



**STATE OF WEST VIRGINIA**  
**Offices of the Insurance Commissioner**  
**Financial Conditions Division**

Mailing Address:  
 Financial Conditions  
 PO Box 50540  
 Charleston, WV 25305-0540

Telephone: (304) 558-2100  
 Facsimile: (304) 558-1365  
 Email: oicfinancialconditions@wv.gov  
 www.wvinsurance.gov

Location:  
 Financial Conditions  
 900 Pennsylvania Avenue  
 Charleston, WV 25302

**Managing General Agent (MGA)**  
**Renewal Application – Agency Producer**

Foreign Corporations (W. Va. Code §31d-15-1501 et seq.), Foreign Limited partnerships (W. Va. Code §47-9-49), Foreign Limited Liability Companies (W. Va. Code §31B-10-1001 et seq.), or Limited Liability Partnerships (W. Va. Code §47B-10-4) must apply to the West Virginia Secretary of State for authority to do business in the State of West Virginia. You may not operate as an MGA or otherwise engage in the business of insurance under any name other than the name the organization is licensed under in West Virginia, or your own individual name.

- 1) Name of MGA Organization: \_\_\_\_\_
- 2) FEIN: \_\_\_\_\_
- 3) Business Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 4) MGA Contact Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_
- 5) State of Domicile: \_\_\_\_\_ Incorporation Date: \_\_\_\_\_
- 6) List insurer(s) for which you act as a MGA for (include mailing address and NAIC #):
  - a) \_\_\_\_\_  
 \_\_\_\_\_
  - b) \_\_\_\_\_  
 \_\_\_\_\_
  - c) \_\_\_\_\_  
 \_\_\_\_\_
- 7) State duties expected to perform for insurer(s):  
 \_\_\_\_\_  
 \_\_\_\_\_
- 8) List producer(s) who act under the MGA (include full name and NPN #):
  - a) \_\_\_\_\_
  - b) \_\_\_\_\_
  - c) \_\_\_\_\_



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9) List kind(s) of insurance expected to sell for insurer(s):

\_\_\_\_\_

\_\_\_\_\_

10) Has the business entity or any owner, officer, partner, director, or an organization with which the business entity was associated, ever been the subject of a disciplinary action by an insurance regulatory agency or any other professional licensing agency?

Yes  No

*If yes you must attach to this application:*

- a) a written statement identifying the type of license and explaining the circumstances of each incident;
- b) a certified copy of the Notice of Hearing or charging document which states the charges or allegations; and
- c) a certified copy of the official document which demonstrates the resolution of the charges or final judgment.

11) Has the business entity or any owner, officer, partner, director, or an organization with which the business entity was associated ever been charged for, or convicted of, plead nolo contendere to, a felony or misdemeanor (exclude minor traffic violations)?

Yes  No

*If yes you must attach to this application:*

- a) a written statement explaining the circumstances of each incident;
- b) a certified copy of the charging document; and
- c) A certified copy of the official document which demonstrates the resolution of the charges or final judgment.

12) Is the business entity or any owner, officer, partner, director, or an organization with which the business entity was associated a party to, or been found liable in any law suit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes  No

*If yes you must attach to this application:*

- a) a written statement explaining the circumstances of each incident;
- b) a certified copy of the charging document; and
- c) a certified copy of the official document which demonstrates the resolution of the charges or final judgment.

**I hereby certify that there is/are a written contract(s) in force with the insurer(s) listed in Item #6, and that the contract(s) contain(s) the minimum provisions required by W. Va. Code §33-37-3, and that the contract(s) contain(s) no provisions contrary to West Virginia law.**

**I further certify that in the event any provisions are found to be contrary to West Virginia law, those provisions will be null and void.**

\_\_\_\_\_  
 Type or Print Name

\_\_\_\_\_  
 Signature (of Person listed in Item #4)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date



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**Herewith submitted are the following documents:**

- 1)  MGA License Application – Agency Producer (Form MGA-4).
- 2)  New applicants remit a \$500.00 license application fee. Renewal applicants remit a \$200.00 annual license renewal fee plus an additional \$200 late fee if after June 1.
- 3)  A copy of the insurer’s bond and errors and omissions requirements.
- 4)  Proof that the MGA has obtained the bond and errors and omissions coverage required by the insurer.
- 5)  A list of the names and addresses of all insurers doing business in the State of West Virginia with which the producer has a contract to act or for whom the producer acts as an MGA.
- 6)  A copy of the written contract in force with each insurer doing business in the State of West Virginia with which the producer has a contract to act or for whom the producer acts as an MGA.
- 7)  A completed MGA Contract Review Form (Form MGA-3) for each contract submitted.
- 8)  A list of the names and license numbers of ALL PRODUCERS doing business in the State of West Virginia under the MGA.

**Submit your completed application to:**

WV Offices of the Insurance Commissioner  
Financial Conditions Division  
PO Box 50540  
Charleston, WV 25305-0540

**Questions**

Access West Virginia Code at <http://www.legis.state.wv.us/legishp.html>

E-mail Financial Conditions Division at [Financial.Conditions@wvinsurance.gov](mailto:Financial.Conditions@wvinsurance.gov); or phone at (304) 558-2100