

**COMMONWEALTH OF PENNSYLVANIA  
INSURANCE DEPARTMENT**

**Reinsurance Intermediary Broker 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 – APPLICANT TYPE**

**CHECK ONE:**

Individual (not associated with corporation or partnership)

Employee of corporation or partnership. Provide:  
EIN: -  
License Number:

**PART III – REQUIREMENTS**

The following requirements must be satisfied to qualify for a reinsurance intermediary broker license:

1. Submit a notarized statement from the applicant stating intent to comply with the applicable statutes (40 P.S. §§ 321.3 and 321.4).
2. Submit a biographical affidavit (NAIC format) for applicant.

**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: \_\_\_\_\_

Social Security Number: \_\_\_-\_\_\_-\_\_\_\_\_

**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?<br>(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.)<br>(If yes, give date, name, and address of court, basis, and outcome.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. ARE YOU FAMILIAR WITH ARTICLES VII OF THE INSURANCE DEPARTMENT ACT OF MAY 17, 1921, P.L. 289. NO. 285 (40 P.S. § 321.1 <u>ET SEQ.</u> ) THAT GOVERNS REINSURANCE INTERMEDIARY BROKERS?  |

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

<b>Current Employer:</b>	Name	Address	
	Occupation	From (mm/dd/yy)	To (mm/dd/yy)
<b>Previous Employer:</b> (If applicable)	Name	Address	
	Occupation	From (mm/dd/yy)	To (mm/dd/yy)

**PART VI – 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 reinsurance intermediary broker activities.  
**NOTE:** There are criminal penalties for false statement.

<p>Notary Seal</p>  <p>Subscribed and sworn before me on this _____ day of _____, 20____.</p>  <p>Commission Expires:</p>	<div style="text-align: center; margin-top: 20px;">             _____              Applicant Signature         </div> <div style="text-align: center; margin-top: 20px;">             _____              Applicant Name (print or type)         </div>
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