

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



Business Entity Managing General Agent (MGA) License Renewal/Continuation

(Please Print or Type)

Check appropriate box for license requested:

- Resident License
- Non-Resident License
- Identify Home State: _____
 - Identify Home State License #: _____

Demographic Information

① Business Entity's Name		② FEIN	
③ Home State & Home State License Number		④ If assigned, National Producer Number (NPN)	
⑤ Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No			
⑥ Business Address		⑦ City	⑧ State
		⑨ Zip or Foreign Country	
⑩ Phone Number (include extension) ()	⑪ Fax Number ()	⑫ Business E-Mail Address	⑬ Business Web Site Address
⑭ Mailing Address		⑮ P.O. Box	⑯ City
		⑰ State	⑱ Zip or Foreign Country

Designated/Responsible Licensed Producer

⑲ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state:

Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____

Background Information

⑳

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, been convicted of, or is currently charged with, committing a crime or had a judgment withheld or deferred which has not been previously reported to this insurance department? Yes No

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. **"Convicted"** includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence, or a fine.

If Yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

Background Information (Continued)

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, been named or involved as a party in an administrative proceeding, including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? Yes No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If Yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. In response to a “yes” answer to one or more of the Background Questions for this renewal application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A Yes No

If Yes, will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? N/A Yes No

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this renewal application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

4. Do you currently have a bond in place that is equal to or greater than \$50,000 for the protection of the insurer? Yes No

If Yes, provide a copy of the bond.

5. Do you understand that you must maintain a bond that is equal to or greater than \$50,000 for the duration of the licensure period? Yes No

6. Since the last application or renewal, has the applicant or any of its officers or directors had a claim made on a bond or been denied a position schedule fidelity bond, or had a bond cancelled or revoked? Yes No

If Yes, details must be provided.

7. Since the last application or renewal, has the applicant or any of its officers or directors been subject to any disciplinary proceedings of any federal or state agency? Yes No

If Yes, details must be provided.

8. Since the last application or renewal, has the certificate of authority or license to do business of any insurance company of which the officers or directors were an officer, director or key management person been suspended or revoked while they occupied such position? Yes No

If Yes, details must be provided.

9. Since the last application or renewal, have any of the officers, directors, trustees, investment committee members, key employees, or controlling stockholders of any company which, while you occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or in receivership, rehabilitation, liquidation, conservatorship, or bankruptcy? Yes No

If Yes, details must be provided.

Applicant's Initials _____

Applicant's Certification and Attestation

21 The Producer must read the following very carefully:

On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either (a) does not have a current child-support obligation, or (b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company who has authority to act on behalf of the business entity:

_____ Signature	_____ Date
_____ Type or Print Name	_____ Social Security Number
_____ Title	
_____ Address	
_____ City	_____ State
	_____ Zip

Application Attachments

22 The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.

1. Non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$20.00;
2. Copy of the signed contract if it is different than what is on file with the Department;
3. Copy of the Certified Resolution of the Board appointment describing duties to be performed; only if different than what is currently on file with the department;
4. Copy of your bond in the amount of at least \$50,000;
5. Proof of your Errors and Omissions Policy;
6. Updated list of applicant's agents, producers or sub-producers;
7. If necessary, any required supporting details or documents.

Notary

I do solemnly swear to or affirm under penalty that I am the person named therein and that the statements herein contained are true.

Signature of Applicant: _____ Date: _____

Full Legal Name (Printed or typed): _____ Title: _____

Subscribed and sworn to or affirm before me this _____ day of _____, 20_____.

Notary Signature _____

My commission expires _____, 20_____.