

# COMMONWEALTH OF PENNSYLVANIA INSURANCE DEPARTMENT

## Reinsurance Intermediary Manager License Individual Application

**Type or Print - Complete All Necessary Information**

### PART I – IDENTIFICATION

**NOTE:** Your social security number will be used for the purpose of computer identification only and will not be released to the public.

<b>Social Security Number:</b> - -	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b> (mm/dd/yy)
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**Full Legal Name** (Last, First, Middle) No Initials:

<b>Residence Address:</b>  <input type="checkbox"/> Address to be used as mailing address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Street (Required)</td> <td style="width: 50%;">(If applicable, include P.O. Box)</td> </tr> <tr> <td>City</td> <td>State      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				

<b>Residence Telephone Number:</b> ( ) -	<b>Residence Fax Number:</b> ( ) -
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<b>Business Address:</b>  <input type="checkbox"/> Address to be used as mailing address	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Street (Required)</td> <td style="width: 50%;">(If applicable, include P.O. Box)</td> </tr> <tr> <td>City</td> <td>State      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				

<b>Business Telephone Number:</b> ( ) -	<b>Business Fax Number:</b> ( ) -
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**Business Email Address:**

### PART II – APPLICANT TYPE

**CHECK ONE:**

- ☐ Individual (not associated with corporation or partnership)
- ☐ Employee of corporation or partnership. Provide:  
     EIN: -  
     License Number:

### 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. Submit a copy of the applicant's bond in the amount of not less than \$1,000,000.
3. Submit a copy of the applicant's declarations page for its errors and omissions coverage in an amount of not less than \$1,000,000.
4. Submit a biographical affidavit (NAIC format) for applicant.

**NOTE:** Items 1, 2, and 3 are not required of an employee of a corporation or partnership (see Part II – Applicant Type).

### 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:** Individuals cannot assume the name of a corporation or partnership. Trading as names must be registered with the Pennsylvania Department of State.

Trading as Name: \_\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**PART V – BACKGROUND INFORMATION**

YES NO

☐☐

1. HAVE YOU 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.)

☐☐

2. HAVE YOU 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 YOU? (MISDEMEANOR DOES NOT INCLUDE MINOR TRAFFIC VIOLATIONS.)  
(If yes, give date, name, and address of court, basis, and outcome.)

☐☐

3. ARE YOU FAMILIAR WITH ARTICLES VII OF THE INSURANCE DEPARTMENT ACT OF MAY 17, 1921, P.L. 289. NO. 285 (40 P.S. § 321.1 ET SEQ.) THAT GOVERNS REINSURANCE INTERMEDIARY MANAGERS?

**Employment History** List in chronological order record of occupation or employment during the two years preceding date of this application.**Current****Employer:**

Name

Address

Occupation

From (mm/dd/yy)

To (mm/dd/yy)

**Previous****Employer:**

(If applicable)

Name

Address

Occupation

From (mm/dd/yy)

To (mm/dd/yy)

**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:

\_\_\_\_\_  
Applicant Signature\_\_\_\_\_  
Applicant Name (print or type)