



APPLICATION FOR REINSURANCE INTERMEDIARY BROKER OR MANAGER - IC 27-6-9 et.seq.

INSTRUCTIONS: Check One

Initial Application

Renewal Application

All authorized persons per IC 27-6-9-15(a) must sign application.

The written contract must be approved by the reinsurer's Board of Directors and be submitted at least thirty (30) days before a reinsurer assumes or cedes business through a RM for the Commissioner's approval per IC 27-6-9-21.

License Applying for: **Reinsurance Intermediary Broker**

Reinsurance Intermediary Manager

Items 1-6 must be completed for a Reinsurance Broker License.

Items 1-11 must be completed for a Reinsurance Manager License.

NOTE: Filing of this application does not give authority to your entity. This authority does not exist until all required items are filed and a license has been issued.

The following documents MUST be submitted with this application.

1. Filing Fees in the amount of: Initial **\$100.00** Renewal **\$100.00**
2. Written contract in original and duplicate. Contract provisions for Reinsurance Broker must be in compliance with IC 27-6-9-18; Reinsurance Manger must be in compliance with IC 27-6-9-21. Contract checklist must accompany contract, indicating where Indiana code citations can be found, within highlighted contract. *(Not required of renewals, unless changes have been made)*
3. Copy of organizational chart.
4. Non-resident broker or alien manager must submit a power of attorney appointing the Commissioner for service of process. *(Initial applications only)*
5. Alien manager or broker must provide name and address of Indiana appointed agent. *(Not required of renewals, unless changes have been made)*
6. Proof of licensure as an Indiana producer.
7. List of current officers and directors.
8. Statement of financial condition prepared by an independent Certified Accountant. This statement may be in the form of a compilation report, a report of review or audit report. RM – IC 27-6-9-23(b) & 760 IAC 1-51-.6 If RM establishes loss reserves, actuarial opinion attesting to the adequacy of loss reserves incurred and outstanding on business produced by RM in accordance with IC 27-6-9-23.
9. Biographical affidavits on all authorized persons. *(Not required of renewals, unless changes have been made)*
10. Errors and Omissions Policy in the amount of \$ _____. (see 760 IAC 1-51-5)
11. Fidelity Bond from an insurer in the amount of \$ _____. (see 760 IAC 1-51-4)

Name of Applicant

Telephone Number

()

Address of Applicant (Street, City, State, Zip Code)

Contact Person for Applicant and Email address

Telephone Number

()

Type of Reinsurance Intermediary Organization (Check One)

() Individual () Partnership () Corporation

() Other _____

Lines of Reinsurance Authorized to Transact (Check All That Apply)

() Life () Health and Accident () Property

() Casualty () Other _____

Complete the Following Questionnaire

1. Are you an attorney licensed to practice in the State of Indiana (If yes, you are exempt from the filing requirements as a reinsurance broker in the State of Indiana.)

() Yes () No

2. Do you have binding authority on behalf of a reinsurer?

() Yes () No

3. Do you act as an agent of the reinsurer?

() Yes () No

4. Is your compensation a factor of premium production?

() Yes () No

If you answered "NO" for questions 1 through 4 then you are not required to be licensed as a Reinsurance Intermediary. You do not have to complete the rest of this application.

5. Do you have authority to manage all or part of an insurer's assumed reinsurance business?

() Yes () No

6. Are you an employee of the reinsurer?

() Yes () No

7. Are you a manager of a U.S. branch of an alien reinsurer?

() Yes () No

8. Are you under contract to manage all or part of the reinsurance operations?

() Yes () No

9. Are you under common control of a reinsurer as defined under IC 27-1-23 and compensation are not based on premium production?

() Yes () No

10. Are you manager of a group, association, pool or organization of insurers engaged in joint underwriting or reinsurance and subject to examination by the insurance department of the state whereby the principal office is physically located?

() Yes () No

10a. Name of the organization

10B. State Having examination authority

OVER

SCHEDULE A

PERSONS HAVING BINDING AUTHORITY AND ACTING AS REINSURANCE INTERMEDIARIES

This information that I have supplied is true and correct to the best of my knowledge. I have read the Indiana Insurance Code and regulations relative to the responsibilities and requirements of being a reinsurance intermediary and agree to accept and abide with its provisions.

Name		Telephone number
Address (street, city, state, ZIP code)		
Signature	Title	Date Signed (Month, Day, Year)
Name		Telephone Number
Address (street, city, state, ZIP code)		
Signature	Title	Date Signed (Month, Day, Year)
Name		Telephone number
Address (street, city, state, ZIP code)		
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