



**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
INDIVIDUAL 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.”

REINSURANCE INTERMEDIARY RENEWAL INDIVIDUAL

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 Soc. Security Number — — | ② Date of Birth | ③ Home State & Home State License Number | ④ If assigned National Producer Number (NP#) |
| ⑤ Last Name JR./SR. etc | | ⑥ First Name | |
| ⑦ Residence/Home Address (Physical Street) | ⑧ P.O. Box | ⑨ City | ⑩ State |
| ⑪ Zip or Foreign Country | | | |
| ⑫ Business Entity's Name | | | |
| ⑬ Business Address (Physical Street) | ⑭ P.O. Box | ⑮ City | ⑯ State |
| ⑰ Zip or Foreign Country | | | |
| ⑱ Business Phone Number () - | ⑲ Business Fax Number () - | ⑳ Business E-Mail Address | ㉑ Business Web Site Address |
| ㉒ Mailing Address | ㉓ P.O. Box | ㉔ City | ㉕ State |
| ㉖ Zip or Foreign Country | | | |

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 _____ |
| FEIN _____ | NPN _____ | Name of Agency _____ |

Background Information

⑳ 1. Since the last renewal or initial application in this state, have you been convicted of, or are you 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 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 ___

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 renewal or initial application in this state, have you or any business in which you are or were an 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.

3. Since the last renewal or initial application in this state, do you have a child support obligation in arrearage?

Yes ___ No ___

If you answer yes to Question 3, by how many months are you in arrearage? _____ Months

4. Since the last renewal or initial application in this state, are you the subject of a child support related subpoena or warrant?

Yes ___ No ___

Certification and Attestation

29 The producer 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. Where required by law, 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, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
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. 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.

Month Day Year

Signature

Full Legal Name (Printed or Typed)