



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: financial.conditions@wvinsurance.gov
www.wvinsurance.gov

Location:
 Financial Conditions
 1124 Smith Street
 Charleston WV 25301

License Renewal Application For

Reinsurance Intermediary Broker **Reinsurance Intermediary Manager**

Applicant is: Individual Limited Liability Company
 Corporation Partnership Other (explain)

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 a reinsurance intermediary 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.

Questions

Access West Virginia Code at <http://www.legis.state.wv.us/legishp.html>
 E-mail Financial Conditions Division at: Financial.Conditions@wvinsurance.gov; or phone at at (304) 558-2100

If applicant is a Limited Liability Company, Corporation, Partnership or "Other" submit an attachment listing (a) For a firm or an association, the name of each member of the firm or association and each employee of the firm or association who will act as a reinsurance intermediary under the license; and (b) for a corporation the name of each officer, director or employee of the corporation who will act as a reinsurance intermediary under the license.

- 1) Name of applicant: _____
- 2) FEIN or NAIC NPN # as applicable: _____
- 3) Business address: _____

- 4) Telephone number: _____ Fax Number: _____
- 5) Is applicant currently licensed as a producer in West Virginia? Yes No
 Resident Non Resident License # _____
- 6) Is applicant currently licensed in another accredited state as:
 Agent Broker Producer Reinsurance Intermediary Broker/ Manager
 Provide home state certification.
- 7) Does applicant have an office in West Virginia? Yes No
- 8) Has applicant ever had an insurance agent, reinsurance intermediary, producer, or broker license refused, suspended, or revoked? Yes No
 If "Yes" attach written explanation
- 9) If application is for Reinsurance Intermediary Manager, provide a copy of contracts with reinsurers represented.

I hereby certify that I am in compliance with and will continue to comply with all requirements of W. Va. Code §§33-38-1 et. seq. with regard to a reinsurance intermediary.

The following applies to Reinsurance Intermediary Manager only:

I further certify that the contracts provided to the Insurance Commissioner pursuant to W. Va. Code §33-38-7(a) contain all terms required by that section. Any provisions not consistent with West Virginia statutes will be null and void.

Signature of Applicant

Type or Print Name

Title

Name of Reinsurance Intermediary Organization

Date

Herewith submitted are the following documents:

Reinsurance Intermediary Broker and Reinsurance Intermediary Manager:

- 1) Resident applicants must submit a completed Form RI-2.
- 2) Non-resident applicants must provide evidence of being currently licensed as a resident reinsurance intermediary or insurance producer and in good standing in his or her home state and submit either a copy of the application for licensure submitted to his or her home state or a completed Form RI-2.
- 3) A \$200.00 non-refundable application fee.
- 4) If applicable an attachment listing: (a) For a firm or an association, the name of each member of the firm or association and each employee of the firm or association who will act as a reinsurance intermediary under the license; and (b) for a corporation the name of each officer, director or employee of the corporation who will act as a reinsurance intermediary under the license.

In addition to above Reinsurance Intermediary Managers must also submit:

- 5) A copy of each reinsurer's bond and errors and omissions requirements.
- 6) Evidence that the reinsurance intermediary manager has obtained the bond and errors and omissions coverages required by each reinsurer.
- 7) A copy of all contracts with each reinsurer represented.
- 8) A completed Reinsurance Intermediary Manager Contract Review Form RI-3 for each contract submitted.

Forward application with supplements to:

Mailing Address:
Financial Conditions Division
PO Box 50540
Charleston, WV 25304-0540

Shipping Address:
Financial Conditions Division
1124 Smith Street
Charleston, WV 25301