



**APPLICATION FOR INDIVIDUAL REINSURANCE  
INTERMEDIARY LICENSE**  
NORTH DAKOTA STATE INSURANCE DEPARTMENT  
SFN 18556 (01-2018)

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.

**APPLICATION TYPE**  
(Check appropriate boxes)

- Reinsurance Intermediary Broker. **DO NOT COMPLETE LINES 26 AND 27.**
- Reinsurance Intermediary Manager. **BE CERTAIN TO COMPLETE LINES 26 AND 27.**
- Resident. **COMPLETE REMAINDER OF FORM, EXCEPT LINE 25.**
- Nonresident. Does applicant possess a similar license issued by another state?
  - No. **COMPLETE REMAINDER OF FORM, EXCEPT LINE 25.**
  - Yes. **COMPLETE LINES 1-6, LINE 25 AND LINES 26 AND 27 IF APPLICABLE. ENCLOSE COPIES OF ALL DOCUMENTATION SUBMITTED TO THE INSURANCE DEPARTMENT THAT ISSUED YOUR REINSURANCE INTERMEDIARY LICENSE.**

**FOR INSURANCE DEPARTMENT USE**

License Number
Approved
Issue Date

**COMPLETE THIS AREA**

Application Date	
Social Security Number	
Age	Date of Birth
Birthplace	
Marital Status	

1. Full Name of Applicant (First, Middle, Last)				
2. List any other names (including maiden name) by which you have been known or which you have used. If none, so state.				
3. Residence Address	City	State	Zip Code	Telephone Number
4. Business Address	City	State	Zip Code	Telephone Number

**If either address is changed, the Insurance Department must be notified in writing.**

5. If your residence address has changed during last 12 months list former resident addresses for past year.	
6. Are you a citizen of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes	7. When did you establish North Dakota residency?
8. If married, where does your family reside?	
9. What is your spouse's full name?	
10. Do you act, or intend to act, as a Reinsurance Intermediary from an address in North Dakota? <input type="checkbox"/> No <input type="checkbox"/> Yes-List address	
11. Are you a member or employee of a partnership or an officer, director or employee of a corporation which acts, or intends to act, as a Reinsurance Intermediary from an address in North Dakota? <input type="checkbox"/> No <input type="checkbox"/> Yes	
12. If "Yes", give name and address of partnership or corporation.	

13. 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.

Name	Address
Name	Address

Explain how each person listed above directs the management, control or activities of the applicant.

14. Have you ever been refused, suspended, placed on probation or had revoked any type of insurance license in any state?  No  Yes-Which state(s)?

15. Have you ever been served a formal complaint or been requested or cited to appear before the insurance department of this or any other state for an infraction or violation of the insurance laws or for unfair practices?

No  Yes-Give full particulars

16. Have you ever been disciplined, placed on probation, penalized or fined, had a license refused, suspended, or revoked, including requests for a voluntary surrender, by this department, or the Insurance Department of any other state?

No  Yes-Give full particulars

17. Have you ever been refused a certificate of clearance by the insurance department of any state?  No  Yes-Which state(s)?

18. Is there now pending in any state any investigation or action against you arising out of your activities in the business of insurance?  No  Yes-Give details

19. Have you ever had a license or contract or an agency contract terminated or canceled?  No  Yes-List company or general agent

Explain reason:

20. Have you ever been the subject of any arrest, warrants for your arrest, indictments, charges of any kind, or convictions for any felony or misdemeanor including any action resulting in deferred imposition of penalty?

No  Yes \_\_\_\_\_

**If you answered "Yes" attach a rider giving the following details:**

- 1-Date of arrest.
- 2-Place of arrest.
- 3-Charge.
- 4-Court in which you appeared.
- 5-Date of court appearance.
- 6-Disposition, i.e.: whether charge was dismissed, plea entered and verdict.
- 7-If verdict was guilty, what sentence.
- 8-If suspended sentence or deferred imposition of sentence, name of probation sponsor and probation officer.
- 9-Probation violation, if any.

21. Have you as an individual, or has any copartnership of which you are or have been a partner, officer, owner, shareholder or member, or any corporation of which you are or have been a director or officer, ever been charged with any irregularity in money transactions, or have you ever compromised your liabilities with creditors, or been insolvent or been adjudged a bankrupt?

No  Yes-Give full particulars

22. Have you ever had any liens or judgments against you?

No  Yes-Give full particulars

23.

(a) Other than traffic infractions, is there now pending against applicant or controlling person any criminal action?  No  Yes

If "Yes", give full particulars:

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(b) Other than traffic infractions, and other than adjudications as a Youthful Offender or as a Juvenile Delinquent or Person in Need of Supervision, has applicant or controlling person ever been convicted in any criminal action?  No  Yes

If "Yes," attach:

1. A copy of the Pardon or the Certificate of Relief from Disabilities or Good Conduct.
- OR
2. A statement of full particulars of each case and, if disposed of, a copy of the Certificate from the Clerk of the Court in which each case was tried showing each crime or offense and the disposition thereof.

24. 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.)

25.

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

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(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 26 and 27 are to be completed only by those applying for reinsurance intermediary manager's license.

26. **RESIDENT APPLICANTS ONLY:** File a bond with the North Dakota Insurance Department in the amount of \$2,000. Go to line 27.  
**NONRESIDENT APPLICANTS:** Complete line 26.

(a) Have you filed a bond with the state issuing your license?  No  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.

27. **RESIDENT APPLICANTS ONLY:** File evidence of errors and omissions policy in the amount of \$50,000 with the North Dakota Insurance Department. Be certain this form is signed before returning.  
**NONRESIDENT APPLICANTS:** Complete line 27. Be certain to sign form, including service of process.

(a) Do you maintain an Errors and Omissions policy?  No  Yes

(b) If "Yes", what is the amount? \$

(c) Have you filed evidence of Errors and Omissions in state issuing license?  No  Yes

(d) If 20(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 applicant, 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.

\_\_\_\_\_  
Signature of Applicant

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 \_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant