



APPLICATION FOR REINSURANCE INTERMEDIARY BROKER OR MANAGER - IC 27-6-9 et.seq.

State Form 45978 (5-93)

Approved by State Board of Accounts 1993

INSTRUCTIONS:

- | Application must be signed by all authorized persons per IC 27-6-9-15.
- | The written contract must be approved by the reinsurer's Board of Directors and be submitted at least thirty (30) days before a reinsurer assumes or cedes business through a RM for the Commissioner's approval per IC 27-6-9-21.
- | Items 1 - 5 must be completed for a Reinsurance Broker License.
- | Items 1 - 10 must be completed for a Reinsurance Manager License.

NOTE: Filing of this application does not give authority to your entity. This authority does not exist until all required items are filed and a license has been issued.

The following documents MUST be submitted with this application.	
<ol style="list-style-type: none"> 1. Written contract in original and duplicate, accompanied by the reinsurer's Board of Directors Resolution approving the contract. Contract provisions for Reinsurance Broker must be in compliance with IC 27-6-9-18; Reinsurance Manager must be in compliance with IC 27-6-9-21. 2. Statement of financial condition prepared by an independent Certified Accountant. This statement may be in the form of a compilation report, a report of review or audit report. 3. Copy of organizational chart. 4. Non-resident broker or alien manager must submit a power of attorney appointing Commissioner for service of process. 5. Alien manager must provide name and address of Indiana appointed agent. 6. Biographical affidavits on all authorized persons. 7. Errors and Omissions Policy in the amount of \$ _____. 8. Fidelity Bond from an insurer in the amount of \$100,000 for the protection of the reinsurer. 9. If RM establishes loss reserves, actuarial opinion attesting to the adequacy of loss reserves incurred and outstanding on business produced by RM in accordance with IC 27-6-9-23. 10. Filing Fees in the amount of \$ _____. 	
Name of applicant	Telephone number ()
Address of applicant (street, city, state, ZIP code)	
Contact person for RM	Telephone number ()
Type of Reinsurance Intermediary organization (check one) <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	Lines of Reinsurance authorized to transact (check all that apply) <input type="checkbox"/> Life <input type="checkbox"/> Health and Accident <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Other _____
Complete the following questionnaire.	
1. Are you an attorney licensed to practice in the State of Indiana? (If Yes, you are exempt from the filing requirements as a reinsurance broker in the State of Indiana.)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you have binding authority on behalf of a reinsurer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do you act as an agent of the reinsurer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Is your compensation a factor of premium production?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered "No" for questions 1 through 4 then you are not required to be licensed as a Reinsurance Intermediary. You do not have to complete the rest of this application.	
5. Do you have authority to manage all or part of an insurer's assumed reinsurance business?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Are you an employee of the reinsurer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Are you a manager of a U.S. branch of an alien reinsurer?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are you under contract to manage all or part of the reinsurance operations?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Are you under common control of a reinsurer as defined under IC 27-1-23 and compensation is not based on premium production?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Are you manager of a group, association, pool or organization of insurers engaged in joint underwriting or reinsurance and subject to examination by the insurance department of the state whereby the principal office is physically located?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
10a. Name of the organization	10b. State having examination authority

