

Applicant Name: \_\_\_\_\_

NAIC No. \_\_\_\_\_

FEIN: \_\_\_\_\_

## State of Maine Surplus Lines Eligibility Requirements

### Application Check List for U.S. Domiciled Insurers

**Note:** Alien (non-U.S.) companies should see the Alien Surplus Lines Eligibility Information Sheet.

This application checklist is intended to help guide you with assembling your complete Maine Surplus Lines Eligibility Application. Please be sure to complete the checklist by appropriately marking the boxes on the left side of the page prior to submitting your application for review. The completed checklist should be attached to the top of the application.

**Regulator Use Only**

- |                          |  |                          |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <b>1. Application Form:</b><br>Signed and executed   | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>2. Certificate of Compliance:</b><br>From your state of domicile. Note: The company must be authorized in its domiciliary jurisdiction to write the lines of business it is proposing to write in Maine (as outlined in the plan of operation narrative)  | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>3. Plan of Operation:</b><br>Narrative to include a description of the types of risks the company proposes to write in the non-admitted market in Maine.  | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>4. Compliance with Title 24-A, M.R.S., §2007(3)(B):</b><br>In order to approve eligibility, the Bureau must conclude that the Company has established satisfactory evidence of good repute and financial integrity, per §2007(3)(B) which comes from Paragraph 5(C)(1) of the NAIC Model Act. The Company should include a narrative and/or documentation specifically supporting the assertion that the Company has good repute and financial integrity. | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>5. Report of Examination:</b><br>The most recent Report of Examination certified by domiciliary supervisory official.   | <input type="checkbox"/> |
| <input type="checkbox"/> | <b>6. Consent to Service of Process Form:</b><br>Designation of <u>Maine</u> Resident Agent to Receive Service of Process.   | <input type="checkbox"/> |

\*\*\*Original executed Service of Process form (including Board Resolution)\*\*\*

*Please be advised that an incomplete application will not be reviewed until all required items have been received.*