



STATE OF MAINE
Bureau of Insurance

DATE RECEIVED

BUSINESS ENTITY REGISTRATION FOR BRANCH LOCATIONS

Payment must be submitted with all applications.

Registration Fee: \$25 both Resident & Nonresident

For Bureau Use Only

REG#:

IMPORTANT INFORMATION pg 2

Definition of a Branch:

Per M.R.S. 24-A §1413, A branch office is any office location, other than the primary location of the licensed business entity, that regularly conducts insurance business or that is advertised as a place where the public may contact the business entity or its employees concerning insurance services.

Name of Main Office: FEIN:

Business Address: License #

Phone #

State of Domicile:

A. Complete Business Name & Mailing Address of Branch (Name under which you are doing business in Maine)

Name:

PO Box: Street Address:

City: State: Zip Code:

E-Mail Address:

B. Business Phone Number

C. Fax Number:

E. 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.)

Authorized submitters signature: Dated:

Printed Name: License #

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IMPORTANT INFORMATION

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.

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).

Make check payable to: Treasurer, State of Maine

Note: For each application submitted, please include one check for the total amount due.

If paying by credit card, please complete the form on our website: [Agencies | PFR Insurance \(maine.gov\)](#)

RETURN registration and fees to: Mailing Address:
Bureau of Insurance
34 State House Station
Augusta ME 04333-0034

Physical Location:
Bureau of Insurance
76 Northern Ave
Gardiner ME 04345

E-mail: insurance.pfr@maine.gov

Fax: 207-624-8599

Visit our website: www.maine.gov/pfr/insurance/home