



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 INDIVIDUAL

Date of Birth			
Social Security Number			
Last Name			
First Name		Middle Initial	
Home Address			
Home City		State	Zip Code
Home Phone Number			

Mailing Street Address		Bldg/Suite #	
Mailing City		State	Zip Code

Business Street Address		Apt. #	
Business City		State	Zip Code
Business Phone Number			

TYPE AND CLASS OF LICENSE REQUESTED

Choose Only One

- Individual Resident Reinsurance Broker 0061 (F)
- Individual Resident Reinsurance Manager 0062 (F)
- Individual Nonresident Reinsurance Broker 0063 (F)
- Individual Nonresident Reinsurance Manager 0064 (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. List all the states in which you hold any type of insurance license. Please specify what type of license you held in each state.

1	
2	
3	
4	
5	

3. On a separate page, please summarize your experience in the insurance and reinsurance industry or attach a resume.

4. Provide the name under which you plan to do business as a reinsurance intermediary:

5. How long have you resided at your present address? _____

6. If you have lived less than 5 years at your present address, list all prior resident addresses and the date of each address for the past 5 years on a separate page.
7. Are you self-employed or an employee ? If you are an employee please name your employer.

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

Failure to answer all blanks in the questions below will delay the processing of your application.

8. Have you ever been charged with or convicted of or pleaded guilty or no contest to a crime involving moral turpitude, or a felony or a crime punishable by imprisonment of one (1) 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" give dates: _____
- a) What was the crime? _____
- b) Where and when were you charged? _____
- c) Did you plead guilty or nolo contendere? Yes No
- d) Were you convicted? Yes No
- e) Was adjunction withheld? Yes No
- f) Please provide a brief description of the nature of the offense charged:
- If there has been more than one felony charge, provide an explanation as to each charge on the attachment. Certified copies of the information or Indictment and final Adjudication for each charge is required.
- g) Have you been arrested or indicted by any state or federal court anywhere in the United States in the last twelve months? Yes No. If "Yes" please attach explanation.
- h) Are there any criminal charges in any state or federal court anywhere in the United States currently pending against you or an entity you control? Yes No. If "Yes" please attach explanation.
- i) Are you now or have you in the last twelve months participated in a pre-trial intervention program? Yes No
9. Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, or breach of fiduciary duty? Yes No. If "Yes", provide details on a separate sheet, to include name of parties, state, county or court, name of court, case number, and brief summary of the issues.
10. Have you ever been charged in any capacity whatsoever with irregularities in money or any other transaction?
 Yes No
11. Does any individual or organization claim that you as an individual or that any corporation or partnership of which you are or have been a member are indebted to them for any overdue and unpaid balance arising out of an insurance or reinsurance transactions? Yes No
12. Have you ever been the subject of any inquiry or investigation by any division of the Florida Department of Financial Services?
 Yes No
13. Have you or has any occupational, professional or business license held by you been censured, suspended, revoked, canceled, terminated or been the subject of any type of administrative action in any state including Florida? Yes No

14. Have you ever had an agency contract or reinsurance intermediary contract canceled? Yes No If yes, by what company or general agent and what are the reasons for such?
15. Are you now indebted to any court-appointed liquidator, any reinsurance or insurance company, reinsurance intermediary, general agent or agent? Yes No
16. Have you failed to pay any reinsurance or insurance company, or reinsurance intermediary any premium due to such company that has come into your possession? Yes No
17. Are there any outstanding final judgments against you personally, or against any existing or defunct business which you controlled? Yes No.
18. Are you willing to hereby name and appoint 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 non-resident 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
19. The books and records of the Applicant Reinsurance Intermediary will be maintained at the following location for examination by the Department:

Contact Person	
Address	
City	
State	
Zip Code	-
Telephone Number	() -

20. List all employment in the last five (5) years on a separate sheet including the dates.

21. Are there currently any lawsuits pending against you or any entity you control in the courts of any state? Yes No

22. Provide the following information about your attorney:

Name	
Address	

23. Provide the name and address of your actuary or actuarial consultants, if any.

Name	
Address	

24. Provide the name, location and account number of the bank where you will do your banking.

Name	
Location	
Account Number	

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 person 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

***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, United 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.