants must have trading as names registered with the Pennsylvania Department of State.

Trading as Name: _____

PART IV – BACKGROUND INFORMATION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. HAVE YOU ATTACHED AN EXECUTIVE COPY OF MANAGEMENT CONTRACT OR EXCLUSIVE AGENT AGREEMENT, A CERTIFIED COPY OF THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE INSURER APPROVING THE CONTRACT AND THE FILING OF THIS APPLICATION FOR ISSUANCE/RENEWAL OF A MANAGER OR EXCLUSIVE GENERAL AGENT LICENSE? (This application will not be processed without providing the required documents.)
<input type="checkbox"/>	<input type="checkbox"/>	2. HAS THE CORPORATION/PARTNERSHIP EVER BEEN PENALIZED OR FINED, HAD A LICENSE REFUSED, SUSPENDED, OR REVOKED BY THIS DEPARTMENT OR THE INSURANCE DEPARTMENT OF ANY OTHER STATE OR PROVINCE OF CANADA OR IS ANY SUCH ACTION NOW PENDING? (If yes, provide a full explanation on a separate sheet of paper.)
<input type="checkbox"/>	<input type="checkbox"/>	3. DOES THE CORPORATION CHARTER OR PARTNERSHIP AGREEMENT PROVIDE FOR THE TRANSACTION OF INSURANCE OF REAL ESTATE?
<input type="checkbox"/>	<input type="checkbox"/>	4. IS THE CORPORATION/PARTNERSHIP AN OFFICER, DIRECTOR OR STOCKHOLDER IN ANY INSURANCE COMPANY?
<input type="checkbox"/>	<input type="checkbox"/>	5. IS THERE ANY DISPUTE WITH YOUR ACCOUNTS WITH ANY COMPANY, AGENCY OR INSURED? (If yes, attach a letter of explanation.)
<input type="checkbox"/>	<input type="checkbox"/>	6. ARE YOU SEEKING THIS LICENSE PRINCIPALLY FOR THE PURPOSE OF NEGOTIATING OR EFFECTING INSURANCE COVERING YOUR OWN PROPERTY OR INSURANCE INTEREST OF THAT OF YOUR RELATIVE, BUSINESS ASSOCIATES OR EMPLOYER? (Such business must be transacted only as an incidental portion of your general business.)
<input type="checkbox"/>	<input type="checkbox"/>	7. ARE YOU FAMILIAR WITH AND DO YOU AGREE TO ABIDE BY ALL LAWS AND REGULATIONS PERTAINING TO THE BUSINESS OF INSURANCE IN PENNSYLVANIA?
<input type="checkbox"/>	<input type="checkbox"/>	8. DO YOU AGREE TO IMMEDIATELY NOTIFY THE DEPARTMENT OF ANY EXCLUSION, SALE, TRANSFER OR CHANGE IN YOUR MANAGEMENT CONTRACT OR EXCLUSIVE GENERAL AGENT AGREEMENT WITH THE INSURER SPONSORING YOU FOR THIS LICENSE?
<input type="checkbox"/>	<input type="checkbox"/>	9. HAS THE CORPORATION/PARTNERSHIP EVER BEEN OR IS IT NOW INVOLVED IN A MANAGEMENT CONTRACT OR EXCLUSIVE GENERAL AGENCY, AGREEMENT WITH ANY INSURANCE COMPANY OTHER THAN THE ONE SPONSORING IT FOR THIS LICENSE? (If yes, provide a full explanation on a separate sheet of paper.)

Officers/Partners

List the following information for all officers of the corporation or partners of the partnership (licensed or unlicensed).

Name	Soc Sec # / EIN	Title
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Name	Soc Sec # / EIN	Title
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Name	Soc Sec # / EIN	Title
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Name	Soc Sec # / EIN	Title
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ATTACH A SEPARATE SHEET LISTING OTHER OFFICERS/PARTNERS IF NECESSARY

PART V – APPLICANT’S CERTIFICATION

I do hereby certify under penalty or perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania regarding manager or exclusive general agent activities.

NOTE: There are criminal penalties for false statement.

Notary Seal

Subscribed and sworn before me on this

_____ day of _____, 20____.

Commission Expires:

Officer/Partner Signature

Officer/Partner Name (print or type)

Officer/Partner Title (print or type)

PART VI – COMPANY ENDORSEMENT

NAIC CODE NUMBER: _____

I, _____, a duly authorized officer of _____ an entity authorized by law to transact insurance business within the Commonwealth of Pennsylvania, hereby certify that a reasonable inquiry has been completed into the applicant’s background and that the applicant is worthy of a license as a manager or exclusive general agent and that the management contract or exclusive general agent agreement is consistent with the articles of incorporation and bylaws of the company.

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Date

Officer’s Signature

Officer’s Title

Phone Number