

**MARYLAND INSURANCE ADMINISTRATION  
REINSURANCE INTERMEDIARY APPLICATION**

**NOTE: IF APPLICANT QUALIFIES AS A PRODUCER PURSUANT TO TITLE 10, SUBTITLE 1 OF THE INSURANCE ARTICLE, ANNOTATED CODE OF MARYLAND, LICENSING AS A REINSURANCE INTERMEDIARY IS NOT REQUIRED.**

1. Name(\*) \_\_\_\_\_

*(\*) If applicant is a firm or association, please provide on a separate sheet, the name of each member of the firm or association and of each employee of the firm or association who will act as a reinsurance intermediary under the license.*

*If applicant is a corporation, please provide on a separate sheet, the name of each officer of the corporation and of each employee and director of the corporation who will act as a reinsurance intermediary under the license.*

*If the individual or individuals listed for Item 1 are different than was originally listed on previous applications, please submit a biographical affidavit for this new individual or individuals and independent third party verification of the Biographical Affidavit. Independent third party verification of information reported on Biographical Affidavits should be sent directly to the Maryland Insurance Administration. A copy of the Biographical Affidavit form may be obtained via internet at [www.naic.org/ucaa](http://www.naic.org/ucaa).*

2. Street Address \_\_\_\_\_

3. Telephone Number \_\_\_\_\_

4. FEIN/Social Security Number \_\_\_\_\_

5. Do you currently hold a License as a Producer in Maryland?

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

If yes, Certificate Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

6. Are you presently licensed or qualified as a Producer or Reinsurance Intermediary in any other state?

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

7. Have you ever had a license refused, suspended, canceled or revoked and/or have you ever been reprimanded or assessed a penalty by any Insurance Commissioner of Department of Insurance. If yes please explain on separate sheet and attach to application.

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

8. *If currently or previously licensed and/or qualified as a Reinsurance Intermediary*, are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account? If so, please provide a detailed explanation on a separate sheet and attach to application.

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

9. Do you understand that you may not place business with an insurer or maintain loss reserves from which claims against an insurer may be paid unless a written contract is in force between the Reinsurance Intermediary and the Maryland domestic insurer and such contract has been submitted to and preapproved by the Maryland Insurance Administration? **NOTE: Pursuant to Section 8-515 of the Insurance Article of the Annotated Code of Maryland, a person may not act as a reinsurance manager for a reinsurer without a written contract. A copy of such contract shall be filed with the Commissioner for approval at least 30 days before a reinsurer assumes or cedes business through a reinsurance manager.**

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

10. Do you understand that you may not act as a reinsurance broker for an authorized insurer without a written authorization agreement between the reinsurance broker and the authorized insurer that states the responsibilities of the parties, in accordance with Section 8-513 of the Insurance Article of the Annotated Code of Maryland?

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

**BOND AND ERRORS AND OMISSIONS COVERAGE REQUIREMENT**

- The reinsurance manager must file a bond from an insurer, in an amount acceptable to the Commissioner, for the protection of each reinsurer that the reinsurance manager represents. The bond must be written by an insurer that is authorized to write surety insurance in Maryland. Subject to the approval of the Commissioner, a reinsurance manager may provide security other than a bond, including an irrevocable letter of credit, as security.
- Reinsurance manager must maintain an errors and omissions policy with limits of at least \$1 million. Please provide copy of declaration page or certificate of insurance.

**PLEASE NOTE:**

**EXAMINATIONS – REPRESENTATIVE CAPACITY**

- A reinsurance intermediary may be examined pursuant to Sections 2-205 through 2-209 of the Insurance Article of Annotated Code of Maryland.
- Pursuant to Section 8-517 of the Insurance Article of the Annotated Code of Maryland, the acts of a reinsurance manager are considered to be the acts of the reinsurer on whose behalf the reinsurer manager is acting.

**TERM OF LICENSE**

- A Reinsurance Intermediary license expires on the first July 1 after its effective date *and* in an odd-numbered year, unless it is renewed for a 2-year term in accordance with Section 8-509 of the Insurance Article of the Annotated Code of Maryland.

**NOTARIAL ACKNOWLEDGMENT REQUIRED OF ALL APPLICANTS**

STATE OF \_\_\_\_\_ COUNTY OR CITY OF \_\_\_\_\_

\_\_\_\_\_ being duly sworn according to law, deposes and says that the answers to the questions and the declarations contained on this application are true and correct.

\_\_\_\_\_  
**Signature of Applicant by Officer, Partner, or Member on behalf of the  
Corporation, Limited Liability Company, or Partnership**

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

MY COMMISSION EXPIRES \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_.

\_\_\_\_\_  
**Signature of Notary**