

# LOUISIANA DEPARTMENT OF INSURANCE

## Application for Resident or Non-Resident

### Managing General Agent

(Please Print or Type)

Check One

**Managing General Agent Registration**  
 Fee - \$300.00 plus an additional \$300.00 per appointment

**Renewal of Managing General Agent**  
 Fee - \$300.00 plus an additional \$300.00 per appointment

<b>1</b> Name		<b>2</b> Social Security # or FEIN #		<b>3</b> LA License #	
<b>4</b> List any name under which you are doing business			<b>5</b> State of Domicile		<b>6</b> Country of Domicile
<b>7</b> Resident/Domicile Address (Physical Street)			<b>8</b> City	<b>9</b> State	<b>10</b> Zip Code
<b>11</b> Business Address (Physical Street)			<b>12</b> City	<b>13</b> State	<b>14</b> Zip Code
<b>15</b> Business Phone Number ( ) -		<b>16</b> Business Fax Number ( ) -		<b>17</b> Business E-Mail Address	
				<b>18</b> Business Web Site Address	
<b>19</b> Applicant's Mailing Address			<b>20</b> P.O. Box	<b>21</b> City	<b>22</b> State
					<b>23</b> Zip Code

#### Affiliated Companies

**25** List in the table below the name of all insurance companies with which you are currently contracted or will be contracted with as a Managing General Agent. Attach a completed "Managing General Agent Company Appointment or Cancellation" Form 1625 for each insurance company listed below. Include the fees as instructed. Attach additional sheets as needed.

NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____

#### Background Information

**26** Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you or the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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 certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

<b>Fiscal Division</b>	<b>Agent Licensing</b>	<b>FOR DEPARTMENT OF INSURANCE USE ONLY</b>	
		Classification Number	
		Initials	
		License Number	
		Issue Date	

**Background Information Continued**

2. Have you or the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned 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 or registration. “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, all parties involved (including their percentage of ownership, if any) 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 you or the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others. Yes \_\_\_ No \_\_\_

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

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, 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 \_\_\_

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

5. Have you or the business entity 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? If you answer yes, you must attach to this application: Yes \_\_\_ No \_\_\_

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration or mediation proceedings and,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director, or member or manager if limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

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.

**Applicants Certification and Attestation**

29 The undersigned, owner, partner, officer or director of the business entity; or member or manager of a limited liability company, hereby certifies, under penalty of perjury that:

- 1. All of the information submitted in this application and attachments is 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 business entity or limited liability company to civil or criminal penalties.
- 2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company 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 business entity.
- 3. The business entity or limited liability company 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. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
- 5. I authorize the jurisdictions to which this application is made 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.
- 6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
- 7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
- 8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

**Must be signed by the applicant or designated/responsible licensed producer of the business entity:**

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Signature of Designated/Responsible Licensed Producer

\_\_\_\_\_  
Typed or Printed Name of Designated/Responsible Licensed Producer

\_\_\_\_\_  
Louisiana License Number of Designated/Responsible Licensed Producer

# Managing General Agent Company Appointment or Cancellation

This Form must be completed and signed by an authorized representative of the insurer appointing or canceling a producer as a Managing General Agent. The appointment or cancellation must be submitted within 30 days of execution or termination of the MGA contract. If this is an appointment, complete Parts I and II. If this is a cancellation, complete Parts I and III. This form must be mailed through the United States Postal Service. The form will not be processed if received through any other means.

Part I INSURANCE COMPANY INFORMATION			
Name of Insurer		Telephone #	
Address of Insurer		City	State
Zip Code		State	Zip Code
LA DOI Company #	NAIC #	Employee Identification #	

Part II MANAGING GENERAL AGENT INFORMATION			
Name of Producer or Producer/Agency		Telephone #	
Address of Producer or Producer/Agency		City	State
Zip Code		State	Zip Code
LA DOI License #	Social Security # or FEIN #		
Will the producer listed above manage all or part of your company, including, the management of a separate division, department, or underwriting office? If yes, list the duties below. If no, you may not appoint the producer as a Managing General Agent for your company.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the producer listed above underwrite an amount of gross written premium equal to or more than five percent of policyholder surplus as reported in your company's last annual statement or in any one quarter or year; and, adjust and pay claims in excess of \$10,000, or negotiate reinsurance on behalf of your company? If no, you may not appoint the producer as a Managing General Agent for your company.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly list the duties which the producer will perform on behalf of your company in the capacity as a Managing General Agent: <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			

Part III CANCELLATION OF PRODUCER AS A MANAGING GENERAL AGENT			
Name of Producer or Producer/Agency		Telephone #	
Address of Producer or Producer/Agency		City	State
Zip Code		State	Zip Code
LA DOI Company #	Social Security # or FEIN #		

\_\_\_\_\_  
 Signature of Authorized Insurer Representative                      Print Name and Title                      Date

Fiscal Division	Agent Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Date Processed	
		Initials	

## General Instructions

This packet is designed to assist the individual preparing the application in meeting the requirements of The Louisiana Department of Insurance. The forms and procedures of the application are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

While our Department staff will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- All submittals in association with this application must be sent through the United States Postal Service. Hand delivery is not acceptable and any information arriving in this manner will be returned without review.

Mail to Louisiana Department of Insurance  
PO Box 94214  
Baton Rouge, LA 70804

- Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application.
- Do not alter the forms contained in this packet. If you feel the requirements do not apply to your firm, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the application being returned to the applicant.
- All documents required in the application must be dated within ninety (90) days of submittal of the application.
- Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item, which would otherwise be required, is not available, a written explanation must be supplied upon submission.

## Managing General Agent Requirements

- You must be a licensed Louisiana Property and Casualty Producer.
- You must underwrite an amount of gross written premium equal to or more than five percent of the policy holder surplus as reported in the last annual statement of the insurer in any one quarter or year together with one or more of the following:
  1. adjust or pay claims in excess of \$10,000
  2. negotiate reinsurance on behalf of the insurer
- You must be currently appointed by the insurer and manage all or part of the insurance business of the insurer, including the management of a separate division, department, or underwriting office.
- Form 1625 must be completed by the appointing insurance company. Appointments must be submitted within thirty (30) days of entering into a contract with the MGA.
- The initial fee is \$300.00. An additional \$300.00 is due per appointment.
- You must renew this license every April 30<sup>th</sup>. The fee for renewal is \$300.00. An additional \$300.00 is due per appointment.
- Notice: The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.