

APPLICANT'S NAME:

LICENSE NUMBER:

BUSINESS EMAIL:

**REINSURANCE INTERMEDIARY BROKER LICENSE**  
**RENEWAL ADDENDUM**

**INSTRUCTIONS**

**To renew your Reinsurance Intermediary Broker's license:**

- 1) Verify the name and license number on the License Renewal Notice.
- 2) If the Licensee transacts business under an assumed trade name, provide the full name in the space below.  
Individuals cannot assume the name of a partnership or corporation.  
**Trade Name:**
- 3) Attach a completed IDL-63 and biographical affidavit for each new officer or employee who will be acting as a reinsurance intermediary broker on behalf of the corporation or partnership.
- 4) Submit a notarized statement from each insurance company represented stating that the contract is in compliance with the applicable statute (40 P.S. §321.3).
- 5) Return the following, by the date specified, to the address on the License Renewal Notice: this renewal addendum and any necessary attachments.
- 6) We no longer mail licenses. Print a copy of your renewal license from our web site at [www.insurance.pa.gov](http://www.insurance.pa.gov) (click the Services for Producers & Other Licensees link on the left hand side of the home page and then click the Print Your License link).

**MANDATORY BACKGROUND INFORMATION**

**YES NO**

YES	NO		
<input type="checkbox"/>	<input type="checkbox"/>	<b>1.</b>	Since the last renewal, has the applicant or the owners, officers, managers, partners and/or employees who will be acting as a reinsurance intermediary broker on behalf of the corporation or partnership of the business entity been penalized or fined, had a license refused, suspended or revoked by the Insurance Department of this state or any other state or province of Canada? <b>(If yes, provide a full explanation on a separate sheet of paper.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>2.</b>	Since the last renewal, has the applicant or the owners, officers, managers, partners and/or employees who will be acting as a reinsurance intermediary broker on behalf of the corporation or partnership of the business entity been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending any such charges? (For these purposes, misdemeanor does not include minor traffic violations.) <b>(If Yes, provide date, name and address of court, description of charges and outcome on a separate sheet of paper.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>3.</b>	Are you familiar with Article VII of the Insurance Department Act of May 17, 1921, P.L. 289, No. 285 (40 P.S. §321.1 et seq) which govern reinsurance intermediary brokers?
<input type="checkbox"/>	<input type="checkbox"/>	<b>4.</b>	Is there any dispute with your accounts with any company, agency or insured? <b>(If yes, attach a letter of explanation.)</b>
<input type="checkbox"/>	<input type="checkbox"/>	<b>5.</b>	Do all unlicensed officers, partners, and employees understand they cannot perform any act of a reinsurance intermediary broker in Pennsylvania?

**MANDATORY APPLICANT'S CERTIFICATION**

I do hereby certify under penalty of perjury that the foregoing statements and information are true and correct and 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 reinsurance intermediary broker activity. **(Note: False statements may result in criminal penalties, administrative enforcement action, or all of the aforementioned.)**

\_\_\_\_\_  
Officer/Partner Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Officer/Partner Name (printed or typed)

\_\_\_\_\_  
Officer/Partner Title (printed or typed)