

# Managing General Agent Appointment Application

(Please Print or Type)



New Application	
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Renewal	
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**NOTE:** Filing of this application does not give authority to your MGA. The MGA will receive a Certification of Registration issued by the Department of Insurance upon approval.

**INSTRUCTIONS:**

- Application is to be completed by an insurer's representative for each MGA it utilizes.
- All sections must be completed; incomplete applications will not be processed.
- New application must be received by this Department within thirty (30) days after entering into a contract with MGA.
- Renewal application must be received by this Department with thirty (30) days prior to the MGA expiration date.
- See Section 9 for listing of items to accompany the application.
- Each item should be separated with a numbered tab corresponding to the document's item number in Section 9.

Forward completed application with attachments to:   Attn: Company Admissions Coordinator  
 Indiana Department of Insurance  
 311 West Washington Street, Suite 103  
 Indianapolis, IN 46204

<b>Section 1</b>					
Full Name of Insurer			Incorporation/Formation Date		FEIN
DBA/Trade Name: (if applicable)			State of Domicile	Country of Domicile	
Statutory Address		City	State	Zip or Foreign Country	
Mailing Address		City	State	Zip or Foreign Country	
Phone Number ( ) -	Fax Number ( ) -	Business Web Site Address		Business E-Mail Address	
Contact Person Name of Insurer & Title		Contact Person E-Mail Address		Contact Person Phone Number	
<b>Section 2</b>					
Full Name of MGA			Incorporation/Formation Date (month) ___ (day) ___ (year) ____		FEIN
DBA/Trade Name: (if applicable)			State of Domicile	Country of Domicile	
Business Address		City	State	Zip or Foreign Country	
Phone Number ( ) -	Fax Number ( ) -	Business Web Site Address		Business E-Mail Address	
Mailing Address		City	State	Zip or Foreign Country	
Type MGA (check one)					
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other					
Lines Authorized to Transact (Check All That Apply)					
<input type="checkbox"/> Life <input type="checkbox"/> Health and Accident <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Other					
Contact Person Name of MGA & Title		Contact Person E-Mail Address		Contact Person Phone Number	

**Section 3**

1.	Are you an employee of the insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Are you a United States manager of a U.S. branch of an alien reinsurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Are you an underwriting manager which, pursuant to contract: a. manages all or part of the insurance operations; b. is under common control with the insurer, subject to IC 27-1-23; and c. whose compensation is NOT based on the volume of premiums written?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you an attorney-in-fact authorized by and acting for the subscribers of a reciprocal insurer as authorized in IC 27-6-6-1 or an interinsurance exchange as authorized in IC 27-1-2-2 under powers of attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If response is "YES" for questions 1 through 3 you are exempt from obtaining a Managing General Agent license.  
If response is "NO" for questions 1 through 3, but "Yes" for question 4 you are exempt from obtaining a Managing General Agent license.  
Otherwise proceed to question 5.

5.	Do you have authority to manage all or part of the insurance business on behalf of an insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Do you act as an agent of the insurer, whether known as a managing general agent, manager, or other similar term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Do you underwrite an amount of gross direct written premium at least five percent (5%) of the policyholder surplus as reported in the last annual statement of the insurer in any one (1) quarter or year and do at least one (1) of the following activities: a. Adjusts or pays claims in excess of an amount determined by the commissioner. b. Negotiates reinsurance on behalf of the insurer.	<input type="checkbox"/> Yes <input type="checkbox"/> No

If response is "YES" to any or all of questions 5 through 7 application with required attachments will need to be submitted to obtain a Managing General Agent license.

**Section 4**

**Jurisdictions**

**Indicate State(s) the MGA is currently licensed (L) or applying (A) as a MGA**

AL	CT	ID	ME	MT	NC	RI	VA
AK	DC	IL	MD	NE	ND	SC	WA
AS	DE	IN	MA	NV	OH	SD	WV
AZ	FL	IA	MI	NH	OK	TN	WI
AR	GU	KS	MN	NJ	OR	TX	WY
CA	GA	KY	MS	NM	PA	UT	
CO	HI	LA	MO	NY	PR	VT	

**Indicate State(s) the MGA is engaged (E) in business as a MGA and is not required to be licensed.**

AL	CT	ID	ME	MT	NC	RI	VA
AK	DC	IL	MD	NE	ND	SC	WA
AS	DE	IN	MA	NV	OH	SD	WV
AZ	FL	IA	MI	NH	OK	TN	WI
AR	GU	KS	MN	NJ	OR	TX	WY
CA	GA	KY	MS	NM	PA	UT	
CO	HI	LA	MO	NY	PR	VT	

**Section 5**

**Background Information**

**Please read the following very carefully and answer every question:**

1. Has the applicant or any entity that controls the applicant, or any owner, partner, officer or director ever been convicted of, or is the applicant or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld?

\*Yes     No  
 \* Previously Provided  
 \*Newly Provided

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
“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 having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

a) a written statement explaining the circumstances of each incident,  
b) a copy of the charging document, and  
c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the applicant or any entity that controls the applicant, or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license?

\*Yes     No  
 \* Previously Provided  
 \*Newly Provided

**Section 5 Cont.**

**Background Information**

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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 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 applicant or any entity that controls the applicant, or any owner, partner, officer or director for overdue monies by an insurer, insured, producer, or anyone else or have you ever been subject to a bankruptcy proceeding?

- \*Yes       No
- \* Previously Provided
- \*Newly Provided

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

4. Has the applicant or any owner, partner, officer or director 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
- \* Previously Provided
- \*Newly Provided

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the applicant or any entity that controls the applicant or any owner, partner, officer or director 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
- \* Previously Provided
- \*Newly Provided

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 or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the applicant or any entity that controls the applicant or any owner, partner, officer or director ever had a contract or any other business relationship terminated for any alleged misconduct?

- \*Yes       No
- \* Previously Provided
- \*Newly Provided

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.

**\*NOTE: If items have previously been provided so state and do not resend materials.**

**Section 6**

**Owners, Partners, Officers and Directors**

**Identify sole proprietor or all owners, partners, officers and directors of the application. (Indicate percentage of ownership if applicable.)**

Name	Title	Percentage

**Section 7**

Duties to be performed on behalf of insurer:


**Section 8****Applicants Certification and Attestation**

The undersigned owner, partner, officer or director of the applicant hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments are 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 applicant to civil or criminal penalties.
2. Where required by law, the applicant 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 applicant.
3. The applicant 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. I authorize the jurisdictions to give any information they may have concerning me 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.
5. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration and agree to comply with the requirements set forth in IC 27-1-33 et. seq.
6. I further agree that any agreements entered into the parties will be aware of the requirements and responsibilities set forth in the jurisdictions of which I am applying.

Must be signed and dated by an insurer's representative:

\_\_\_\_\_  
Month      Day      Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                      State      Zip

**Section 9****Attachments should be separated with a number tab corresponding to the document's item number**

1.	Filing Fee in the amount of: Initial <b>\$100.00</b> Renewal <b>\$100.00</b>
2.	Copy of organizational chart.
3.	Annual compilation or audited financial statement of each managing general agent that shall include the following: <ol style="list-style-type: none"> <li>a. A report by an independent certified public accountant.</li> <li>b. A balance sheet.</li> <li>c. A statement of income.</li> <li>d. A statement of cash flow.</li> <li>e. A statement of retained earnings.</li> <li>f. Verification by management of the insurer, under oath, of the amount of gross direct written premium for the previous calendar year.</li> <li>g. A consolidating schedule if financials are prepared on a consolidated basis.</li> </ol>
4.	Proof of licensure as an Indiana agent.
5.	Certificate of Gross Direct Written Premium ( <i>Required of renewals only</i> )

**Is this an initial filing? Or, have the following items been modified since last renewal?**

Yes	No	If response is yes, please attach appropriate document(s).	
		5.	Written contract in accordance with IC 27-1-33-7
		6.	Contract checklist must accompany contract, indicating where Indiana code citations can be found, within highlighted contract. Checklist form is located at <a href="http://www.in.gov/idoi/2363.htm">http://www.in.gov/idoi/2363.htm</a>
		7.	Biographical affidavits on all persons listed in Section 6.
		8.	Certified original Errors and Omissions Policy in the amount of \$ _____ (see 760 IAC 1-52-5)
		9.	Certified original Fidelity Bond from an insurer in the amount of \$ _____ (see 760 IAC 1-52-4)