



STATE OF MAINE
Bureau of Insurance

34 State House Station
Augusta, ME 04333-0034

MANAGING GENERAL AGENT (MGA)
Registration Application

YOU WILL BE BILLED A \$100 REGISTRATION FEE ONCE YOUR APPLICATION HAS BEEN REVIEWED

Foreign Corporations (Title 13-A M.R.S.A. §1202), Foreign Limited Partnerships (Title 31 §492), Limited Liability Companies (Title 31 §712), or Limited Liability Partnerships (Title 31 §852) must apply to the Maine Secretary of State for authority to do business in the State of Maine, enclose proof of approval. You may not operate as an MGA or otherwise engage in the business of insurance under any name other than the name the organization is licensed under in Maine, or your own individual name.

1. Name of MGA Organization:
2. Federal ID#: 3. State of Incorporation:
4. MGA Maine Agency License #:
5. MGA Business address (street): 6. MGA Mailing Address (if different from street):
7. MGA Contact Name: 8. Telephone Number:
9. Licensed producer's name and ME license number: 10. Producer's residence address (street):
11. Name of insurer for which you act as an MGA: 12. Mailing address of insurer:
(If more than one attach list)
13. State duties you are expected to perform on behalf of insurer(s) listed in #11:
Provide as Exhibit A.
14. List kinds of insurance you expect to sell on behalf of insurer(s) listed in #11.
Provide as Exhibit B.
15. Have you or an organization with which you were associated, ever been the subject of a disciplinary action by an insurance regulatory agency or any other professional licensing agency? [] Yes [] No
If yes, submit a detailed explanation with pertinent documentation.

I hereby certify that I have a written contract in force with the insurer(s) listed above and that the contract contains the minimum provisions required by Title 24-A M.R.S.A. §1494, and that the contract contains no provisions contrary to Maine law.

I further certify that in the event any provisions are found to be contrary to Maine laws, those provisions will be null and void.

Signature (of Person listed in #6)

Typed/Printed Name of above Signature

Title

Name of MGA Organization

Date

Contact: Barbra Garboski, Assistant Insurance Analyst
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