MISSISSIPPI INSURANCE DEPARTMENT
P.O. BOX 79, JACKSON, MS 39205

MIKE CHANEY, Commissioner of Insurance
MARK HAIRE, Deputy Commissioner of Insurance

DEPARTMENT USE ONLY

REINSURANCE INTERMEDIARY MANAGER OR BROKER LICENSE APPLICATION

Check appropriate box for license requested.   **Privilege Tax $50.00**

- ❑ Resident License
- ❑ Non-Resident License: Identify Home State: _____ Identify Home State License #: _____
- ❑ Reinsurance Intermediary Manager   ☐ Reinsurance Intermediary Broker

Demographic Information				
Social Security Number	If assigned, National Producer Number (NPN), Missisippi Privilege License Number and/or FINRA Number			

Last Name	JR./SR. etc	First Name	Middle Name	Date of Birth (month) ____ (day) ____ (year) _____

Residence/Home Address (Physical Street)	City	State	Zip Code	Foreign Country

Home Phone Number ( ) -	Gender (Circle One) Male Female	Are you a Citizen of the United States? (Check One) Yes ☐ No ☐ (If No, of which country are you a citizen?) _____ (If No, you must supply proof of eligibility to work in the U.S.)

Business Entity Name

Business Address (Physical Street)	P.O. Box	City	State	Zip Code	Foreign Country

Business Phone Number (include extension) ( ) -	Business Fax Number ( ) -	Business E-Mail Address	Business Web Site Address

Applicant's Mailing Address	P.O. Box	City	State	Zip Code	Foreign Country

a. List any other assumed, fictitious, alias, maiden or trade names you have used in the past:

b. List any trade names under which you are currently doing business or intend to do business:

Agency or Business Entity Affiliations

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 _____

Employment History

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.

	From Month Year	To Month Year	Position Held
Name			
City **State** **Foreign Country**			
Name			
City **State** **Foreign Country**			
Name			
City **State** **Foreign Country**			
Name			
City **State** **Foreign Country**			

Background Information

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

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?
 	
"Crime" includes a misdemeanor, felony or a military offense. **You may exclude misdemeanor traffic citations or convictions 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 contendre, or having been given probation, a suspended sentence or a fine.
 	
If you answer yes, you must attach to this application:
    a) a written statement explaining the circumstances of each incident,
    b) a copy of the charging document,
    c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment,
 	
If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033?   N/A_____ Yes_____ No _____
 	
If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.)   N/A _____ Yes ____ No _____
	Yes ___ No___

2. Have you ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration? "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 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. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member, or manager of an LLC. **You may EXCLUDE terminations due solely to noncompliance with continuing educaiton requirements or failure to pay a renewal fee.** If you answer 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 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.	Yes ___ No___
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 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.** If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.	Yes ___ No___
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? If you answer yes, identify the jurisdiction(s): _____	Yes ___ No___

5. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?
 	
    If you answer yes, 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 document, which demonstrates the resolution of the charges or any final judgment.
	Yes ___ No___

6. Have 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, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?
 	
    If you answer yes, 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.
	Yes ___ No___

7. Do you have a child support obligation in arrearage?
 	
If you answer yes,
    a) by how many months are you in arrearage?
    b) are you currently subject to and in compliance with any repayment agreement?
    c) are you the subject of a child support related subpoena/warrant?
 	
(If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency)
	Yes ___ No___
	
	_____Months
	Yes ___ No___
	Yes ___ No___

8. Are you licensed in your domicile state as a Insurance Producer with Propery and Casualty qualifications?	Yes___ No

Applicant's Certification and Attestation

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 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)

_____
Month   Day   Year

_____
Original Applicant Signature

_____
Full Legal Name (Printed or Typed)