



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 a Resident Insurance Surplus Line Broker Business Entity

- Renewal fee is one check per application of \$100.00.
- Checks or Money Orders are made payable to General Treasurer, State of Rhode Island
- The license renewal will not be approved until the Insurance Division receives confirmation from the RI Taxation Division that all taxes have been filed. The RI Tax Division requires a tax filing each year, even in **NO** business was written. In your renewal month, the RI Taxation Division will automatically send the Insurance Division confirmation if the taxes have been filed, and at this time your license renewal will be approved. If tax filings are still due, your license renewal will not be approved. Please note that your renewal will **NOT** be approved prior to the renewal month. If you have any questions on your tax filings, or to check if your tax filings are cleared for your surplus line license renewal to be approved you must contact the RI Taxation Division at 401-574-8935.
- Licensees are required to submit a letter of explanation and copies of supporting documentation for all background questions that have been answered “yes” on the application. If the renewal is completed online the explanation must be emailed to Leeann.Desilets@dbr.ri.gov If you are unable to email you may fax to the number listed above.
- Licensees that complete a paper renewal must complete the attached application, include the check or money order, and mail it to the Department’s address listed above. Incomplete applications will be returned.

RESIDENT BUSINESS ENTITY SURPLUS LINE BROKER LICENSE RENEWAL APPLICATION

Print or Type

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

Designated/Responsible Licensed Individual ("DRLI")

⑱ Identify at least one Designated/Responsible Licensed Individual: *(See Matrix of State Requirements at www.licenseregistry.com for jurisdictions that require the designated/responsible licensed individual to be an officer, director or partner of the business entity.)*

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

⑲ Background Information

1. 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. 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

20 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.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
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 an officer, director, principal or partner of the business entity:

Month

Day

Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City

State

Zip