

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

1. Type of Applicant: Corporation Limited Liability Company
 Partnership Other _____
Specify _____

Name _____

Street Address _____

Telephone Number _____

Fax Number _____

FEIN/Social Security Number _____

Primary Contact Information Name _____

Street Address _____

Telephone Number _____ Email address _____

2. 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 _____

3. **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.

4. 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

5. 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>
_____	_____
_____	_____
_____	_____

6. **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