



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

License 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>
Contact Financial Conditions Division at OICFinancialConditions@wv.gov or at (304) 558-2100

If applicant is a Limited Liability Company, Corporation, Partnership or "Other" submit an attachment listing all persons representing the firm, including name, address and license number.

- 1) Name of applicant: _____
- 2) FEIN or NAIC NPN # as applicable: _____
- 3) Business address: _____
Mailing address: _____
- 4) Telephone number: _____ Fax Number: _____
Email Address: _____
- 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?
If "Yes" attach written explanation. Yes No
- 9) If application is for Reinsurance Intermediary Manager, provide a copy of contracts with reinsurers represented.

Accredited by the National Association of Insurance Commissioners

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-1.
- 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-1.
- 3) A \$500.00 non-refundable application fee.
- 4) 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.

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 Unit
PO Box 50540
Charleston, WV 25305-0540

Shipping Address:

Financial Conditions Unit
900 Pennsylvania Ave., 7th Fl.
Charleston, WV 25302

Accredited by the National Association of Insurance Commissioners