

MARYLAND INSURANCE ADMINISTRATION
APPLICATION FOR CERTIFICATE OF QUALIFICATION AS MANAGING GENERAL AGENT
(FOR PROPERTY AND CASUALTY BUSINESS)

1. Type of Applicant: Corporation Limited Liability Company
 Partnership Other _____
Specify _____
2. Name _____
3. Street Address _____

4. Telephone Number _____
Fax Number _____
5. FEIN/Social Security Number _____
6. The applicant must currently hold a certificate of qualification as an **agent** in Maryland and an appointment from each insurer that the applicant represents.
Provide the following information on the agent certificate:
Certificate Number _____
Expiration Date _____
7. Primary Contact Information Name _____
Street Address _____
Telephone Number _____ Email address _____
8. Partner/Officer/Director/Member Information:
All applicants must identify the individuals who own the business or are involved in the day to day affairs of the business. Provide the **name, title, residence address, social security number, date of birth and Maryland certificate of qualification number** (if any) for all partners of a partnership, all officers and directors of a corporation, and all members of a limited liability company. This information must be provided on an attached sheet.
9. **If currently or previously licensed and/or qualified as a Managing General Agent**, are you indebted to any insurance company, agency, or other person for premiums collected, or is there any other dispute regarding your insurance account?
 Yes No N/A
If yes, attach a sheet and give full particulars.
10. Do you understand that you may not place business with an insurer or maintain loss reserves from which an insurer may be paid unless a written contract is in force between the Managing General Agent and the

insurer and the contract includes the provisions required by the insurance laws of Maryland and found on the checklist included in this application package?

Yes No

11. Provide below the names and Annual Premium Volume for all insurers with whom the applicant has contracted to perform services as a Managing General Agent in Maryland. The contracts with these insurers must include the provisions required by Maryland law.

<u>Insurer Name</u>	<u>Maximum Annual Premium Volume stated in Underwriting Guidelines in Contract</u>
_____	_____
_____	_____
_____	_____

12. BOND AND ERRORS AND OMISSIONS COVERAGE REQUIREMENT

- A copy of the declaration page or Certificate page of Insurance for a fidelity bond for the protection of the insurer equal to or greater than 10% of the maximum annual premium volume as stated in the underwriting guidelines in the contract.
- * A copy of the declaration page or Certificate of Insurance for an errors and omissions policy with limits of at least \$1 million.

PLEASE NOTE:

EXAMINATIONS - REPRESENTATIVE CAPACITY

- A managing general agent may be examined pursuant to Sections 2-205 through 2-209 of the Insurance Article, Annotated Code of Maryland.
- The acts of a managing general agent shall be considered to be the acts of the insurer on whose behalf it is acting.

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 or 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