

Reinsurance Intermediary Manager Application

(Please Print or Type)



New Application	
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Renewal	
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INSTRUCTIONS:

- All sections must be completed; incomplete applications will not be processed.
- All authorized persons per IC 27-6-9-15(a) must sign application.
- See Section 8 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 8.

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

Section 1					
Applicant Name			Incorporation/Formation Date (month) ___ (day) ___ (year) ____		FEIN -
DBA/Trade Name: (if applicable)			State of Domicile	Country of Domicile	
Applicant Type (individual, corporation, partnership, LLC etc)			Resident or Non Resident		
Business Address		City		State	Zip or Foreign Country
Phone Number () -	Fax Number () -	Business Web Site Address		Business E-Mail Address	
Mailing Address		P.O. Box	City	State	Zip or Foreign Country
Contact Person Name		Contact Person E-Mail Address		Contact Person Phone Number	
Lines of Reinsurance 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					

Section 2		
1.	Are you an employee of the reinsurer?	□ Yes □ No
2.	Are you a United States manager of a U.S. branch of an alien reinsurer?	□ Yes □ No
3.	Are you an underwriting manager which, pursuant to contract: a. manages all or part of the reinsurance operations; b. is under common control with the reinsurer, subject to IC 27-1-23; and c. whose compensation is NOT based on the volume of premiums written?	□ Yes □ No
4.	Are you manager of a group, association, pool or organization of insurers engaged in joint underwriting or joint reinsurance and subject to examination by the insurance department of the state whereby the principal office is physically located?	□ Yes □ No
5a. Name of the organization		5b. State Having examination authority
If response is "YES" for questions 1 through 4 you are exempt from obtaining a Reinsurance Intermediary Manager license. Otherwise proceed to question 6.		
6.	Do you have authority to bind or manage all or part of the assumed reinsurance business on behalf of a reinsurer?	□ Yes □ No
7.	Do you act as an agent of the reinsurer?	□ Yes □ No
8.	Is your compensation a factor of premium production?	□ Yes □ No
If response is "YES" to any of the proceeding questions an application with required attachments will need to be submitted to obtain a Reinsurance Intermediary Manager license.		

Section 3

Jurisdictions

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

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 RIM is engaged (E) in business as a RIM 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 4

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

“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.

Section 4 cont.

Background Information (cont.)

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 5

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 6

Persons Having Binding Authority and Acting as Reinsurance Intermediaries

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

Section 6 cont.		
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)		
Signature	Title	Date Signed (Month, Day, Year)

Section 7

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 27-6-9 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 officer, director, or partner of the business entity, or member or manager of a limited liability company who has authority to act on behalf of the business entity:

Month Day Year

Signature

Typed or Printed Name

Title

Address

City State Zip

Section 8	
Attachments should be separated with a numbered tab corresponding to the document's item number	
1.	Filing Fee in the amount of: Initial \$100.00 Renewal \$100.00
2.	Copy of organizational chart.
3.	Non-resident and/or alien broker or manager must submit a power of attorney appointing the Commissioner for service of process.
4.	Proof of licensure in accordance with IC 27-6-9-13.
5.	Statement of financial condition prepared by an independent certified accountant in accordance with GAAP reflecting a positive working capital and consolidating worksheet if financials are prepared on a consolidated basis. 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. 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.
6.	Certification of annual premium managed.

Is this an initial filing? Or, have the following items been modified since last renewal?		
Yes	No	If response is yes, please attach appropriate documents(s).
		6. Written contract. Contract provisions for Reinsurance Manger must be in accordance with IC 27-6-9-21. The RM 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.
		7. Contract checklist must accompany contract, indicating where Indiana code citations can be found, within highlighted contract. Checklist form is located at http://www.in.gov/idoi/2356.htm .
		8. Biographical affidavits on all authorized persons.
		9. Certified original Errors and Omissions Policy in the amount of \$ _____ . (see 760 IAC 1-51-5)
		10. Certified original Fidelity Bond from an insurer in the amount of \$ _____ . (see 760 IAC 1-51-4)