

**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT**

**Managing General Agent Appointment/Termination
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.

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

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

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

Business Telephone Number: () -	Business Fax Number: () -
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PART II – APPLICATION TYPE

CHECK ONE: <input type="checkbox"/> New Appointment <input type="checkbox"/> Termination of Appointment	Note: Appointments approved by the Department will be effective until reappointment at the contract renewal date or until the Department receives official notice of termination from the insurer.
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PART III – APPOINTING COMPANY INFORMATION

Indicate the following for the company or companies affected by this application – multiple companies must be within the same group.

NAIC CODE #	INSURER NAME	CONTRACT EFFECTIVE DATE
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PART IV – 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:** Individuals cannot assume the name of a corporation or partnership. Trading as names must be registered with the Pennsylvania Department of State.

Trading as Name: _____

PART V – BACKGROUND INFORMATION

- | | | |
|--------------------------|--------------------------|--|
| YES | NO | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. HAVE YOU EVER BEEN PENALIZED OR FINED OR 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"/> | 2. HAVE YOU EVER BEEN CONVICTED OF OR PLED NOLO CONTENDERE (NO CONTEST) TO ANY MISDEMEANOR OR FELONY OR CURRENTLY HAVE PENDING MISDEMEANOR OR FELONY CHARGES FILED AGAINST YOU? (MISDEMEANOR DOES NOT INCLUDE MINOR TRAFFIC VIOLATIONS.)
(If yes, give date, name, and address of court, basis, and outcome.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. ARE YOU FAMILIAR WITH THE INSURANCE DEPARTMENT ACT OF MAY 17, 1921, AS AMENDED, ARTICLE VIII: MANAGING GENERAL AGENTS (40 P.S. SECTION 322.1 ET SEQ)? |

PART VI – REQUIREMENTS

1. Be currently appointed as an agent for all companies referenced in Part III.
2. The following items must be attached to this application.
 - a) A copy of the contract in force between the insurer and the applicant. A cover sheet must be provided identifying the page number and paragraph of the contract of each required provision of Section 803 of Article VIII and each prohibited act of Section 804 of Article VIII. (This application must be filed within 30 days of the effective date of the contract.)
 - b) A statement of duties which the applicant is expected to perform on behalf of the insurer; the lines of insurance for which the applicant is to be authorized to act; the maximum amount per claim which the applicant has authority to adjust or pay; and the contract termination date:
 - c) A copy of the declaration page of a fidelity bond for the protection of the insurer equal to or greater than 10% of the maximum annual premium volume amount set forth in the underwriting guidelines in the contract.
 - d) A copy of the declaration page of an errors and omissions policy with limits set at not less than \$1 million.
 - e) An organizational chart showing relationship with all affiliates.

PART VII – 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 managing general agent activities.
NOTE: There are criminal penalties for false statement.

Notary Seal

Applicant Signature

Applicant Name (print or type)

Subscribed and sworn before me on this
 _____ day of _____, 20____.

Commission Expires:

PART VIII – COMPANY ENDORSEMENT

NOTE: An executed copy of the form listing individuals authorized by an executive officer of the insurer to appoint and terminate managing general agents on behalf of the insurer must be on file with the Department.

I, _____, a duly authorized representative of the company or companies disclosed in Part III hereby certify that these insurers understand and agree to abide by the duties of insurers contained in the Insurance Department Act of May 17, 1921, as amended, Article VIII, Section 805, and 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 managing general agent and that the managing general agent contract is in compliance with Article VIII.

Date	Authorized Signature	Title	Phone Number
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