



APPLICATION FOR REINSURANCE INTERMEDIARY LICENSE - Corporation or Partnership
 NORTH DAKOTA STATE INSURANCE DEPARTMENT
 SFN 18739 (01-2018)

FOR DEPARTMENTAL USE ONLY

License Number
Approved
Issue Date

NDCC 26.1-31.1

INSTRUCTIONS

Your answers in this application are submitted under oath. If you willfully and contrary to such oath state or subscribe any material fact which you do not believe to be true, you are guilty of perjury and that is punishable by imprisonment in the penitentiary. In addition, a license may be refused, or if issued may be suspended or revoked or renewal refused by the Commissioner of Insurance if he finds you have perjured yourself or attempted to obtain the license by fraud or misrepresentation.

All questions in this application must be answered legibly, responsively, and fully. Failure to do so will result in the application being rejected. If additional space is required to answer a question, attach a rider and specify the number of the question on that rider.

INCLUDE WITH APPLICATION:

1. Copy of Articles of Incorporation.

APPLICATION TYPE

(Check appropriate boxes)

- Reinsurance Intermediary Broker. **DO NOT COMPLETE LINES 11 AND 12.**
- Reinsurance Intermediary Manager. **BE CERTAIN TO COMPLETE LINES 11 AND 12.**
- Resident. **COMPLETE REMAINDER OF FORM, EXCEPT LINE 10.**
- Nonresident. Does applicant possess a similar license issued by another state?
 - No. **COMPLETE REMAINDER OF FORM, EXCEPT LINE 10.**
 - Yes. **COMPLETE LINES 1-4, LINE 10 AND LINES 11 AND 12 IF APPLICABLE. ENCLOSE AN ORIGINAL LETTER FROM THE NORTH DAKOTA SECRETARY OF STATE CERTIFYING REGISTRATION, COPIES OF ALL DOCUMENTATION SUBMITTED TO THE INSURANCE DEPARTMENT THAT ISSUED YOUR REINSURANCE INTERMEDIARY LICENSE AND THE APPROPRIATE REGULATORY FEE.**

1. Full Name of Organization		Federal ID Number			
2. Other names organization has used or been known by:					
3. Business Address	City	State	Zip Code	Telephone Number	
4. TYPE OF ORGANIZATION: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership		State in Which Organized		Date Organized	

5. All designated employees as well as all partners and corporate officers must be named in the application and will be authorized to act as reinsurance intermediaries under the license. List all such persons (officers first, followed by designated employees) and give information requested below. Attach additional sheets if necessary.

(a) Name	Social Security Number	Date of Birth		<input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Employee
Mailing Address	City	State	Zip Code	

(b) Name	Social Security Number	Date of Birth		<input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Employee
Mailing Address	City	State	Zip Code	

(c) Name	Social Security Number	Date of Birth		<input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Employee
Mailing Address	City	State	Zip Code	

(d) Name	Social Security Number	Date of Birth		<input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Employee
Mailing Address	City	State	Zip Code	

6(a) Give full name and address of **each** stockholder of applicant-corporation and percentage of shares owned by each. Give the line of business in which each of the 10 largest stockholders is engaged. Attach additional sheets if necessary.

(1) Name	Percent of Shares	Business		
Mailing Address	City	State	Zip Code	

(2) Name	Percent of Shares	Business		
Mailing Address	City	State	Zip Code	

(3) Name	Percent of Shares	Business		
Mailing Address	City	State	Zip Code	

(4) Name	Percent of Shares	Business		
Mailing Address	City	State	Zip Code	

(5) Name	Percent of Shares	Business		
Mailing Address	City	State	Zip Code	

(b) If any of such shares of stock is held by such stockholder in any capacity other than as beneficial owner, give information requested below: Attach additional sheets if necessary.

Name	Address		
Name of Owner of Record			Percent of Shares

7(a) List any person, firm, association or corporation who, or which directly or indirectly, has the power to direct or cause to be directed the management, control or activities of the applicant(s). Explain in line 7(b) below. If none, check here and go to line 8.

Name	Address
Name	Address

7(b) Explain how each person, firm, association or corporation listed above directs the management, control or activities of the applicant(s).

8. Has applicant, or any of its officers, directors, designated employees or controlling persons as listed in Question 7, or any partnership or corporation with which they are, or were formerly associated during their connection therewith, ever:

QUESTION	NO	YES	EXPLAIN ANY "YES" ANSWER
(a) Held or currently hold any type of insurance license in any state other than North Dakota?			
(b) Been discharged, or had a contract of agency terminated, by any insurer or employer?			
(c) Been refused an insurance license or had an existing license suspended or revoked by any state or governmental agency or authority?			
(d) Been refused certificate of clearance by the insurance department of any state?			
(e) Had charges filed with any insurance department or been cited to appear for any violation of insurance laws or unfair practices in any state, or is there now pending in any state any action arising out of insurance business activities?			
(f) Been charged with any irregularity in money transactions?			
(g) Compromised his/her, or its, liabilities with creditors, been insolvent or adjudged a bankrupt?			
(h) Been the subject of any arrests including any action resulting in deferred imposition of penalty, indictments or convictions for any felony or misdemeanor except minor traffic offenses?			
(i) Been fined by any state or governmental agency or authority?			
(j) Been, or is currently, connected in any way with any lending or financial institution?			

9. Will applicant keep all funds received or collected in such capacity separate from other funds? No Yes

IF ANSWER IS "NO"

(a) Will immediate remittance of collections be made to insurers?

No Yes

OR

(b) Will applicant have written consent from each and every insurer with which he places or accepts business to mingle reinsurance funds with other funds?

No Yes

(If answer to (b) is "YES", such consents must be kept on file and available for inspection by the Insurance Department, upon request.)

10.

(a) Which state has issued you a license to act as a reinsurance intermediary?

(b) Date the license was initially issued

(c) Date of the most recent renewal

(d) ENCLOSE COPIES OF ALL DOCUMENTATION SUBMITTED TO THE STATE INSURANCE DEPARTMENT THAT ISSUED YOUR REINSURANCE INTERMEDIARY LICENSE.

Lines 11 and 12 are to be completed only by those applying for reinsurance intermediary manager's license.

11. RESIDENT APPLICANTS ONLY: File a bond with the North Dakota Insurance Department in the amount of \$2,000. Go to line 12. NONRESIDENT APPLICANTS: Complete line 11.	
(a) Have you filed a bond with the state issuing your license? <input type="checkbox"/> No <input type="checkbox"/> Yes	
(b) If "Yes", what is the amount of the bond? \$	(c) If 19(a) is answered "NO", you must file a bond with the North Dakota Insurance Department in the amount of \$2,000.

12. RESIDENT APPLICANTS ONLY: File evidence of errors and omissions policy in the amount of \$50,000 with the North Dakota Insurance Department. Be certain form is signed before returning. NONRESIDENT APPLICANTS: Complete line 12. Be certain to sign form, including service of process.	
(a) Do you maintain an Errors and Omissions policy? <input type="checkbox"/> No <input type="checkbox"/> Yes	(b) If "Yes", what is the amount? \$
(c) Have you filed evidence of Errors and Omissions in state issuing license? <input type="checkbox"/> No <input type="checkbox"/> Yes	
(d) If 12(a) is answered "No", you must obtain a policy in the amount of \$ 50,000 and file evidence with North Dakota Insurance Department.	

TO BE SIGNED BY RESIDENT AND NONRESIDENT APPLICANTS

State of _____)
) ss
 County of _____)

The undersigned officer or member of the organization, being first duly sworn, deposes and says that he/she has executed the foregoing application; that he/she has read the said application and knows the contents thereof and attached thereto; that to the best of his/her knowledge and belief the statements made in the said application and in any rider attached thereto are true and correct and are complete in every material respect and do not contain any statement which, under the circumstances under which it is made, would be false, or would tend to be misleading in respect to any material fact; and that he/she has read and understands the insurance laws of the State of North Dakota.

_____ Name of Organization	_____ Signed By
	_____ Title
Subscribed and sworn to before me this _____ day of _____ 20___.	
(SEAL)	_____ Notary Public
	My commission expires _____

**SERVICE OF PROCESS
 TO BE SIGNED BY NONRESIDENT APPLICANTS ONLY**

The undersigned nominates and appoints the North Dakota Commissioner of Insurance and his successors in office as his true and lawful agent or attorney and authorizes the aforesaid person to accept and acknowledge services of process for and in behalf of the undersigned, consenting that such service of process mesne or final upon such attorney shall be according to the laws of said State or any other State or Territory, and waiving all claim or right of error by reason of such acknowledgement of service; and further, that the authority hereby conferred shall continue in force so long as any liability remains outstanding against the undersigned in the State of North Dakota.

Signed this _____ day of _____, 20__ at _____

in the State of _____.

_____ Name of Organization	_____ Signed By
	_____ Title