



## LOUISIANA DEPARTMENT OF INSURANCE APPLICATION FOR NEW OR RENEWAL MANAGING GENERAL AGENT (MGA) REGISTRATION

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING AND SUBMITTING THE APPLICATION.** Incomplete or improperly submitted application files will result in the application file being disapproved as incomplete and fees forfeited.

Please type or print legibly. You must answer all questions fully. Do not leave any fields on the application form blank. If a field does not apply, enter "N/A." The Louisiana Department of Insurance will close or return without processing any illegible or incomplete applications.

Direct all communication to:

Louisiana Department of Insurance	Physical Address:	Phone: (225) 342-0860
Producer Licensing	1702 N. 3 <sup>rd</sup> St.	Fax: (225) 342-9322
PO Box 94214	Baton Rouge, LA 70802	Email: <a href="mailto:producerlicensing@ldi.la.gov">producerlicensing@ldi.la.gov</a>
Baton Rouge, LA 70804-9214		

The LDI accepts electronic submission of the application. The applicant should contact the LDI prior to submission to arrange for a secure portal for such a submission. LDI does not recommend submission of sensitive or confidential information via standard email. After submission of the application electronically, submit fees hardcopy to the address above. Make checks payable to the Louisiana Department of Insurance.

### **REQUIREMENTS**

A Managing General Agent (MGA) is defined as a person who manages all or part of the insurance business of the insurer, including the management of a separate division, department, or underwriting office who 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:

- adjusting or paying claims in excess of \$10,000
- negotiating reinsurance on behalf of the insurer

Prior to applying for the registration, the MGA must be currently licensed as an insurance producer for Property & Casualty authority and must already be appointed to act as an agent in accordance with La. R.S. 22:1558 for the insurer(s) for which they are acting as a MGA.

New and renewal MGA registrations must include by at least one MGA insurer appointment. Additional company appointment or cancellations (included in this forms packet) are required within 30 days of execution or termination of the MGA contract.

All MGA registrations and appointments expire annually on April 30, regardless of the date of initial issuance. There is no late renewal provision for MGA registrations. The registration and appointment will expire if not timely renewed.



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APPLICATION FOR NEW OR RENEWAL  
MANAGING GENERAL AGENT (MGA) REGISTRATION**

**SECTION 1 – PURPOSE AND FEES**

<input type="checkbox"/> Initial Registration	Initial MGA Registration or Renewal	<b>\$300</b>
<input type="checkbox"/> Registration Renewal	Number of MGA Appointments _____ X \$300 =	_____
	<b>Total Fees Remitted:</b>	_____

**SECTION 2 - DEMOGRAPHIC INFORMATION**

APPLICANT NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

FEIN OR SSN.: \_\_\_\_\_ LOUISIANA PRODUCER LICENSE # or NPN: \_\_\_\_\_

PRIMARY BUSINESS ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

Fiscal Division	Producer Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Batch Number	
		Initials	
		License Number	
		Issue Date	

### SECTION 3 - INSURER CONTRACTS

Provide the NAIC # and name of each insurance company that the Managing General Agent is or will be contracted with to perform services as an MGA. A completed "Managing General Agent - Insurer Appointment or Cancellation" executed by the appointing insurer must be attached to this application for each insurance company listed below along with the appointment fee. **IF A PROPERLY EXECUTED APPOINTMENT FORM AND FEE IS NOT INCLUDED FOR EACH INSURER NAMED BELOW, THE APPLICATION WILL BE RETURNED UNPROCESSED.** A copy of the written contract with each insurer must also be included with the application package.

NAIC#:	INSURER NAME:
INITIAL EFFECTIVE DATE OF CONTRACT:	APPOINTMENT FORM AND CONTRACT ATTACHED? <input type="checkbox"/> YES
NAIC#:	INSURER NAME:
INITIAL EFFECTIVE DATE OF CONTRACT:	APPOINTMENT FORM AND CONTRACT ATTACHED? <input type="checkbox"/> YES
NAIC#:	INSURER NAME:
INITIAL EFFECTIVE DATE OF CONTRACT:	APPOINTMENT FORM AND CONTRACT ATTACHED? <input type="checkbox"/> YES
NAIC#:	INSURER NAME:
INITIAL EFFECTIVE DATE OF CONTRACT:	APPOINTMENT FORM AND CONTRACT ATTACHED? <input type="checkbox"/> YES
NAIC#:	INSURER NAME:
INITIAL EFFECTIVE DATE OF CONTRACT:	APPOINTMENT FORM AND CONTRACT ATTACHED? <input type="checkbox"/> YES
NAIC#:	INSURER NAME:
INITIAL EFFECTIVE DATE OF CONTRACT:	APPOINTMENT FORM AND CONTRACT ATTACHED? <input type="checkbox"/> YES

**SECTION 4 - LIST OF MANAGEMENT AND OWNERS**

Provide a complete list of all persons responsible for the conduct of affairs of the applicant. This list should include all officers, all directors, all partners, all members, and every natural person owning, directly or indirectly, ten percent or more of the applicant and any other person who exercises control or influence over the affairs of the applicant.

<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
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<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
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<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	
<b>NAME:</b>		<b>S.S.#:</b>	
<b>STREET:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>POSITION:</b>		<b>OWNERSHIP %:</b>	

## SECTION 5 - INTERROGATORIES

You must answer every question. ATTACH A FULL EXPLANATION AND THE REQUESTED INFORMATION FOR ANY "YES" ANSWERS

1) Have you or any owner, partner, officer or director of the applicant, 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?

“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.

YES  NO

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) Have you or the applicant or any owner, partner, officer or director, or manager or member of the applicant, 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?

“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.

YES  NO

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 applicant or any owner, partner, officer or director, or member or manager of the applicant, 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.

## INTERROGATORIES (continued)

4) Has the applicant or any owner, partner, officer or director, or member or manager of the applicant, 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 so, Identify the jurisdiction(s): \_\_\_\_\_

5) Have you or 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?

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, arbitration, or mediation proceedings and,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgement.

YES  NO

6) Has the applicant or any owner, partner, officer or director, or member or manager of the applicant, 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 provide 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. You must include all relevant documents.

7) Does the applicant hold contracts with any insurers to perform underwriting and/or claims processing services outside of Louisiana?

YES  NO

If so, identify the insurer(s).

8) Have any insurers conducted an on-site review of underwriting and/or claims processing operations of the applicant within the past 12 months?

YES  NO

If so, provide a copy the review. If the review is not in writing, please provide the name and phone number of the auditor: \_\_\_\_\_

9) Has any officer, director, or person with direct or indirect control of the applicant served in the same or similar capacity at an insurer that became insolvent or was placed under supervision, receivership, rehabilitation, liquidation, or conservatorship? For this question, direct or indirect control also includes persons who had direct or indirect control over the selection or appointment of an office or director through contract, trust or by operation of law.

YES  NO

If so, identify the individual(s) and insurer(s) involved. You must also include an explanation authored by the individuals explaining their specific action and involvement with the insolvent insurer(s).

10) Does the applicant contemplate a change in management or any transaction which would normally result in a change of management within the foreseeable future?

YES  NO

## INTERROGATORIES (continued)

11) Is any state or federal regulatory agency currently conducting any examination or audit of the applicant?  YES  NO

12) Has the applicant verified that all contracts held with an insurer meet the requirements of La. R.S. 22:1624?  YES  NO

13) Has the applicant verified that all written agreements contain a requirement to comply with the provisions of La. R.S. 22:1628?  YES  NO

14) Does the applicant have Errors and Omissions coverage?  
If yes, please provide a copy of the policy declaration page.  YES  NO  
If no, please provide an explanation as to how the applicant is in compliance with La R.S. 22:1570.1.

15) Has any officer, director, or person with direct or indirect control of the applicant served in the same or similar capacity at an insurer that had its certificate of authority or other license to do business suspended or revoked while they occupied such a position??  YES  NO

## SECTION 6 - EXHIBITS

Include the following documents with the application:

**EXHIBIT A** – A completed appointment form and corresponding fee for each contracting insurer.

**EXHIBIT B** – A copy of the executed MGA contract for each appointing insurer.

**EXHIBIT C** – A current balance sheet and income statement, signed by an owner, officer, or director.

**EXHIBIT D** - A detailed description of the corporate organizational/ownership structure of the applicant, its parent company, and all affiliates. This description should include a chart showing the ownership percentages for any persons owning 10 percent or more of the applicant and all affiliated entities up to and including the ultimate controlling person. The chart must include the state of domicile and the Federal Employer Identification Number (FEIN) for each person. A sample chart is available at <https://www.lds.la.gov/docs/default-source/documents/licensing/companies/sample-ownership-chart.pdf?sfvrsn=0> If there is no person who owns, directly or indirectly, 10 percent or more of the applicant then you must provide a statement to that effect in lieu of this exhibit.

You must provide the following items for all renewal applications or if the MGA is re-applying for a registration that has been expired less than 12 months:

**EXHIBIT E** - Copies of all quarterly account reports provided to each insurer in accordance with La R.S. 22:1628 for the past twelve months.

These reports include:

- Written, earned and unearned premiums.
- Losses and loss expenses paid and outstanding.
- Losses incurred but not reported.
- Management fees
- Outline of expenses, using the LDI form, incurred by the MGA in the performance of its duties under contract.

**SECTION 7 - APPLICANTS CERTIFICATION AND ATTESTATION**

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. I hereby certify that, under penalty of perjury, all the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state, or local government agency, current or former employer, or insurance company.
4. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, 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 understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
6. 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 owner, partner, officer, or director of the business entity; or member or manager of a limited liability company:**

\_\_\_\_\_  
Signature of Authorized Insurer Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title