

**COMMONWEALTH OF PENNSYLVANIA  
INSURANCE DEPARTMENT**

**Manager or Exclusive General Agent License  
Individual Application**

Type or Print - Complete All Necessary Information

**PART I – IDENTIFICATION**

**NOTE:** Your social security number will be used for the purpose of computer identification only and will not be released to the public.

<b>Social Security Number:</b> - -	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Date of Birth:</b> (mm/dd/yy)
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**Full Legal Name** (Last, First, Middle) No Initials:

<b>Residence Address:</b>  <input type="checkbox"/> Address to be used as mailing address	Street (Required) (If applicable, include P.O. Box)	
	City	State Zip Code

<b>Residence Telephone Number:</b> ( ) -	<b>Residence Fax Number:</b> ( ) -
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<b>Business Address:</b>  <input type="checkbox"/> Address to be used as mailing address	Street (Required) (If applicable, include P.O. Box)	
	City	State Zip Code

<b>Business Telephone Number:</b> ( ) -	<b>Business Fax Number:</b> ( ) -
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**Business Email Address:**

**PART II – MANAGER/EXCLUSIVE GENERAL AGENT INFORMATION**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. DO YOU NEGOTIATE AND BIND CEDING REINSURANCE CONTRACTS ON BEHALF OF AN INSURER?
<input type="checkbox"/>	<input type="checkbox"/>	2. DO YOU MANAGE ALL OR PART OF THE INSURANCE BUSINESS OF AN INSURER BUT DOES NOT ACT AS AN AGENT FOR SUCH INSURER?
<input type="checkbox"/>	<input type="checkbox"/>	3. HAVE YOU BEEN GRANTED SOLE AUTHORITY TO ACT DIRECTLY OR INDIRECTLY AS AN AGENT FOR AN INSURER WITH RESPECT TO A SPECIFIC TERRITORY AND HAVE THE AUTHORITY TO BIND COVERAGE ON BEHALF OF THE INSURER?
<input type="checkbox"/>	<input type="checkbox"/>	4. DO YOU PRODUCE AND UNDERWRITE, EITHER SEPERATELY OR TOGETHER WITH AFFILIATES, OR BROKERS, DIRECTLY OR INDIRECTLY, FOR AN INSURER IN ANY ONE YEAR AN AMOUNT OF GROSS DIRECT WRITTEN PREMIUM EQUAL TO OR MORE THAN TWENTY FIVE PERCENT OF THE SURPLUS AS REGARDS TO POLICYHOLDERS AS REPORTED IN THE LAST ANNUAL STATEMENT OF THE INSURER?

**INDICATE THE FOLLOWING RELATIVE TO ANY “YES” ANSWER ABOVE:**

NAIC Code #	Insurer Name	Contract Effective Date
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Note: A separate application form is required for each insurer for which you perform these duties.

**PART III – TRADING AS NAME**

If the applicant transacts business in Pennsylvania under an assumed trade name, provide the full name in the space provided below. **NOTE:** If no assumed trade name is used, leave blank. Individuals cannot assume the name of a corporation or partnership.

Trading as Name: \_\_\_\_\_

**PART IV – BACKGROUND INFORMATION**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. HAVE YOU ATTACHED AN EXECUTIVE COPY OF MANAGEMENT CONTRACT OR EXCLUSIVE AGENT AGREEMENT, A CERTIFIED COPY OF THE RESOLUTION OF THE BOARD OF DIRECTORS OF THE INSURER APPROVING THE CONTRACT AND THE FILING OF THIS APPLICATION FOR ISSUANCE/RENEWAL OF A MANAGER OR EXCLUSIVE GENERAL AGENT LICENSE? (This application will not be processed without providing the required documents.)
<input type="checkbox"/>	<input type="checkbox"/>	2. HAVE YOU EVER BEEN PENALIZED OR FINED, HAD A LICENSE REFUSED, SUSPENDED, OR REVOKED BY THIS DEPARTMENT OR THE INSURANCE DEPARTMENT OF ANY OTHER STATE OR PROVINCE OF CANADA OR IS ANY SUCH ACTION NOW PENDING? (If yes, provide a full explanation on a separate sheet of paper.)
<input type="checkbox"/>	<input type="checkbox"/>	3. HAVE YOU EVER BEEN CONVICTED OF OR PLED NOLO CONTENDERE (NO CONTEST) TO ANY MISDEAMOR OR FELONY OR CURRENTLY HAVE PENDING MISDEAMOR OR FELONY CHARGES FILED AGAINST YOU? (MISDEAMOR DOES NOT INCLUDE MINOR TRAFFIC VIOLATIONS.) (If yes, give date, name and address of court, basis of charge and outcome.)
<input type="checkbox"/>	<input type="checkbox"/>	4. ARE YOU AN OFFICER, DIRECTOR OR STOCKHOLDER IN ANY INSURANCE COMPANY? (If yes, provide full name and address of the company in your position of interest.)
<input type="checkbox"/>	<input type="checkbox"/>	5. IF YOU ARE NOW OR HAVE BEEN ENGAGED IN ANY PHASE OF THE INSURANCE BUSINESS. IS YOUR ACCOUNT WITH ANY COMPANY, AGENT OR INSURER NOW DELINQUENT OR IN DISPUTE? (If yes, attach a letter of explanation.)
<input type="checkbox"/>	<input type="checkbox"/>	6. ARE YOU SEEKING THIS LICENSE PRINCIPALLY FOR THE PURPOSE OF NEGOTIATING OR EFFECTING INSURANCE COVERING YOUR OWN PROPERTY OR INSURANCE INTEREST OF THAT OF YOUR RELATIVE, BUSINESS ASSOCIATES OR EMPLOYER?
<input type="checkbox"/>	<input type="checkbox"/>	7. ARE YOU FAMILIAR WITH AND DO YOU AGREE TO ABIDE BY ALL LAWS AND REGULATIONS PERTAINING TO THE BUSINESS OF INSURANCE IN PENNSYLVANIA?
<input type="checkbox"/>	<input type="checkbox"/>	8. DO YOU AGREE TO IMMEDIATELY NOTIFY THE DEPARTMENT OF ANY EXCLUSION, SALE, TRANSFER OR CHANGE IN YOUR MANAGEMENT CONTRACT OR EXCLUSIVE GENERAL AGENT AGREEMENT WITH THE INSURER SPONSORING YOU FOR THIS LICENSE?
<input type="checkbox"/>	<input type="checkbox"/>	9. HAVE YOU BEEN OR ARE YOU NOW INVOLVED IN A MANAGEMENT CONTRACT OR EXCLUSIVE GENERAL AGENCY, AGREEMENT WITH ANY INSURANCE COMPANY OTHER THAN THE ONE SPONSORING IT FOR THIS LICENSE? (If yes, provide a full explanation on a separate sheet of paper.)

**Employment History** List in chronological order record of occupation or employment during the two years preceding date of this application.

Current Employer:	Name	Address	From	To	Occupation
Previous Employer: (If applicable)	Name	Address	From	To	Occupation

**PART V – APPLICANT’S CERTIFICATION**

I do hereby certify under penalty or perjury that the foregoing statements and information are true and correct and that any license issued in consequence hereof shall be contingent upon the truth of these statements. Furthermore, I confirm that I understand fully the insurance laws and regulations of Pennsylvania regarding manager or exclusive general agent activities.  
**NOTE:** There are criminal penalties for false statement.

Notary Seal  
  
Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
  
Commission Expires:

\_\_\_\_\_  
Applicant Signature  
  
\_\_\_\_\_  
Applicant Name (print or type)

**PART VI – COMPANY ENDORSEMENT**

NAIC CODE NUMBER: \_\_\_\_\_  
  
I, \_\_\_\_\_, a duly authorized officer of \_\_\_\_\_ an entity authorized by law to transact insurance business within the Commonwealth of Pennsylvania, hereby certify that a reasonable inquiry has been completed into the applicant’s background and that the applicant is worthy of a license as a manager or exclusive general agent and that the management contract or exclusive general agent agreement is consistent with the articles of incorporation and bylaws of the company.

Date                      Officer’s Signature                      Officer’s Title                      (     )     -     Phone Number