



STATE OF MAINE
Bureau of Insurance

DATE RECEIVED

APPLICATION FOR MOTOR VEHICLE RENTAL COMPANY LICENSE

Payment must be submitted with all applications.

Fee: Resident = \$45 (\$30 license fee & \$15 application fee)
Nonresident = \$85 (\$70 license fee & \$15 application fee)

For Bureau Use Only
LIC#:

Definition of a Motor Vehicle Rental Co:

A rental company that primarily provides rental of motor vehicles to the public under a rental agreement that includes travel, baggage, liability or other related insurance coverage purchased by an individual or other related insurance coverage purchased by an individual in connection with and incidental to the rental of a motor vehicle for a period not to exceed 60 days.

Office Locations:

Please submit a listing of all office locations in this state including the names of the individuals who will be soliciting or selling this coverage at each office.

Responsible Individual:

An individual must be designated responsible for the organization's compliance with the insurance laws and rules of this State. The responsible individual for a business entity must hold an active Maine producer license pursuant to Title 24-A M.R.S.A. Chapter 16, §1413 (3).

Check all that apply: [] New [] Reinstatement
[] Corporation [] Partnership [] Limited Liability Co. [] Other

Form with fields: A. Complete Business Name, B. Federal Identification #, C. State of Domicile, D. PO Box #, E. City, F. State, G. Zip Code, H. Business Phone #, I. Fax Number, J. E-mail Address

H. Has the business entity ever been subject to an action by an insurance regulatory official or any other professional licensing organization? [] No [] Yes (If yes, explain and provide documentation.)

I. List individuals to act for the business entity under the license. If additional space is needed attach a list.

Table with 3 columns: Name, Social Security #, Resident State

J. ATTACH A LIST OF ALL CURRENT OFFICERS, DIRECTORS AND MEMBERS.

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I hereby authorize and request, every person, firm, organization, corporation, governmental agency, court, or any other entity having control of any documents, records, or other information pertaining to the agency, to furnish copies, or reports of same to the Superintendent of Insurance or State Police of the State of Maine, or to the designee of either of them.

I agree that the Superintendent may share information, including social security or FID number, with insurance regulatory officials in other jurisdictions, with the National Association of Insurance Commissioners, and with insurers, nonprofit hospital or medical service organizations, health maintenance organizations, fraternal benefit societies and other licensees authorized to do business in the State.

I hereby state the above answers are complete and true.

Dated: _____

Responsible Individual's signature

Type or print name

Maine license number of Responsible Individual (REQUIRED)

PLEASE BE ADVISED

Incomplete applications: May be returned (please type or print clearly).

Trade Names: A licensee doing business under any name other than the licensee's legal name is required to notify the Superintendent prior to using the trade name.

Maine Law: Requires notification to the Superintendent within 30 days of: changes in business address, telephone number, name or other material change in the condition or qualifications set forth in the original application. This requirement includes disciplinary action taken against any insurance license or any criminal conviction other than a traffic violation. Failure to notify the Superintendent within 30 days may result in the automatic levying of a late fee penalty in accordance with Title 24-A MRSA §1419.

**Make check payable to: Treasurer, State of Maine
(Credit Card Authorization form is available on our website)**

RETURN application and fees to: Licensing
Bureau of Insurance
34 State House Station
Augusta ME 04333-0034
Phone: (207) 624-8413
Fax #: (207) 624-8599

Physical Location:
Gardiner Annex
76 Northern Ave
Gardiner ME 04345

E-mail us at: debra.j.ayotte@maine.gov

Visit us at our web page: www.maine.gov/pfr/insurance