

APPLICATION REQUIREMENTS FOR LICENSURE AS A REINSURANCE INTERMEDIARY

§33-2-1701 through §33-2-1709, Montana Code Annotated

- 1) Please complete the application form (copy enclosed).
- 2) If a partnership, corporation, or association, please include a copy of the partnership agreement, articles of incorporation, or articles of association.
- 3) Submit a biographical affidavit for each individual, member, officer, or owner of the applicant and each person to be authorized to act under the license (copy enclosed).
- 4) Submit a signed copy of each written contract which includes a cover sheet identifying page number and specific section or paragraph that demonstrates compliance with provisions required under Section 33-2-1702 (for brokers) or 33-2-1705 (for managers), MCA.
- 5) Provide evidence that a fidelity bond is maintained in the amount not less than \$50,000 for the protection of each reinsurer (applies to managers only).
- 6) Provide evidence that a policy for errors and omissions is maintained in an amount not less than \$100,000 (applies to managers only).
- 7) Provide a brief explanation of your plan of operation for Montana.
- 8) If applicant is a resident and an individual, partnership, or association, file a certified copy of your Certificate of Assumed Business Name obtained from the Montana Secretary of State.
- 9) Please provide an audited balance sheet and income statement for the most recent complete calendar or fiscal year.
- 10) If applicant is a nonresident, file a statement from your state of domicile insurance department stating whether any taxes, licenses, fees, or other material obligations, prohibitions, or restrictions would be imposed upon a like Montana applicant. Montana laws are retaliatory. The same fee charged by your state of domicile for a reinsurance intermediary license must be included in this application.
- 11) Complete a service of process form (nonresidents only). <https://csimt.gov/service-of-process>

BIOGRAPHICAL AFFIDAVIT

https://www.naic.org/documents/industry_ucaa_form11.pdf



APPLICATION FOR REINSURANCE INTERMEDIARY LICENSE

1. Name of Applicant: _____
 (Name under which business is to be transacted)

2. Principal Administrative Office Address:

 City State Zip Phone Number

3. Mailing Address (if different from above) _____

 City State Zip

4. FEIN #: _____

5. Facsimile #: _____ Email address _____

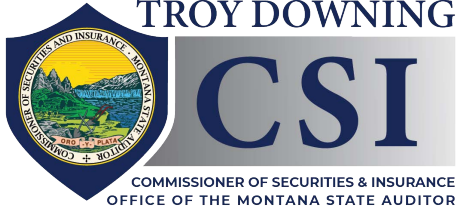
6. Type of Business Organization:
- Association
 - Corporation
 - Domestic
 - Foreign (state of incorporation, if applicable _____)
 - Individual
 - Partnership

7. Type of License Requested:
- Reinsurance Intermediary – BROKER
 - Reinsurance Intermediary – MANAGER

8. Names of all insurance companies, licensed in Montana, with whom you currently hold a contract to act as an intermediary:

9. Give full names and addresses of all members, or officers and Directors, or owners of the applicant.

FULL NAME	TITLE	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____



10. Give name of all persons who will be authorized by applicant to act under the certificate and the relationship of each to applicant.

NAME: _____ RELATIONSHIP TO APPLICANT: _____

NAME: _____ RELATIONSHIP TO APPLICANT: _____

NAME: _____ RELATIONSHIP TO APPLICANT: _____

NAME: _____ RELATIONSHIP TO APPLICANT: _____

11. Does the applicant agree that, if licensed is issued, only those persons named in this application will transact insurance under this license? YES NO

12. Name of Application Contact Person: _____

Phone Number: _____

DO YOU, AS APPLICANT, AND ALL PERSONS NAMED (IN ITEMS NO. 8 AND 9 ABOVE) AGREE AS FOLLOWS:

1. To obtain a written contract between you and each insurer as required under Section 33-2-1702 or 33-2-1705, MCA, and to retain such agreement for its duration and for 10 years thereafter? YES NO
2. To contain in the required written contract provisions which include the requirements of 33-2-1702 or 33-2-1705 insofar as they relate to the functions performed by you? YES NO
3. To maintain in accordance with prudent standards of insurance recordkeeping, adequate books and records of all transactions between you, the insurers, and the insured persons, for the duration of the required written contract and for 10 years thereafter? YES NO
4. To maintain a policy on errors and omissions in an amount not less than \$100,000? (Managers only)
 YES NO
5. Maintain a fidelity bond for the protection of the reinsurer in an amount no less than \$50,000? (Managers only)
 YES NO

DATE: _____

OFFICER AND TITLE (PRINT)

OFFICER SIGNATURE