



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Department of Business Regulation
INSURANCE DIVISION
1511 Pontiac Avenue, Bldg. 69-2
Cranston, RI 02920
Telephone No. (401) 462-9520
www.dbr.ri.gov

FAX No. (401) 462-9602

INSTRUCTIONS AND APPLICATION FOR THE RENEWAL OF AN
BUSINESS ENTITY REINSURANCE INTERMEDIARY BROKER OR MANAGER
LICENSE
(Resident & Nonresident)

- ❑ Complete the enclosed individual renewal form
- ❑ Attach a check or money order in the amount of \$200.00 made payable to the “General Treasurer, State of Rhode Island and forward to:
- ❑ Department of Business Regulation, Insurance Division, 1511 Pontiac Avenue, Bldg. 69-2, Cranston, RI 02920
- ❑ You must provide a written explanation to all background questions answered “yes.”

Business Entity Reinsurance Intermediary Broker/Manager Renewal Application

(Please Print or Type)

Instructions

1. Verify all demographic information is correct.
2. Read and answer the background questions listed below.
3. Certify that the information provided is true and correct by signing your name under the certification and attestation section.

Demographic Information

① Business Entity Name		② Incorporation/Formation Date (month) ___(day) ___(year) ____		③ FEIN -		
④ Home State & Home State License Number			⑤ If assigned, National Producer Number (NPN)			
⑥ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>						
⑦ Business Address			⑧ City		⑨ State	⑩ Zip or Foreign Country
⑪ Phone Number () -		⑫ Fax Number () -		⑬ Business Web Site Address		⑭ Business E-Mail Address
⑮ Mailing Address			⑯ P.O. Box	⑰ City	⑱ State	⑲ Zip or Foreign Country

Designated/Responsible Licensed Producers

⑳ Identify at least one Designated/Responsible Licensed Producer:

Name _____ SSN _____ - - RI License No. _____
Name _____ SSN _____ - - RI License No. _____
Name _____ SSN _____ - - RI License No. _____
Name _____ SSN _____ - - RI License No. _____

Background Information

⑳ 1. Since the last home state renewal or initial application in this state, has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations 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 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 certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Since the last home state renewal or initial application in this state, has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, 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. You may exclude terminations due solely to noncompliance with continuing education 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 certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

Applicants Certification and Attestation

22 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me 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/registration renewal.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am seeking renewal.
8. 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.

Must be signed by designated licensed/responsible producer.

Month Day Year

Signature

Typed or Printed Name