

**COMMONWEALTH OF PENNSYLVANIA
INSURANCE DEPARTMENT**

**Managing General Agent Appointment/Termination
Corporation/Partnership Application**

Type or Print - Complete All Necessary Information

PART I – IDENTIFICATION

NOTE: A license is required for each unique Employer Identification Number.

Employer Identification Number: -	Entity Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	Incorporation/Formation Date: (mm/dd/yy)
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Full Legal Name of Applicant:

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

Secondary 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		1. HAS THE CORPORATION/PARTNERSHIP 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"/>		
<input type="checkbox"/>	<input type="checkbox"/>		2. DOES THE CORPORATION/PARTNERSHIP NOW HOLD OR HAS IT EVER HELD AN AGENTS LICENSE IN ANY OTHER STATE OR CANADA? (If yes, provide a full explanation on a separate sheet of paper.)
<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)?
Officers/Partners			
List the following information for all officers of the corporation or partners of the partnership (licensed or unlicensed).			
	Name	Soc Sec # / EIN	Title
	Name	Soc Sec # / EIN	Title
<i>ATTACH A SEPARATE SHEET LISTING OTHER OFFICERS/PARTNERS IF NECESSARY</i>			
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