



DEPARTMENT OF FINANCIAL SERVICES
Division of Agent & Agency Services – Bureau of Licensing
 200 East Gaines Street, Larson Building
 Tallahassee, FL 32399-0319

REINSURANCE INTERMEDIARY APPLICATION
NO EXAM REQUIRED
FIRMS

F.I. Number	
Firm/Business/Agency Name	
Business Street Address	
Business City	
Business County	
State	
Zip Code	
Mailing Address	
Mailing City	
State	
Zip Code	
Telephone number	() -

Only Choose One:

- FIRM RESIDENT REINSURANCE BROKER - TYPE AND CLASS - 0065 (F)
- FIRM RESIDENT REINSURANCE MANAGER - TYPE AND CLASS - 0066 (F)
- FIRM NONRESIDENT REINSURANCE BROKER - TYPE AND CLASS - 0067 (F)
- FIRM NONRESIDENT REINSURANCE MANAGER - TYPE AND CLASS - 0068 (F)

1. Current or previous licenses or registrations: Show last license or registration number if more than one previous license or registration has been held in a type. If the license number is unknown, indicate "unknown". If exact effective dates are unknown, give the best approximation. If no license(s) are held, enter "none".

	License Number	State/County of Issuance	Effective Date: From – To:
Reinsurance Intermediary			/ / - / /
Property Casualty Agent/Broker/Producer			/ /
Third Party Administrator			/ /

The above question seeks information about whether you are now licensed or registered, or have ever been licensed or registered in any state or country, including Florida. Please review the question for the specific types of licenses or registrations for which the Florida Department of Financial Services has requested information. If you answer "no" or "none" or if you leave the questions blank, you are representing that you do not now hold any of the licenses or registrations specified and that you have never held any of those licenses.

- 2. Has this firm or any controlling person ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds or breach of fiduciary duty? Yes No
- 3. Has this firm or any controlling person ever been charged in any capacity whatsoever with irregularities in money or any other transaction? Yes No
- 4. Does any individual or organization claim that this firm or any controlling person is indebted to them for any overdue and unpaid balance arising out of an insurance or reinsurance transaction? Yes No
- 5. Has this firm or any controlling person ever been subject of any inquiry or investigation by any Division of the Florida Department of Financial Services? Yes No

<input type="checkbox"/> Application for License – Filing Fee	(F)	FEES	\$50.00
<input type="checkbox"/> License Fee	0090	(F)	\$ 5.00
TOTAL FEES ENCLOSED:			\$ _____

6. Has this firm or any controlling person had an occupational, professional or business license, which has been censured, suspended, revoked, canceled, terminated or been the subject of any type of administrative action in any state including Florida? Yes No
7. Has this firm or any controlling person ever had an agency contract or reinsurance intermediary contract canceled? If so, by what company or general agent and what are the reasons for such? Yes No
8. Is this firm or any controlling person now indebted to any court appointed liquidator, any reinsurance or insurance company, reinsurance intermediary, general agent, or agent? Yes No
9. Has this firm or any controlling person failed to pay any reinsurance or insurance company, or reinsurance intermediary any premium due to such company, which has come into your possession? Yes No
10. Are there any outstanding final judgments against this firm or against any existing or defunct business, which this firm controlled? Yes No
11. Are you willing to hereby appoint and name the Chief Financial Officer of the State of Florida, your attorney to receive service of legal process issued against you, upon causes of action arising within the State of Florida out of transactions under your Florida nonresident license and that this appointment shall constitute effective legal service upon you as long as there may be any cause of action against you arising out of insurance transactions within the State of Florida? Yes No
12. Does this firm have offices in more than one location? If "Yes" how many location? . Attach the sheet showing the location every office of the firm anywhere in world.
13. The books and records of the Applicant Reinsurance Intermediary will be maintained at the following location for examination by the Department: Yes No

Contact Person	
Address	
Telephone Number	() -

14. (a) List all officers, partners and directors and give information requested below:
(List officers first, followed by directors.) Any additional officers and directors should be listed on a separate sheet and attach it to this application.

(A.) Name					Title	
Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Will act as Intermediary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Number and Street						
Social Security Number	- -					
City		State		Zip Code	-	

(B.) Name					Title	
Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Will act as Intermediary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Number and Street						
Social Security Number	- -					
City		State		Zip Code	-	

(C.) Name					Title	
Director?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex	<input type="checkbox"/> M <input type="checkbox"/> F	Will act as Intermediary?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Resident Number and Street						
Social Security Number	- -					
City		State		Zip Code	-	

(D.) Name				Title				
Director?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sex	<input type="checkbox"/> M	<input type="checkbox"/> F	Will act as Intermediary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resident Number and Street								
Social Security Number	- -							
City				State			Zip Code	-

(b) FAILURE TO ANSWER ALL BLANKS IN THE QUESTION BELOW WILL DELAY THE PROCESSING OF YOUR APPLICATION.

Have any of the above-listed individuals ever been charged with or convicted of or pleaded guilty or no contest to a crime involving moral turpitude? Yes No, or a felony? Yes No, or a crime punishable by imprisonment of one year or more under the law of any state, territory or county, whether or not a judgment or conviction has been entered? Yes No. If "Yes", state their full name, social security Number, date of birth and place of birth and give dates of each offense:

Name	Social Security Number	Date of Birth	Place of Birth	Dates of Offense
	- -	/ /		/ /
	- -	/ /		/ /
	- -	/ /		/ /
	- -	/ /		/ /

(c) What was the Crime?

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(d) Where and when were they charged?

Where?	
When?	/ /

(e) Did they plead guilty or nolo contendere? Were they convicted? Yes No. Was the adjudication withheld? Yes No.

(f) Please provide a brief description of the nature of the offense charged. If there has been more than one such felony charge, provide an explanation as to each charge on an attachment. Certified copies of the Information or Indictment and final Adjudication for each charge is required.

(g) Have they been arrested or indicted by any state or federal authorities anywhere in the United States, in the last twelve months? Yes No. If "Yes", attach an explanation.

(h) Are there currently pending against any of the above listed individuals any criminal charges in any state or federal court anywhere in the United States? Yes No. If "Yes", attach explanation.

(i) Have any of the above listed individuals now or in the last twelve months participated in a Pre-trial Intervention program? Yes No. If "Yes", attach an explanation.

15. Where is this firm domicile?

State		County	
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16. Provide a resume on every director and officer of this firm.

17. How long has this firm operated under this present name?

18. List every name this firm now or previously done business under?

19. How long has this firm operated at the present address? _____ If located at present address less than five years, list all prior addresses in the last five years on a separate sheet.

20. Does this firm have offices in more than one location? Yes No. If "Yes", how many locations? _____.
 Attach a sheet showing the location of every office of the firm anywhere in the world.

21. If the firm is a partnership, name all three partners.

22. If this firm is a corporation, name the three largest stockholders.

23. Name every state where this firm is licensed as a Reinsurance Intermediary

24. Provide the name, location and account number of the bank where this firm is or will do its banking.

Name	
Location	
Account Number	

25. Provide the name and address of the firm's accountants.

Name	
Address	
Name	
Address	
Name	
Address	
Name	
Address	
Name	
Address	
Name	
Address	

26. Provide the name and address of the firm's attorneys.

Name	
Address	
Name	
Address	
Name	
Address	
Name	
Address	
Name	
Address	

27. Provide the name and address of the firm's actuary or actuarial consultants if any.

Name	
Address	
Name	
Address	
Name	
Address	
Name	
Address	

FINAL STATEMENT

I do solemnly swear that all answers to the foregoing questions are true and correct to the best of my knowledge and belief; that I understand that Laws of Florida and the rules promulgated by the Chief Financial Officer for the class of business for which I hereby request a license. I further swear or affirm that I will in good faith conduct myself in a manner befitting the insurance profession; that I will maintain office records of policies written or countersigned by me, which will be accessible to the insuring public; that I will conduct the business of the agency in a fair and business like manner and, that I have not withheld any information on myself that would in anyway affect my qualifications.

Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty shall be guilty of a misdemeanor of the second degree.

SIGNATURE OF APPLICANT

DATE SIGNED

Sworn to and subscribed before me this _____ day of _____, 20_____

Signature of Notary Public

City	
State	
Type or Stamp Commissioned Name of Notary	
<input type="checkbox"/> Personally known or <input type="checkbox"/> Produced Identification	
Type of Identification Produced	
My commission expires (Seal)	/ /

Seal

SPECIAL REQUIREMENTS

CHARACTER, CREDIT REPORTS: Each applicant who, for the first time in this state, is applying and qualifying for a license as a reinsurance intermediary shall file with his Application for License a full detailed credit and character report for the 5-year period immediately prior to the date of Application for License, made by an established and reputable independent reporting service. Mail application and fees to:

*Note: You are required by state and federal law to disclose your social security number on this application. Section 666(a)(13) of Title 42, Unites States Code, requires each state to obtain the social security number of each applicant for a professional or occupational license on the application for the license. Section 626.171(5), Florida Statutes, implements this federal law. The purpose of collecting social security numbers is for administration of the child support enforcement provisions of Title IV-D of the Social Security Act. The Department of Financial Services also uses social security numbers for identity verification purposes in conjunction with background checks of applicants and for identity verification purposes in the Department's electronic database for licensees and applicants.

Florida Department of Financial Services
Bureau of Agent and Agency Licensing
Revenue Processing Section
P.O. Box 6000
Tallahassee, Florida 32314-6000