

Validation Code 98-08-01
Application Fee: \$100.00

Application for Reinsurance Intermediary Broker

***NOTE:** Filing of this application does not give authority to act as a Reinsurance Intermediary Broker. That authority does not exist until all required items are filed and a license is issued.

Entity Type: Individual Partnership Corporation Other

The following documents **MUST** be submitted with this application:

1. Non-Resident applicants must complete and submit a Consent to Service for Reinsurance Intermediary Manager or Broker Form (FIS 0846)
2. Copy of the written authorization “template” used when assuming/ceding business. Contract MUST comply with Section 500.1155 of the Michigan Insurance Code.
3. List of insurance producer and reinsurance intermediary licenses you hold or have ever held in all states. List should include license type, date acquired, state issuing license and license status.
4. List all qualified U.S. Banks used to hold funds collected for the insurer’s account. List should include name and complete address for each bank.
5. Attach a check for the \$100.00 application fee. Make check payable in U.S. Dollars to: State of Michigan. **All fees are non-transferrable and non-refundable.**

Name of Applicant	FEIN / SSN _ _ _ _ _ _ _ _ _ _ _ _
Address of Applicant	Telephone Number
Name and Title of Contact Person if applicant is a Business Entity	
Email Address	

Complete the following Questionnaire

1. Do you have binding authority on behalf of a reinsurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you act as an agent of the reinsurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is your compensation a factor of premium production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "NO" for questions 1 through 3 you are not required to be licensed as a Reinsurance Intermediary. You do not have to complete the rest of this application.	
4. Do you have authority to manage all or part of an insurer's assumed reinsurance business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you an employee of the reinsurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you a manager of a U.S. branch of an alien reinsurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you under contract to manage all or part of the reinsurance operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you under common control of a reinsurer and compensation is not based on premium production?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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
9a. Name of the organization	9b. State having examination authority

Certification:

I swear under penalty of perjury that the information given in and attached to this application is true, complete and correct.

Signature of Applicant or Authorized Representative	Date Signed
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**Mail completed application form, fee and supporting documentation to:
DIFS Insurance Licensing, P.O. Box 30165, Lansing, MI 48909-7665**



Schedule A

PERSONS ACTING AS REINSURANCE INTERMEDIARY BROKERS

The information that I have supplied is true and correct to the best of my knowledge. I have read the Michigan Insurance Code and regulations relative to the responsibilities of being a Reinsurance Intermediary Broker, and agree to accept and abide with its provisions.

Name		Telephone Number	
Street Address		City	State ZIP Code
Signature	Title		Date Signed (Month, Day, Year)
Name		Telephone Number	
Street Address		City	State ZIP Code
Signature	Title		Date Signed (Month, Day, Year)
Name		Telephone Number	
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