



THE COMMONWEALTH OF MASSACHUSETTS

Division of Insurance

1000 Washington St, Suite 810

Boston, Massachusetts 02118-6200

APPLICATION FOR INDIVIDUAL REINSURANCE INTERMEDIARY LICENSE

INSTRUCTIONS -- In order for us to process your application you must:

- Answer every question accurately and completely. Incomplete applications will be returned.
• Sign and date the application.
• Return this application with a check for \$200.00 made payable to the Division of Insurance

NOTE: fees are non-refundable

- Please Note - Your renewal application must be received at the Division of Insurance on or before the expiration date of your current license.

Non-Residents must also:

- Provide an original certificate of good standing, not more than 90 days old, from their home state.

If you have any questions or need assistance, please contact Licensing at (617) 521-7794.

The application form with your check should be mailed to:

Division of Insurance
Producer Licensing Section
1000 Washington St, Suite 810
Boston, Massachusetts 02118 - 6200

Please Print or Type

To the Commissioner of Insurance:

_____ New Application _____ Renewal Application

Application is hereby made for an Individual Reinsurance Intermediary License issued to:

- 1. Name of Applicant: _____
2. Capacity in Which You Intend To Act: () Reinsurance Intermediary Broker () Reinsurance Intermediary Manager
3. Social Security #: _____ 4. Date of Birth: / /
5. Home Address: _____ 6. Tel # ()
7. Business Address: _____ 8. Tel # ()
9. Check One: () Massachusetts Resident License () Nonresident License
10. Lines of Insurance: () Accident & Health () Life () Fire & Casualty

Note Regarding Resident Reinsurance Intermediary Applicants: Each applicant for a license to act as a resident reinsurance intermediary must have been licensed as an insurance agent, broker or producer for the lines for which he intends to transact business as a reinsurance intermediary for a period of at least three years prior to applying for such a license. Such insurance producer license must be maintained in order for a resident reinsurance intermediary license to be maintained.

- 11. Residence (last 10 years) _____
12. Occupation and Business Affiliations (last 10 years): From / / to / / Duties or Title: _____
Employer's Name: _____
Address: _____

From ____ / ____ / ____ to ____ / ____ / ____ Duties or Title: _____

Employer's Name: _____

Address: _____
Street City State Zip

Attach more details, if necessary.

13. Do you act, or intend to act, as a reinsurance intermediary from an address in Massachusetts? Yes () No ()
If yes, where _____ Are you a member or employee of a partnership or an officer, director or employee of a corporation which acts, or intends to act as a reinsurance intermediary from an address in Massachusetts? Yes () No ()

If yes, give name and address of partnership or corporation _____

14. List any person, firm, association or corporation who or which, directly or indirectly, have the power to direct or cause to be directed, the management, control or activities of the applicant or controls the applicant pursuant to the definition of control or controlling in M.G.L. c. 175, §177N. If none, check here _____

Name: _____ Address: _____

Name: _____ Address: _____

Explain how each person listed above directs the management, control or activities of the applicant. Attach more details, if necessary.

15. Do you engage in any other business other than insurance Yes () No () If yes, please describe the business, and provide the name and address of the business location and of any employer :

16. Has any commissioner or department ever suspended, canceled or revoked any license issued to you as an agent, broker, producer or motor vehicle damage appraiser, or ever refused to issue or renew any such license, or have you ever surrendered any such license or has any insurance company canceled any contract of employment or an appointment of, or a license to you as its producer for any reason, or has any other public official or court ever suspended, canceled or revoked any license or authority of any kind issued to you to pursue any trade, calling or profession or refused to issue or renew any such license or authority or discharged or removed you from any public office or position? (If yes, attach details).
Yes () No ()

17. Has any licensing authority, directly or indirectly, ever suspended, revoked, canceled or restricted a license issued to you or assessed or imposed a fine, penalty or costs against you for activities conducted pursuant to that license? (If yes, state the name and address of the authority, the type of license, the date of action, and attach a copy of the order, decision or other document issued by or on behalf of the authority).
Yes () No ()

18. Has any licensing authority ever conducted an investigation of you or initiated any administrative action, including but not limited to an order to show cause, against you? (If yes state, the name and address of the authority, the date of action, the type of license, and attach a copy of any complaint or order to show cause filed by or on behalf of such authority and any final orders issued in connection with the action).
Yes () No ()

19. Have you ever filed a voluntary petition or have you been involuntarily petitioned into bankruptcy or insolvency, or have you ever made any assignment for the benefit of, or any composition with your creditors? (If yes, attach details).
Yes () No ()

20. Have you ever been under guardianship or other legal disability? (If yes, attach details).
Yes () No ()

21. Is any company or producer claiming that you are now indebted to them for overdue collected insurance premiums or does any insured, agent, general agent, managing general agent, insurance company or broker claim you owe them money? (If yes, attach details).
Yes () No ()

22. Have you ever been convicted of, or arrested or prosecuted for, any crime or offense against the laws of this or any other state or country, or pled *nolo contendere* or guilty to any violations of the criminal statutes of any jurisdiction, or is any indictment, complaint, investigation or proceeding for any alleged violation of the criminal laws of any jurisdiction pending against you? (If yes, attach details).
Yes () No ()

23. Have you ever been named as a party in any civil suit which asserts claims, counterclaims or crossclaims against you which: a) relate to or arise out of your insurance or reinsurance business; or b) allege fraud, misrepresentation, larceny, or deceit; or c) allege violations of securities laws; or d) relate to or arise out of any financial service or planning activities? (If yes, attach details).
Yes () No ()

24. Have you ever changed your name through a court of law? (If yes, attach details, i.e., court and date of change).
Yes () No ()

25. Do you claim an exemption from the license fee as a blind individual? _____ Yes _____ No.
If no, please enclose a check for \$200.00 made payable to the **Division of Insurance**.

26. **NONRESIDENT APPLICANTS**

Pursuant to M.G.L. c. 175, § 177O(D)(2), I designate the Commissioner of Insurance as producer for service of process in the manner and with the same legal effect provided for by M.G.L. c. 175B for designation of service of process upon unauthorized insurers.

27. **I have read and am familiar with the insurance laws of Massachusetts regarding insurance and the duties and obligations of reinsurance intermediaries. I intend to act and hold myself out and carry on business in good faith as a reinsurance intermediary producer or reinsurance intermediary manager. If this application is for a resident reinsurance intermediary application, I hereby verify that I will maintain an individual insurance producer license in the line(s) in which I intend to transact business as a reinsurance intermediary producer or manager. I hereby verify the foregoing answers and statements and declare they were made under the penalties of perjury.**

At any time, if the above information changes, I will promptly notify your office.

This application must be signed by the applicant personally. Your signature constitutes your understanding that you must comply with the Commonwealth's insurance and tax laws.

Dated at _____ this _____ day of _____, _____ YEAR

_____, Applicant _____
full signature print name

Please Note: This application must be signed by the applicant personally.