

**MARYLAND INSURANCE ADMINISTRATION**  
**APPLICATION FOR CERTIFICATE OF QUALIFICATION AS MANAGING GENERAL AGENT**

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**