

MARYLAND INSURANCE ADMINISTRATION FORM FOR ASSOCIATION / RESPONSIBLE INDIVIDUAL DESIGNATION

- **DO NOT REMIT ANY PAYMENT WITH THIS NOTICE.** There is no charge for association processing.
- This form should be completed by the employer requesting that another licensed individual or firm be associated to it. Licensees should associate other licensees for the purposes of (a) identifying employer/ employee relationships and (b) for allowing the associated licensee to trade under the associating licensee's name.
- A licensed firm can associate licensed individuals or other licensed firms. A licensed individual can associate licensed firms or other licensed individuals.
- When a licensed firm is being associated with another licensee, only the firm itself is associated. All the licensed individuals who work for the firm must be associated individually.
- Submit form to: producerlicensing.mia@maryland.gov or fax to 410-468-2399 Maryland Insurance Administration, 200 Saint Paul Place, Suite 2700, Baltimore, MD 21202

1. ASSOCIATING LICENSEE INFORMATION

1A. ASSOCIATING LICENSEE NAME: _____

1B. NATIONAL PRODUCER NUMBER (NPN): _____

1C. ASSOCIATING LICENSEE FEIN / SSN: _____

Note: You must provide either an FEIN or an Alien ID for a Business Entity.

1D. ALIEN ID: _____

1E. ASSOCIATING LICENSEE INFORMATION: _____

License Number

NOTE – Effective 10/13/2006 licensed insurance producer agencies, with the exception of agencies with the Title authority, are no longer required to report the insurance producers associated with it to the MIA. However, licensed insurance agencies must still report designated producer(s). (Please review our website: www.insurance.maryland.gov for the 10/13/2006 Notice regarding changes to reporting insurance producers).

2. ASSOCIATED LICENSEE INFORMATION

REQUEST TYPE SELECTION: Select ONE request option by placing an "X" next to the appropriate request type.

NEW ASSOCIATION _____

ASSOCIATION CANCELLATION _____

NEW RESPONSIBLE INDIVIDUAL DESIGNATION _____

RESPONSIBLE INDIVIDUAL DESIGNATION CANCELLATION _____

2A. ASSOCIATED LICENSEE NAME : _____

2B. NATIONAL PRODUCER NUMBER (NPN): _____

2C. ASSOCIATED LICENSEE FEIN / SSN: _____

Note: You must provide either an FEIN or an Alien ID for a Business Entity.

2D. ALIEN ID: _____

2E. ASSOCIATED LICENSEE INFORMATION: _____

License Number

2F. IF ASSOCIATED IS AN INDIVIDUAL, WILL THIS INDIVIDUAL BE A DESIGNATED RESPONSIBLE PRODUCER FOR THE EMPLOYER?

Yes

No

LINE (S) OF AUTHORITY: When adding or cancelling a responsible individual for a licensed firm, select the line of insurance for which he/she will, or will no longer, be responsible by placing an "X" in the appropriate box (es) below.

	Variable Life/Variable Annuity
	Life
	Health
	Property
	Casualty
	Personal Lines
	Credit Products
	Other Limited Line - Auto
	Other Limited Line - HMO
	Other Limited Line - Title
	Other Limited Line - Travel
	Nonresident License Limited Line (please specify) _____

Signature of Authorized Requester: _____

Full Name of Authorized Requester: _____

Daytime Phone Number: _____ - _____ - _____

Date: ____/____/____