

COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT

Reinsurance Intermediary Manager 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: 50%;">City</td> <td style="width: 20%;">State</td> <td style="width: 30%;">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: 50%;">City</td> <td style="width: 20%;">State</td> <td style="width: 30%;">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 – LICENSED OFFICERS OR EMPLOYEES

INSTRUCTIONS: Attach a listing of all officers or employees who will be acting as a reinsurance intermediary manager on behalf of the corporation or partnership.

A biographical affidavit (NAIC format) and an IDL-61 RIM form must be completed and submitted by all officers and each employee who will be acting as a reinsurance intermediary manager on behalf of the corporation or partnership.

PART III – REQUIREMENTS

The following requirements must be satisfied to qualify for a reinsurance intermediary manager license:

1. Submit a copy of the contract with each reinsurer specifying original issue date and date of next renewal. Each contract shall include a cover sheet identifying the location within the contract of each provision of 40 P.S. § 321.6 and prohibited acts of 40 P.S. § 321.7.
2. Provide state of incorporation: ____.
3. Provide a copy of the articles of incorporation or partnership agreement.
4. Provide an organizational chart showing relationships with all affiliates.
5. Submit a copy of the applicant's bond in the amount of not less than \$1,000,000.
6. Submit a copy of the applicant's declarations page of its errors and omissions coverage in an amount of not less than \$1,000,000.

PART IV – 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: _____

Employer Identification Number: ____-____

PART V – BACKGROUND INFORMATION

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. HAS THE APPLICANT EVER BEEN PENALIZED OR FINED OR 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"/> | 2. HAS THE APPLICANT EVER BEEN CONVICTED OF OR PLED NOLO CONTENDERE (NO CONTEST) TO ANY MISDEMEANOR OR FELONY OR CURRENTLY HAVE PENDING MISDEMEANOR OR FELONY CHARGES FILED AGAINST THE APPLICANT? (MISDEMEANOR DOES NOT INCLUDE MINOR TRAFFIC VIOLATIONS.)
(If yes, give date, name, and address of court, basis, and outcome.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. IS THE APPLICANT FAMILIAR WITH ARTICLES VII OF THE INSURANCE DEPARTMENT ACT OF MAY 17, 1921, P.L. 289, NO. 285 (40 P.S. § 321.1 <u>ET SEQ.</u>) THAT GOVERNS REINSURANCE INTERMEDIARY MANAGERS? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. IS THERE ANY DISPUTE WITH THE APPLICANT'S ACCOUNTS WITH ANY COMPANY, AGENCY, OR INSURED? (If yes, attach a letter of explanation.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. DO ALL UNLICENSED OFFICERS, PARTNERS, OR EMPLOYEES UNDERSTAND THAT THEY CANNOT PERFORM ANY ACT OF A REINSURANCE INTERMEDIARY MANAGER IN PENNSYLVANIA? |

Officers/Partners	List the following information for all officers of the corporation or partners of the partnership (licensed or unlicensed).
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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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_____ Name	_____ Soc Sec # / EIN	_____ Title
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ATTACH A SEPARATE SHEET LISTING OTHER OFFICERS/PARTNERS IF NECESSARY

PART VI – 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 reinsurance intermediary manager 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)