



NORTH CAROLINA
DEPARTMENT OF INSURANCE

APPLICATION FOR LICENSE
AS A REINSURANCE INTERMEDIARY

(Name of Applicant)

Dated _____, 20____

Name, Title, Address, Email, and Telephone Number of Individual to Whom Notices and
Correspondence Concerning this Application Should be Addressed:

PART A. TYPE OF LICENSE

- 1. Broker Manager (choose one)
- 2. Resident Nonresident (choose one)
- 3. Corporate Noncorporate (choose one)

PART B. GENERAL INFORMATION

1. Street Address of Principal Administrative Office:

City _____ State _____ Zip Code _____

2. Street Address of North Carolina Office (if any):

City _____ State _____ Zip Code _____

3. Mailing Address:

City _____ State _____ Zip Code _____

4. Phone # _____ Fax # _____

5. Federal Tax ID Number _____

6. Does the Applicant intend to transact business under any name(s) other than that on this application? yes no

If Yes, list those names:

7. List any current or prior license(s) held by the Applicant. If multiple licenses have been held in any category, provide information for the most recent license held.

	<u>LICENSE NUMBER</u>	<u>STATE</u>	<u>EXPIRATION DATE</u>
Insurance Agent	_____	_____	_____
Insurance Broker	_____	_____	_____
Reins Intermediary	_____	_____	_____
Managing General Agent	_____	_____	_____
Third Party Administrator	_____	_____	_____
Securities Broker	_____	_____	_____

8. Furnish a chart or listing clearly presenting the identities of and interrelationships among the Applicant and any controlling person of the Applicant.

9. Has the Applicant, any person who will act as an intermediary under a license issued to the Applicant, or any controlling person of the Applicant been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or plead guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or been the subject of any disciplinary proceedings of any federal or state regulatory agency?

yes no

If Yes, provide a statement explaining the matter and its disposition.

10. Has the Applicant, any person who will act as an intermediary under a license issued to the Applicant, or any controlling person of the Applicant ever had an insurance agent, insurance broker, reinsurance intermediary, managing general agent, third party administrator, or securities broker license from North Carolina or any other state or jurisdiction refused, suspended, or revoked?

yes no

If Yes, provide a statement explaining the matter and its disposition.

11. Is the Applicant, any person who will act as an intermediary under a license issued to the Applicant, or any controlling person of the Applicant now indebted to any court-appointed liquidator, any reinsurance or insurance company, reinsurance intermediary, general agent or agent?

yes no

Has the Applicant, any person who will act as an intermediary under a license issued to the Applicant, or any controlling person of the Applicant failed to pay any reinsurance or insurance company or reinsurance intermediary any premium due to such company which has come into the Applicant's possession?

yes no

Have the Applicant, any person who will act as an intermediary under a license issued to the Applicant, or any controlling person of the Applicant any judgements against them held by any reinsurance or insurance company, reinsurance intermediary, or any insured which is unpaid in whole or in part?

yes no

If the answer to any of these is "yes," provide a statement explaining the matter and its disposition.

12. Has the Applicant, any person who will act as an intermediary under a license issued to the Applicant, or any controlling person of the Applicant ever had an agency contract or reinsurance intermediary contract cancelled?

yes no

If "yes," provide a statement explaining the matter and its disposition.

PART C. BROKER

1. Does the Applicant solicit, negotiate, or place reinsurance cessions or retrocessions on behalf of a ceding insurer?

yes no

2. Does the Applicant have the authority or power to bind reinsurance on behalf of a ceding insurer?

yes no

3. Provide a written description of the Applicant's activities, including details of any activities performed in this State.
4. Provide a list of North Carolina domestic ceding insurers, which the Applicant currently represents or will represent as a Broker. Include the ceding insurer's name; NAIC Company Code, NAIC Alien Insurer ID Number, NAIC Pool/Association ID Number, and/or Federal Tax ID Number; and the effective and termination dates of each authorization.
5. Are all transactions between the Applicant and the ceding insurers it represents entered into pursuant to a written authorization, and do the written authorizations include provisions which satisfy G.S. 58-9-11(a)?

yes no
6. Provide a sample copy of a written authorization entered into between the Applicant and a ceding insurer it represents as a Broker.

PART D. MANAGER

1. Does the Applicant have authority to bind a reinsurer and act as an agent for the reinsurer?

yes no
2. Does the Applicant manage all or part of the assumed reinsurance business of a reinsurer and act as an agent for the reinsurer?

yes no
3. Provide a written description of the Applicant's activities, including details of any activities performed in this State.
4. Provide a list of reinsurers which the Applicant currently represents or will represent as a Manager. Include the reinsurer's full name; NAIC Company Code, NAIC Alien Insurer ID Number, NAIC Pool/Association ID Number, and/or Federal Tax ID Number; state or jurisdiction of domicile; and the effective and termination dates of each contract.
5. Provide a list of fidelity bonds maintained in favor of each reinsurer represented; include the name of the issuing insurer, its NAIC Company Code and Federal Tax ID Number, its state or jurisdiction of domicile, the amount of the bond, and its effective and termination dates. With the list, provide a copy of the declaration page of each fidelity bond listed.

6. Provide a list of errors and omissions liability insurance policies maintained by the Applicant; include the name of the issuing insurer, its NAIC Company Code and Federal Tax ID Number, its state or jurisdiction of domicile, and its effective and termination dates. With the list, provide a copy of the declaration page of each policy listed.

7. Are all transactions between the Applicant and the reinsurers it represents as a Manager entered into pursuant to a written contract?

yes no

Are all written contracts approved by the reinsurer's board of directors?

yes no

Do all written contracts include provisions, which satisfy G.S. 58-9-16(a)?

yes no

If the answer to any of these questions is "no," please explain.

8. Provide a certified copy of each approved contract pursuant to which the Applicant acts as a Manager.

9. Does the Applicant have authority to collect funds on behalf of any reinsurer it represents as a Manager?

yes no

If "yes," provide a list of reinsurers for which funds are collected, the bank in which the funds are held, and the balance of each account on the latest statement date available.

10. Does the Applicant have authority to settle claims on behalf of any reinsurer it represents as a Manager?

yes no

11. Does the Applicant establish loss reserves on behalf of any reinsurer it represents as a Manager?

yes no

12. Does the Applicant have binding authority for retrocessional contracts or participation in reinsurance syndicates from any reinsurer it represents as a Manager?

yes

no

PART E. PERSONS TO ACT AS INTERMEDIARIES

Provide a list of persons, including their title/position and Social Security Number, who will act as an intermediary under the license being requested. If the Applicant is a corporate entity, all officers, directors, and designated employees who will act as intermediaries must be listed. If the Applicant is a noncorporate entity, all members of the entity and any designated employees who will act as intermediaries must be listed. For each person listed, also complete a Biographical Affidavit using NAIC Form 11.

PART F. NONRESIDENT APPLICANT

Complete the Consent to Service of Process Form to designate the Commissioner of Insurance as the Applicant's agent for service of legal process and to designate a resident of North Carolina upon which notices or orders of the Commissioner of Insurance or process affecting the Applicant may be served.

PART G. EXHIBITS

Charts, listings, statements, documents and forms required to be filed with this application should be attached as an appendix, but list under in this Part H each chart, listing, statement, document and form so attached. See General Instructions for more details.

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PART H. SIGNATURE

SIGNATURE

I hereby certify under penalty of perjury that I am acting on my own behalf, and the foregoing statements are true and correct to the best of my knowledge and belief. Pursuant to the requirements of North Carolina General Statute 58-9-6, [Name of Applicant] has caused this application to be duly signed on its behalf in the City of _____ and the State of _____, on the ____ day of _____, 20__.

(Name of Applicant)

By: _____
(Signature)

(Printed Name)

(Title)