

Reinsurance Intermediary Application and Instructions

All fees are NONREFUNDABLE pursuant to 3 AAC 31.010.

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.020(g).

This application is for obtaining **ONLY** an INDIVIDUAL or **FIRM** Reinsurance Intermediary Manager (RIM) or Broker (RIB) license. If you determine that license authority other than for this class is required, please see the web site indicated above for instructions and the correct application.

All license application fees are nonrefundable pursuant to 3 AAC 31.010.

A firm and all individuals transacting insurance business in this state or relative to a subject resident, located, or to be performed in this state, must be licensed in this state, unless exempt.

Each applicant is responsible for acting in compliance with Alaska laws. **The compliance officer is responsible for renewing the license pursuant to AS 21.27.380.**

The Division recommends you obtain a copy of the Alaska Statutes and regulations that are available on our website at www.commerce.state.ak.us/insurance/statutes.htm

YOU MAY NOT BE REQUIRED TO BE LICENSED IN ALASKA AS A RIM IF:

A person who performs management services for an admitted reinsurer is not required to be licensed as a reinsurance intermediary **manager** if

- (1) the person's compensation is not based on the volume of premium written and the person
 - (A) is a wholly-owned subsidiary of the admitted insurer;
 - (B) wholly owns the admitted insurer; or
 - (C) is a wholly-owned subsidiary of the insurance holding company subject to AS 21.22 that owns or controls the admitted insurer;
- (2) the person is a United States manager of the United States branch of an alien admitted insurer; or
- (3) the person is the manager of a group, association, pool, or organization of insurers that does joint underwriting and that is subject to examination by its resident insurance regulator in a state that
 - (A) the director has determined has enacted provisions substantially similar to those contained in this chapter; and
 - (B) is accredited by the National Association of Insurance Commissioners.

If your understanding of Alaska Statutes leads you to believe you are exempt from licensure, identify the statute provisions that apply, specify the firm's duties in a written statement with documentation that supports your claim for exemption.

FORM FILING REQUIREMENTS FOR REINSURANCE INTERMEDIARIES

RESIDENT

- Application Form 08-237
- Application Fee plus the Fingerprint Card Evaluation fee of \$54.25*
- One Fingerprint Card*
- Examination Results: Limited Lines Reinsurance Intermediary Exam (valid for one year from examination date)
 - RIM – Limited Lines Reinsurance Intermediary Manager Exam
 - RIB – Limited Lines Reinsurance Intermediary Broker Exam
- Copy of the contract you have with each insurer you represent as an RIM (Managers only)
- Copy of Part III of the Reinsurance Intermediary Application (Managers only)

NONRESIDENT

- Application Form 08-237
- Application Fee
- Copy of the contract you have with each insurer you represent as an RIM (Managers only)
- Copy of Part III of the Reinsurance Intermediary Application (Managers only)

*If you are currently licensed in Alaska, the fingerprint card and fingerprint card evaluation fee is not required.

- Change in compliance officer
- Change in place of business
- Change in name as reflected on license
- Change in residence
- Change in telephone number
- Change in mailing address
- Disciplinary action by another state or jurisdiction or criminal prosecution

Answers to Frequently Asked Questions (FAQs) are available at www.commerce.state.ak.us/insurance.

FEES PER LICENSE

RESIDENT APPLICANTS

One fingerprint card is required. The fingerprint card processing fee of \$54.25 must be included with the application fees.

INDIVIDUAL

RESIDENT

NONRESIDENT

1/2 FEE
less than 1 year but
more than 3 months
from the date of your
birthday, odd/even year

FULL FEE
over 1 year or less than
3 months from the date
of your birthday
odd/even year

1/2 FEE
less than 1 year but
more than 3 months
from the date of your
birthday, odd/even year

FULL FEE
over 1 year or less than
3 months from the date
of your birthday
odd/even year

**Reinsurance Intermediary Manager
or Broker**

Any Lines

\$ 50

\$300

\$450

\$900

FIRM

**Reinsurance Intermediary Manager
or Broker**

Any Lines

\$150

\$300

\$450

\$900

Compliance Officer

0

0

0

0

COMPLIANCE OFFICER INFORMATION

Designated Compliance Officer is responsible for the actions of the firm and all representatives of the firm.

Designated Compliance Officers must be qualified for all lines and classes held by the licensed firm.

As the designated compliance officer of the firm, your application fee is included with the firm application fee.

RENEWAL

FIRMS

A firm license will be effective for two years from original date of license issuance.

INDIVIDUALS

If the individual licensee's birth year is an odd number, the license will renew on the individual's birthday every odd-numbered year. If the individual licensee's birth year is an even number, the license will renew on the individual's birthday every even-numbered year.

A renewal notice will be mailed approximately 60 days prior to the expiration of the license. It is the licensee's responsibility to renew their license pursuant to AS 21.27.380 - this is the first bullet under renewals.

EXAMPLE RENEWAL

APPLICANT ONE

APPLICANT TWO

APPLICANT THREE

BIRTHDATE

10-16-**34** (even year)

7-4-**57** (odd year)

6-1-**56** (even year)

APPLICATION DATE

4-1-02

4-1-02

4-1-02

WHAT DO YOU PAY?

1/2 Fee

Full Fee

Full Fee

WHY?

Less than one year but
more than 3 months from birthday

More than 1 year from
birthday

Within 3 months
of birthday

Instructions:

1. Please read all instructions before filling out the application form. Residents and nonresidents file the same application form.
2. All forms must be completed and filed together in order to insure rapid processing of your application. (Be certain that all forms are notarized, sealed and signed as required.)
3. All applicants requesting property/casualty authorization must have and reflect a physical place of business accessible to the public.

Division use only
Batch # _____ \$ _____

**APPLICATION FOR REINSURANCE INTERMEDIARY INSURANCE LICENSE
INCOMPLETE RESPONSES WILL BE RETURNED FOR COMPLETION**

1	NAME OF APPLICANT											
2	DBA/Trade Name (if applicable) Alaska Statute (AS) 21.27.010(d) states "a licensee may not use a fictitious or alias unless the licensee's legal name and fictitious or alias are on the license". a) 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. b) List any fictitious or trade names under which you are currently doing business or intend to do business.											
3	If applicable, NASD Firm Central Registration Depository (CRD) Number					Is the applicant affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Business Address (Physical Street)			City			State		Zip Code		Foreign Country Code		
Business Phone Number			Business Fax Number			Business E-mail Address			Business Website Address			
Applicant's Mailing Address		P.O. Box		City			State		Zip Code		Foreign Country Code	
4	CLASS OF LICENSE REQUESTED (Complete Questions 4-7, for Firms' Only)											
Check the legal business type, license type and line(s) of authority for which you are applying. Check the last column in #5 if you have been previously licensed in Alaska:												
Legal Business Type			C – Corporation			P – Partnership			S – Sole Proprietorship			
			LLC – Limited Liability Corporation			LLP – Limited Liability Partnership						
Class of Authority			RIM – Reinsurance Intermediary Manager			RIB – Reinsurance Intermediary Broker						
Legal Business Type				Class			Incorporation/Formation Date		FEIN		State of Domicile	Country of Domicile
C	P	S	LLC	LLP	RIM	RIB	mo ___ day ___ year _____					
Lines of Authority A – All Lines (L, H, P, C) L – Life H – Health V – Variable Life/Variable Annuity* P – Property C – Casualty PL – Personal Lines O – Other: Specify type *You must complete #3 above.												
Lines of Authority										Alaska Licensed?		
A	L	H	V	P	C	PL	O	YES	NO			
6	OWNERS, PARTNERS, OFFICERS, AND DIRECTORS											
Identify all owners, partners, officers, and directors of the business entity:												
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Name _____	Title _____			SSN _____			Owner: Yes <input type="checkbox"/> No <input type="checkbox"/>					

EMPLOYMENT HISTORY

10 Account for all time for the past five years. Give all employment experience starting with your current employer working back ten full years. Include full and part-time work, self-employment, military service, unemployment and full-time education, accounting for the filling five years time **without gaps**. Attach a separate piece of paper, if necessary.

	From		To		Position Held
	Month	Year	Month	Year	
Name					
City State					
Name					
City State					
Name					
City State					
Name					
City State					
Name					
City State					

11 Will a fiduciary account be maintained? Yes No If NO, please explain in detail, how you will be in compliance with AS 21.27.760(b)(4)(C) for Reinsurance Intermediary Managers or AS 21.27.690(a)(3) and (4) for Reinsurance Intermediary Brokers.

Please indicate location of the fiduciary account(s) and the fiduciary account number(s).

A SEPARATE FIDUCIARY ACCOUNT MUST BE MAINTAINED FOR EACH INSURER REPRESENTED.

Bank _____ Account Number _____

City _____ State _____ Zip Code _____

12 Present employer may be contacted. Yes No If no, please explain _____
 Former employers may be contacted. Yes No

13 a. Have you ever been in a position which required a fidelity bond? Yes No
 If any claims were made to the bond, give details: _____

b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? Yes No
 If yes, give detail: _____

14 During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by a governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? Yes No
 If yes, give details: _____

15 List any insurers, reinsurer, agents, brokers, or reinsurance intermediaries in which you are a partner or control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____

If any of the stock is pledged or hypothecated in any way, give details: _____

If you determine that you are a controlling insurance producer, you must comply with AS 21.27.

16 List any group, association or other organization of insurers which engages in joint underwriting or joint reinsurance with which you are affiliated and identify the companies that are members. _____

17 Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurance related organization which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? Yes No
 If yes, give details: _____

BACKGROUND INFORMATION

Please read the following very carefully and answer every question:

1. Have you or any owner, partner, officer, or director 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? Yes No

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) Yes No

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

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or the firm or any owner, 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, a cease and desist order, a prohibition order, a compliance order, 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 copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a 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 or the firm or any owner, partner, officer, or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Only include individual bankruptcies that involve funds held on behalf of others. 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 or the firm or any owner, officer, or director ever 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 or the firm or any owner, officer, or director currently a party to, or 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 copy of the Petition, Complaint, or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or the firm or any 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) copies of all relevant documents.

7. Do you have a child support obligation in arrearage that is currently subject to a repayment agreement or are you subject to a child support related subpoena/warrant? Yes No

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

CERTIFICATION

I hereby certify 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 to civil or criminal penalties.
2. Where required by law, I hereby designate the Director of Insurance to be its agent for service of process regarding all insurance matters and agree that service upon the Alaska Director of Insurance is of the same legal force and validity as personal service upon me.
3. I grant permission to the Director of Insurance 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. I certify I a) do not have a current child support obligation, or b) I have a child support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the State of Alaska to give any information it may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska 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 am familiar with the Alaska insurance laws and regulations.
7. No representatives acting on behalf of this firm have been convicted of any felony involving dishonesty or breach of trust (18 USC 1033).
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

Must be signed and dated by applicant.

Signature

Type or Printed Name

Month/Day/Year

REINSURANCE INTERMEDIARY MANAGER ONLY!

PART III

THIS SECTION MUST BE COMPLETED BY EACH INSURER APPOINTING YOU AS A REINSURANCE INTERMEDIARY MANAGER, AND FILED WITH A COPY OF THE AGENCY CONTRACT.

1	Name of Insurer: _____ NAIC group and company number: _____
2	Name and address of Reinsurance Intermediary Manager to whom authority is delegated: _____ _____
3	Who is the Compliance Officer of the Reinsurance Intermediary Manager Firm? _____ _____
4	For what classes of business has authority been extended? _____ _____ _____
5	Term of Contract? Beginning Date: _____ Ending Date: _____
6	Does the contract termination clause comply with the 30-day notice to the director requirement in AS 21.27.760(e)(3)? <input type="checkbox"/> Yes <input type="checkbox"/> No On what grounds? _____
7	Is the contract subject to a retrospective compensation clause? <input type="checkbox"/> Yes <input type="checkbox"/> No
8	<p>Does the contract specify the following: (Indicate where in the contract the provision can be found to the right of the question.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Establishment of the responsibilities of each party for a particular function and the division of responsibilities. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Termination of the contract for cause upon written notice, sent certified mail, and the right to suspend the underwriting authority during any dispute for cause of termination. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Remission of all money due, detailing transactions at least monthly. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Compliance with all applicable fiduciary account statutes and regulations. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Use of the fiduciary account for all payments on behalf of the reinsurer. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Limitation on retaining estimated claim payments and allocated loss adjustment expenses. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Maintenance of separate accounts and records for each reinsurer, and indication that the reinsurer has the right to audit and copy all accounts and records related to the reinsurer's business. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Statement that the contract may not be assigned in whole or in part by the reinsurance. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No The reinsurer and intermediary manager is required to comply with intermediary manager for the established underwriting and rating standards of the insurer for the acceptance, rejection, or cession of all risks. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Establishment of compensation, including rates, terms, purposes of commissioning charges and other fees that the reinsurance intermediary manager may levy against the reinsurer. _____</p>

<p>9</p>	<p>If the Reinsurance Intermediary Manager has underwriting authority to settlement claims on behalf of the insurer, complete all questions in number 9. If not, proceed to question 10. (Indicate where in the contract to the right of the question.)</p> <p>Does the contract specify the Reinsurance Intermediary Manager's:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Written statement authority which may be terminated for cause upon written notice, sent certified mail, and the right to suspend settlement authority during any dispute for cause of termination. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Compliance with the unfair claims settlement statutes and regulations. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Transmission electronic data at least monthly if electronic claims files are in existence. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Require claims to be reported to the insurer within 30 days. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Specify that claim files are the property of both the insurer and Reinsurance Intermediary Manager except upon an order of liquidation of the insurer the claims files become the sole property of the insurer or the insurer's estate, the Reinsurance Intermediary Manager shall have reasonable access to and the right to copy the files on a timely basis. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Require that a copy of the claim file be sent upon insurer request or when claim exceeds an amount set by the director or the insurer, whichever is less, involves a coverage dispute, may exceed the Reinsurance Intermediary Manager's claim authority, is open for more than six months, involves extra contractual allegations, or is closed by payment in excess of an amount set by the director or an amount set by the insurer, whichever is less. _____</p>
<p>10</p>	<p>If the contract has a provision for sharing interim profits, complete all of question 10. If not, proceed to question number 11. (Indicate where in the contract to the right of the question.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the Reinsurance Intermediary Manager have authority to determine the amount of the interim profits by: establishing loss reserves; controlling claims payments. _____</p> <p>Does the contract specify that the interim profits will not be paid until:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No One year after they are earned for property insurance business and five years after they are earned in casualty business. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Profits are independently verified in accordance with Alaska Statute 21.27.620. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No A later period established by the Alaska Director of Insurance for specified kinds of classes of insurance. _____</p>
<p>11</p>	<p>Will the Reinsurance Intermediary Manager annually provide, prepared by an independent certified public accountant, a copy of a certified financial statement to the reinsurer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12</p>	<p>Is the Reinsurance Intermediary Manager Authorized to:</p> <p>Cede Reinsurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Assume Reinsurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Appoint Agents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13</p>	<p>How often is an on-site audit of the Reinsurance Intermediary Manager conducted? _____</p> <p>Copy of the last audit report enclosed <input type="checkbox"/></p> <p>When was the last on-site audit completed? _____</p>
<p>14</p>	<p>_____</p> <p style="text-align: center;">Name</p> <p>_____</p> <p style="text-align: center;">Title</p> <p>by _____</p> <p style="text-align: center;">Signature (insurer)</p>