



**MARYLAND INSURANCE ADMINISTRATION**

**APPLICATION FOR MOTOR CLUB LICENSE**

Application is hereby made by \_\_\_\_\_ (Name of Applicant)  
for authority to transact business within the State of Maryland.

1. Full Address of Applicant: \_\_\_\_\_

2. Name of state where organized or incorporated: \_\_\_\_\_

3. Home or executive office address if different from (1) above: \_\_\_\_\_

\_\_\_\_\_

4. Telephone number: \_\_\_\_\_

5. Name, title, and address of each individual the Applicant desires to appoint as a representative  
in Maryland: \_\_\_\_\_

\_\_\_\_\_

6. If the Applicant is a corporation, list:

a. Names and addresses of the officers and directors of the corporation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Names and addresses of each owner of more than 10% of the capital stock of the  
corporation issued and outstanding:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. If the Applicant is not a corporation, list:

a. All of the owners of interest in the Applicant \_\_\_\_\_

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b. All of the officers of the Applicant \_\_\_\_\_

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c. List the parties to any operating or management agreement that affect the Applicant

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The Applicant hereby affirms that it is an employer that is in compliance with the Worker's Compensation Laws of Maryland (The Labor and Employment Article Title 9, Annotated Code of Maryland in that:

It is not required to provide employee coverage under Maryland Worker's Compensation Laws.

It is in compliance with the provisions of the Labor and Employment Article Title 9 of the Annotated Code of Maryland (attach Certificate issued by the Worker's Compensation Commission).

It has secured the required Worker's Compensation Employee Coverage under policy number \_\_\_\_\_ with an effective date of \_\_\_\_\_ and an expiration date of \_\_\_\_\_ issued by \_\_\_\_\_ (name of insurer), an Insurance Company authorized to write such insurance in the state of Maryland.

Pursuant to §10-401 of the State Government Article, Annotated Code of Maryland, this Application and Certificate of Compliance with the Maryland Workers' Compensation Act has been executed by the Company's duly authorized Officer.

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(Signature of Officer)

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(Print Name and Title)