

Ohio Department of Insurance

Mike DeWine – Governor
 Jillian Froment – Director



Individual Reinsurance Intermediary License Application

(Please Print or Type)

Check appropriate box for license requested:

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

Check appropriate box for type of Intermediary:

- Reinsurance Intermediary – Broker
 Reinsurance Intermediary – Manager

Demographic Information

① Social Security Number		② If assigned, National Producer Number (NPN)		③ Mobile Phone Number ()	
④ Last Name JR./SR. etc		⑤ First Name		⑥ Middle Name	
⑦ Date of Birth (M/D/YY)		⑧ Residence/Home Address (Physical Street)		⑨ City	
⑩ State		⑪ Zip or ⑫ Foreign Country		⑬ Home Phone Number ()	
⑭ Individual Applicant Email Address:		⑮ Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female		⑯ Are you a Citizen of the United States? (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No (if No, of which country are you a citizen? _____) (If No, and this is an application for a Resident License, you must supply proof of eligibility to work in the U.S.)	
⑰ Business Entity's Name					
⑱ P.O. Box		⑲ Business Address (Physical Street)		⑳ City	
㉑ State		㉒ Zip or ㉓ Foreign Country		㉔ Business Phone Number (include extension) ()	
㉕ Business Fax Number ()		㉖ Business E-Mail Address		㉗ Business Web Site Address	
㉘ Applicant's Mailing Address		㉙ P.O. Box		㉚ City	
㉛ State		㉜ Zip or ㉝ Foreign Country		㉞ a. List any other assumed, fictitious, alias, maiden or trade names which you have used in the past. b. List any trade names under which you are currently doing business or intend to do business. (May be subject to state approval.)	

Agency or Business Entity Affiliations

⑳ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Employment History

㉟ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	

Background Questions

38 The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1a. Have you ever been convicted of a MISDEMEANOR, had a judgment withheld or deferred, or are you currently charged with committing a MISDEMEANOR? [] Yes [] No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

1b. Have you ever been convicted of a FELONY, had a judgment withheld or deferred, or are you currently charged with committing a FELONY? [] Yes [] No

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? [] N/A [] Yes [] No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) [] N/A [] Yes [] No

1c. Have you ever been convicted of a MILITARY OFFENSE, had a judgment withheld or deferred, or are you currently charged with committing a MILITARY OFFENSE? [] Yes [] No

NOTE: For Questions 1a, 1b, and 1c, "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 you answered "Yes" to any of the above questions (1a, 1b, or 1c), you must attach to this application:

- a) a written statement 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.

2. Have you ever 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? [] Yes [] No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, 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, or registration. "Involved" also means having a license, or registration application denied or the act of withdrawing an application to avoid a denial. INCLUDE any business so named because of your actions in your capacity as an owner, partner officer, director, or member or manager of a Limited Liability Company. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answered "Yes" to question 2, you must attach to this application:

- a) a written statement identifying the type of license 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. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. [] Yes [] No

If you answered "Yes" to question 3, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy on a separate sheet.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? [] Yes [] No

If you answered "Yes" to question 4, identify the jurisdiction(s): _____

Applicant's Name _____

Background Questions (continued)

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitrations or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes No

If you answered "Yes" to question 5, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer, director, or member or manager of a liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes No

If you answered "Yes" to question 6, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes No

If you answered "Yes" to question 7, answer the following questions:

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes No
- c) are you the subject of a child support related subpoena/warrant? Yes No

(If "Yes", provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)

8. Are you currently or have you ever been in a position which required a fidelity bond? Yes No

If "Yes", were any claims ever made on the bond? N/A Yes No
 If a claim has been made, details must be provided.

9. Have you ever been denied an individual position schedule fidelity bond, or had a bond cancelled or revoked? Yes No

If "Yes", details must be provided.

10. During the last 10 years, have you been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? Yes No

If "Yes", details must be provided.

11. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person been suspended or revoked while you occupied such position? Yes No

If "Yes", details must be provided.

12. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder 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.

13. If applying as a Reinsurance Intermediary Manager, do you understand that you must have a bond in place that provides coverage in the minimum amount of fifty thousand dollars? N/A Yes No

14. If applying as a Reinsurance Intermediary Manager, do you understand that you must maintain an errors and omissions insurance policy that includes, but is not limited to, coverage for the manager's delegation of any function to a third party? N/A Yes No

15. If applying as a Reinsurance Intermediary Manager, do you understand that the required bond and E&O insurance policy must be maintained for the duration of the licensure period? N/A Yes No

Applicant's Name _____

Applicant's Certification and Attestation

39 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my 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 myself.
3. I further certify that I grant 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. I further certify that, under penalty of perjury, (a) I have no child-support obligation, (b) I have a child-support obligation and I am currently in compliance with that obligation, or (c) I have identified my child support obligation arrearage on this application.
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.
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).

Original Applicant Signature

Date

Full Legal Name (Printed or Typed)

Application Attachments

40 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 \$500.00;
2. If necessary, any required supporting details or documents.