



**STATE OF DELAWARE
INSURANCE DEPARTMENT
LICENSE APPLICATION
REINSURANCE INTERMEDIARY
Individual**

To the Insurance Commissioner of the State of Delaware

The **UNDERSIGNED INDIVIDUAL** hereby applies for a reinsurance intermediary license under Title 18 Del. C. §1603 and for that purpose submits the following statements and answers to the questions contained in this application.

TYPE OF LICENSE APPLIED FOR:

- Reinsurance Intermediary Broker Resident
 Reinsurance Intermediary Manager Non-Resident

1. Full Legal Name: _____
2. Date of Birth _____ Place of Birth _____ Social Security No. _____
3. Business Name: _____ Phone No.: _____
4. Business Address: _____
5. Residence: _____ Phone No.: _____
6. Mailing Address: _____
7. Residence last five years:

DATE		STREET	CITY	STATE
FROM	TO			

8. Occupation last five years:

DATE		STREET	CITY	STATE
FROM	TO			

9. Are you now licensed as a reinsurance intermediary in any other state? _____ If yes, explain

10. Education: _____ High School _____ College _____ Graduate

11. Have you ever held any type of insurance license in this or any other state? _____ If yes, list state(s), type(s) of license(s), and YEAR LAST LICENSED in each state in each category:

12. Have you ever been refused an original or a renewal or had suspended or revoked any type of insurance license in any state? _____ If yes, give details.

13. What insurance experience have you had?

14. Have you familiarized yourself with Delaware Insurance Laws? _____ Do you have a copy of the Delaware Insurance Laws available for your use? _____

15. Does any insurer or general agent claim that you are indebted under any agency contract or otherwise? _____ If yes, give details.

16. Has any insurance company ever cancelled any contract of employment or its appointment of you in any capacity? _____ If yes, give details.

Date _____ Company _____ Reason _____

17. a.) Excluding minor traffic violations, have you ever been convicted of any crime which has not been annulled by a court? _____ If yes, give details.

b.) Have you ever been fined by any state or governmental agency or authority? _____ If yes, give details.

c.) Have you ever been refused a license or had an existing one suspended or revoked by the Insurance Department of this State or any other state, or by any state or governmental agency or authority? _____ If yes, give details.

18. Have you ever been declared bankrupt, or made an assignment for creditors? _____ If yes, give details.

19. Do you intend to carry on any other type of employment besides that of reinsurance intermediary? _____ If yes, give details.

20. Do you intend to do business independently or will you be in the employ of some reinsurance intermediary company/broker/manager? _____ If yes, give details.

21. Are you an officer or partner in a firm, corporation or insurance agency? _____ If so, give firm or agency name.

a.) Organized under the laws of the State of _____

b.) Date Organized: _____

c.) Names and titles of all officers and directors, and occupations of each for last five years

d.) If principal business of corporation is not insurance, what other type of business is to be transacted?

22. List any person, firm, association or corporation who or which, directly or indirectly, has the power to direct or cause to be directed, the management, control or activities of the applicant.

Name	Address
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Name	Address
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Explain how each person listed above directs the management, control or activities of the applicant. (Use additional sheet to list names or other details if necessary).

23. Applicant must list three character references. These references should not be relatives or persons who have known the applicant for less than two years.

1.

Name	Address	Business	Phone
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2.

Name	Address	Business	Phone
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3.

Name	Address	Business	Phone
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24. Upon approval of my non-resident application as reinsurance intermediary, if applicable, I hereby agree to designate the Commissioner, State of Delaware Insurance Department as agent for service of process and further pursuant to Title 18 Del. C. to provide the following resident of Delaware upon whom notices and orders of the Commissioner or process affecting such non-resident reinsurance intermediary may be served.

Name: _____ Phone No.: _____

Address: _____

Use space below for additional information, if necessary.

ALL APPLICANTS COMPLETE REMAINING PORTION

ANSWERS TO ALL QUESTIONS, NOTING SPECIFICALLY QUESTION 17 MUST BE ACCURATE AND COMPLETE. INFORMATION OBTAINED THROUGH INVESTIGATION SHOWING MISSTATEMENTS, INCLUDING AN INCOMPLETE ANSWER TO QUESTION 17, IS SUFFICIENT CAUSE TO AUTOMATICALLY VOID THIS APPLICATION TO ANY OTHER PENALTIES.

I hereby certify the above answers are complete and true to the best of my knowledge and belief. All statements are made under penalty of perjury.

Signature

State of _____

County of _____, SS

On this _____ day of _____, 19____, personally appeared the above-named applicant who signed the foregoing application, and made oath that the statements made therein by him are true.

Before me,

Notary Public