

**State of Maine
Bureau of Insurance**

**SUPERVISING TRAVEL INSURANCE PRODUCER NOTICE**

A Supervising Travel Insurance Producer (STIP) is a licensed business entity that sells, solicits, or negotiates travel insurance that is offered and disseminated by travel retailers. Entities that are otherwise licensed are required to notify the Superintendent that they are acting as a STIP and shall provide: the identity of any travel retailers selling on its behalf and the name and license number of the entity’s designated responsible producer.

For Bureau Use Only

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| **Demographic Information** |
| 1. Business Entity Name | 2. FEIN |
| 3. Entity Type ⎕ Corporation ⎕ Partnership ⎕ LLC ⎕ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4. Maine License Number |
| 5. List any other assumed, fictitious, alias or trade names under which you are currently doing business or intend to do business. | 6. State of Domicile |
| 7. Business Mailing Address | 8. City | 9. State | 10. Zip Code | 11. Foreign Country |
| **Designated Responsible Licensed Producer**  |
| 12.An individual must be designated responsible for the organization's compliance with the insurance laws and rules of this State. Identify one Designated Responsible Licensed Producer below. Name NPN Maine License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| 13. List the name and address for each physical location in Maine where coverage is offered. If additional space is needed, please attach a list to this form.  |
| Name: | Address: |
| Name: | Address: |
| Name: | Address: |
| Name: | Address: |
| Name: | Address: |
| Name: | Address: |
| Name: | Address: |
| **Signature – must be signed by authorized individual for the licensee** |

Name (Person Completing this form): ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact the Bureau’s Licensing Unit at (207) 624-8475.

Return Form to:Maine Bureau of Insurance

34 State House Station

## Augusta ME 04333-0034

Fax: 207-624-8599