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| maine_seal | **STATE OF MAINE****Bureau of Insurance** | Financial Analysis Division #34 State House Station Augusta, ME 04333-0034 |
| **Overnight delivery:** Deliveries such as FedEx and UPS76 Northern Ave.Gardiner, ME 04345. | **Overnight delivery:** USPS Express overnight deliveries 34 State House StationAugusta, ME 04333. |

License Application For

[ ]  **Reinsurance Intermediary Broker** [ ]  **Reinsurance Intermediary Manager**

a $50 license fee is due with your application

--Please Make Payable to Treasurer State of Maine--

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| 1. Name of applicant:
 |
| 2. D.B.A. (if applicable) -- Please list all used. Use separate sheet if necessary— | 3. Federal ID/SSN#: |
| 4. Mailing address:(including City, State, Zip) | 5. Physical address: (including City, State, Zip) |
| 6. Contact person: **Contact Email:** | 7. Position: | 8. Direct phone:  |
| 9. Type of organization: [ ]  Individual [ ]  Corporation [ ]  Partnership [ ]  Limited Liability Corporation [ ] Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If the applicant is a Limited Liability Company, Corporation, Partnership or “Other” submit a listing of all persons representing the firm, include name, address and license number **Label as Exhibit A***NOTE: Foreign, Foreign Limited Partnerships, Limited Liability Companies, or Limited Liability Partnerships (Title 31 §852) may also be required to apply to the Maine Secretary of State for authority to do business in the State of Maine. See Secretary of State website for additional information.* [*http://www.maine.gov/sos/cec/corp/foreign.html*](http://www.maine.gov/sos/cec/corp/foreign.html) |
| 10. Is the applicant currently licensed as a producer in Maine? [ ]  Yes [ ]  No  [ ]  Resident [ ] Non Resident License #\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 11. Is the applicant currently licensed in another accredited state as: [ ]  Agent [ ] Broker [ ] Producer [ ] Reinsurance Intermediary Broker/Manager  Provide home state certification **Label as Exhibit B** |
| 12. Does applicant have an office in Maine? [ ]  Yes [ ]  No   |
| 13. Has applicant ever had an insurance agent, reinsurance intermediary, producer, or broker license refused, suspended, or revoked? [ ]  Yes [ ]  No If “YES” attach written explanation **Label as Exhibit C** |
| 14. Name of Agent to Receive Service of Process: *(Must be an agent located in Maine)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attach Service of Process Form **Label as Exhibit D** |
| 15. Is the application for Reinsurance Intermediary Manager? [ ]  Yes [ ]  No If yes, provide a copy of contracts with reinsurers represented **Label as Exhibit E**  |

*I hereby certify that I am in compliance with and will continue to comply with all Title 24-A requirements with regard to a reinsurance intermediary.*

**The following applies to Reinsurance Intermediary Manager only**:

*I further certify that the contracts provided to the Superintendent pursuant to Title 24-A M.R.S.A. §747 contain all terms required by that section. Any provisions not consistent with Maine statutes will be null and void.*

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| Subscribed and sworn to before me, a Notary Public in and for the county of this day of 20\_\_\_\_\_ Notary Signature Typed/Printed Name of NotaryMy commission expires  |   Signature of License Applicant  Type or Print Name of Above Signature  Title  Name of Organization  Date |

Mail the completed application to:

|  |  |  |
| --- | --- | --- |
| Assistant Insurance AnalystFinancial AnalysisMaine Bureau of Insurancephone: (207) 624-8443 |  | **Overnight delivery:**Deliveries such as FedEx and UPS76 Northern Ave.Gardiner, ME 04345.USPS Express overnight deliveries34 State House StationAugusta, ME 04333 |