

# Ohio Department of Insurance

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



## Business Entity Reinsurance Intermediary 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 #: \_\_\_\_\_

**Check appropriate box for type of Intermediary:**

- Reinsurance Intermediary – Broker
- Reinsurance Intermediary – Manager

### 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 County

### 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 written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
  - a copy of the Notice of Hearing or other document that states the charges and allegations, and
  - 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. Since the last application or renewal have any of the officers or directors been in a position which required a fidelity bond?  Yes  No  
If Yes, were any claims ever made on the bond?  Yes  No  
If a claim has been made, provide details of the claim.
5. Since the last application or renewal have any of the 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.
6. Since the last application or renewal has the BE applicant or any of its officers or directors ever been subject to any disciplinary proceedings of any federal or state agency?  Yes  No  
If Yes, details must be provided.
7. 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 ever been suspended or revoked while they occupied such position?  Yes  No  
If Yes, details must be provided.
8. 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 they 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.
9. Do you understand that all Reinsurance Intermediary Managers must have a bond in place that provides coverage in the minimum amount of fifty thousand dollars?  Yes  No
10. Do you understand that all Reinsurance Intermediary Managers 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?  Yes  No
11. If renewing 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?  Yes  No

Producer’s Initials \_\_\_\_\_

