

MARYLAND INSURANCE ADMINISTRATION LIMITED LINES LICENSE REGISTER FORM

1. LICENSEE INFORMATION

Licensee Name: _____
(Business Entity or Producer of Travel Insurance)

SSN/FEIN: _____ License #: _____

Limited Lines License Type: (Check one)	<input type="checkbox"/> Travel	<input type="checkbox"/> Self-Service Storage	<input type="checkbox"/> Motor Vehicle Rental Company
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The above limited lines license holders are required to maintain this register in accordance with applicable sections of the Insurance Article of the Annotated Code of Maryland. This register is subject to inspection by the Commissioner as the Commissioner requires.

NOTICE: *IT IS A VIOLATION OF FEDERAL LAW FOR AN INDIVIDUAL WHO HAS A FELONY CONVICTION INVOLVING DISHONESTY OR BREACH OF TRUST TO ENGAGE IN THE BUSINESS OF INSURANCE WITHOUT FIRST OBTAINING WRITTEN CONSENT FROM THE COMMISSIONER. IT IS ALSO A VIOLATION OF FEDERAL LAW FOR AN EMPLOYER TO WILLFULLY PERMIT THE PARTICIPATION IN THE BUSINESS OF INSURANCE OF AN INDIVIDUAL WHO HAS A FELONY CONVICTION INVOLVING DISHONESTY OR BREACH OF TRUST BUT WHO DOES NOT HAVE WRITTEN CONSENT. See 18 U.S.C. § 1033(e).*

2. AUTHORIZED REPRESENTATIVE(S) OR AUTHORIZED EMPLOYEE(S)

Complete for each employee or authorized representative who offers limited lines insurance on behalf of the licensee listed above.
(Use additional pages, if necessary)

Full Legal Name:	Date of Birth:
Business Address :	
Business Telephone #:	E-Mail:
Date Authorized:	

Full Legal Name:	Date of Birth:
Business Address :	
Business Telephone #:	E-Mail:
Date Authorized:	

Full Legal Name:	Date of Birth:
Business Address :	
Business Telephone #:	E-Mail:
Date Authorized:	

Full Legal Name:	Date of Birth:
Business Address :	
Business Telephone #:	E-Mail:
Date Authorized:	

Full Legal Name:	Date of Birth:
Business Address :	
Business Telephone #:	E-Mail:
Date Authorized:	

3. CERTIFICATION SIGNATURE

By signing below, I certify that the individual(s) listed in section #2 are employees or authorized representatives who offer limited lines insurance on behalf of this business entity or limited lines travel producer and are not prohibited from engaging in the business of insurance, or have written consent to engage in the business of insurance, pursuant to 18 U.S.C. § 1033.

COMPLETED BY (PRINT NAME): _____ DATE: _____

COMPLETED BY (SIGNATURE): _____

JOB TITLE: _____ PHONE NUMBER: _____