



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

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www.dbr.state.ri.us

**RHODE ISLAND APPLICATION FOR INDIVIDUAL REINSURANCE INTERMEDIARY BROKER
& INDIVIDUAL REINSURANCE INTERMEDIARY MANAGER APPLICATION**
(RESIDENT AND NONRESIDENT)

Please Print or Type

Check appropriate box for license requested:

- NEW APPLICATION
- AMENDED APPLICATION
- Resident License
- Nonresident License
 - o Resident State: _____
 - o Resident State License Number: _____

Check appropriate box for each license type and line(s) of authority that you are applying for:

- Reinsurance Intermediary Broker Property & Casualty
- Reinsurance Intermediary Broker Life & Health
- Reinsurance Intermediary Manager Property & Casualty
- Reinsurance Intermediary Manager Life & Health

For each license type selected above, the applicant must be a licensed producer in Rhode Island or a licensed producer in another state with laws substantially similar to RI Gen Laws § 27-52-1 *et seq.* In order to qualify for a reciprocal license, the applicant must first hold the same license type and the same line(s) of authority in their home state as you are applying for in Rhode Island. Applicants answering “yes” to any background question are required to attach a written explanation along with copies of supporting documentation (i.e. court documents, orders, consent agreements etc.) if necessary. Rhode Island residents are required to obtain certified background report (BCI) from the Office of the Rhode Island Attorney General.

The license term of the Reinsurance Intermediary license is two-years and the expiration date is consistent with that of the Producer.

License Fee: \$200.00

One (1) check per application and check should be made payable to:
General Treasurer, State of Rhode Island

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)			
③ If applicable, NASD Individual Central Registration Depository (CRD) Number			④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>		
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ___ (day) ___ (year) ___	
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City	⑫ State	⑬ Zip Code
⑭ Foreign Country	⑮ Home Phone Number () -	⑯ Gender (Circle One) Male Female	⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply work authorization.)		
⑱ Business Entity Name					
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City	㉒ State	㉓ Zip Code
㉔ Foreign Country	㉕ Business Phone Number () -	㉖ Business Fax Number () -	㉗ Business E-Mail Address	㉘ Business Web Site Address	
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City	㉜ State	㉝ Zip Code
㉞ Foreign Country	㉟ List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business.				
Agency or Business Entity Affiliations					
㊱ 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 _____			
Employment History					
㊲ 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	To		
		Month	Year	Month	Year
Name		Position Held			
City	State	Foreign Country			
Name		Position Held			
City	State	Foreign Country			
Name		Position Held			
City	State	Foreign Country			
Name		Position Held			
City	State	Foreign Country			

Background Information

38 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever 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. 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. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy.

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? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

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) certified copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes ___ No ___

If you answer yes to Question 7, by how many months are you in arrearage? _____ Months

8. Are you the subject of a child support related subpoena or warrant?

Additional questions (must be complete):

39. Have you ever been in a position that required a fidelity bond?

Check: _____ Yes _____ No

If yes and any claims were made on the bond, provide details.

40. Have you ever been indebted, other than for current accounts, to any insurance company or person for unpaid insurance premiums or returned premiums?

Check: _____ Yes _____ No

If yes, provide details.

41. Have you ever been an officer, director, trustee, investment committee member, key employee or controlling stockholder of any insurer, while you occupied any such position or capacity with respect to it, became insolvent or were placed under supervision or in receivership, rehabilitation, liquidation, conservator ship or other similar proceeding?

Check: _____ Yes _____ No

If so, provide details.

42. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock, partnership interest, membership interest or voting power.

RESIDENT APPLICANTS ONLY

You may skip this entire question if this application is a supplement to an Organization/Business Entity Application for Reinsurance Intermediary.

(a) Reinsurance Intermediary Managers must submit a detailed business plan that describes current and future business operations including at least the following information: location of office(s), description of business units and number of employees (accounting, sales, legal, marketing, CVIS, etc.), distribution (sales) process, current audited financial statements with an opinion issued by an independent certified public accountant, forecasted financial statements, marketing initiatives and records retention policy.

(b) Reinsurance Intermediary Brokers must submit a sample contract that is in compliance with RI Gen. Laws § 27-52-4.

(c) Reinsurance Intermediary Managers must submit a sample contract that is in compliance with RI Gen. Laws § 27-52-7.

NONRESIDENT APPLICANTS ONLY

Pursuant to RI Gen. Laws § 27-52-3(d)(2), I, by signing this application below, designate the Commissioner as Agent of Service of Process in the manner and with the same legal effect provided for designation for Service of Process upon unauthorized insurers.

Further, pursuant to RI Gen. Laws § 27-52-3(d)(2), I provide the following resident of Rhode Island upon whom Notice or Orders of the Commissioner or Process maybe served on my behalf. I shall promptly notify the Commissioner in writing of every change of designated Agent for Service of Process.

Name of Resident Agent

Address of Resident Agent

Applicants Certification and Attestation

④3 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. 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. 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.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

Attachments

④4 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an applicant's resident license through the NAIC's Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.licenseregistry.com).