

13. Complete the following if the reinsurance intermediary intends to act as a reinsurance intermediary manager (RM):

- A. List the reinsurer(s) for which the RM will act: Give the full name of reinsurer, NAIC number, state of domicile and federal employer identification number (FEIN) (attach additional pages if necessary):

Name of Reinsurer	NAIC #	State of Domicile	FEIN

B. Attach a copy of each fidelity bond of the RM for the protection of each reinsurer named in 8A above (minimum \$100,000, no deductible, with discovery period of at least one year (non-residents see also Section II of this application).

C. Attach a copy of the RM’s errors and omissions policy (\$1,000,000 minimum limits (non-residents see also Section II of this application).

Please read the following very carefully and answer every question:

14. 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 copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

15. I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance. Yes ___ No ___

16. 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 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.

17. Has any demand been made or judgment rendered against the business entity 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? Yes ___ No ___

If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.

18. Has the business entity or any owner, partner, 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): _____

19. Is the business entity or any owner, partner, officer or director 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.

Yes ___ No ___

20. Has the business entity 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?

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.

NOTE: If the answer to any part of Question 14-20 is “yes”, you attach a supplementary statement explaining in full each such occurrence.

ALL APPLICANTS MUST COMPLETE THIS PORTION IN THE PRESENCE OF A NOTARY PUBLIC

I, _____ under penalty of perjury as set out in the Criminal Chapter of
(Type name of Applicant or of Duly Authorized Representative)
the Code of Alabama, 1975, hereby swear or affirm that all answers and responses to questions and inquiries contained in this application are true and correct and complete answers and responses herein are to be considered by the Commissioner of Insurance as material to the execution of his duties under the Alabama Insurance Code in his decision upon this application and that I have read and am familiar with the sections of the Alabama Insurance Code setting forth the qualifications for the license for which I am making this application and that I am withholding no information which would affect my qualification for this license for which I am making application.

If not signed by individual Applicant, complete the following as to the duly authorized representative:

	Title
Original signature of Applicant (if an individual) or of Duly authorized Representative (if not an individual)	Mailing Address
Typed Name of Applicant or of Duly Authorized Representative	City, State, Zip
	Telephone

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
(Name of Individual or of Duly Authorized Representative)
who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this _____ day of _____, 20____.

(NOTARY SEAL)

Notary Public (Original Signature)
My Commission Expires: _____

SECTION II (TO BE COMPLETED BY ALL NON-RESIDENT APPLICANTS)

RETALIATORY FEES AND OBLIGATIONS

A. Aggregate Fees an Alabama Reinsurance Intermediary would owe in your State of Domicile:	Initial Application Fees	\$ _____	Renewal Fees	\$ _____
B. Aggregate Fees in Alabama:	Initial Application Fees	\$170.00	Renewal Fees	\$100.00
C. Difference (if less than Zero enter "0"):		\$ _____		\$ _____

If the total taxes and fees an Alabama Reinsurance Intermediary would owe your state of domicile is higher than the aggregate taxes and fees in Alabama, please attach an additional check for the amount shown on line C above (either initial application or renewal).

Additionally, in Alabama a Reinsurance Intermediary Manager (RM) must obtain and provide a copy of a fidelity bond for the protection of each reinsurer represented in the minimum amount of \$100,000 with no deductible and with a discovery period of at least one year, and must provide a copy of the RM's errors and omissions liability policy with coverage limits in the minimum amount of \$1,000,000. If an Alabama Reinsurance Intermediary would be subject to requirements or obligations in your state of domicile in excess of these requirements, you will be subject to the same requirements and obligations in this state.

- Requirements in your state of domicile:
- D. RM Fidelity Bond Minimum Limits: _____
 - E. RM Fidelity Bond Discovery Period: _____
 - F. RM Errors & Omissions Policy Coverage Limit: _____
 - G. Other Requirements (list): _____

SECTION II (Con't) [TO BE COMPLETED BY ALL NON-RESIDENT APPLICANTS]

APPOINTMENT OF ALABAMA COMMISSIONER OF INSURANCE AS AGENT FOR SERVICE OF PROCESS

The undersigned, _____, (a corporation), (a partnership),
Name of Reinsurance Intermediary
(a _____), duly organized under the laws of the State of _____, or (an individual)
(indicate other legal entity) (state of domicile)

[strike our inapplicable nomenclature], a Reinsurance Intermediary, for purposes of complying with the laws of the State of Alabama, hereby irrevocably appoints the Alabama Commissioner of Insurance, and his or her successors in office, to be its lawful attorney upon whom all legal process in any action or proceeding against it shall be served and further agrees that any lawful process against it which is served upon this attorney shall have the same legal validity as if served personally upon the Reinsurance Intermediary. The Reinsurance Intermediary gives the Alabama Commissioner of Insurance, and his or her successors, full authority to do every act necessary to be done under this appointment as fully as the Reinsurance Intermediary could do if personally present and ratifies all that lawfully done under the power granted by this appointment. This authority may be withdrawn only upon a written notice of revocation and in any case shall continue in effect so long as any liability arising out of this appointment remains outstanding in this state. This instrument is executed pursuant to and shall be construed to constitute full compliance with Section 27-10-50, et seq., Code of Alabama 1975.

The Reinsurance Intermediary designates _____
who is a resident of the state of Alabama and whose address is _____

as the person upon whom process against the Reinsurance Intermediary served upon the Commissioner shall be forwarded. The undersigned agrees to promptly notify the Alabama Commissioner of Insurance in writing of every change in this designated agent, and no such change shall become effective until acknowledged by the Commissioner.

DATED, this _____ day of _____, 20_____.

Typed Name of Reinsurance Intermediary

Original signature of (individual) or (Officer of Corporation)

Title of Corporate Officer

STATE OF _____)
COUNTY OF _____)

Before me, the undersigned authority, personally appeared _____
(Name of Individual or of Duly Authorized Representative)

who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this _____ day of _____, 20_____.

(NOTARY SEAL)

Notary Public (Original Signature)
My Commission Expires: _____

AFFIDAVIT REGARDING BANKRUPTCY, JUDGMENTS OR LIENS
(Attach to application only if required in response to Question 17.)

STATE OF _____

COUNTY OF _____

I, _____, under penalty of perjury, do hereby swear or
(Applicant's Name)

affirm the following facts:

1. I declared bankruptcy or had a judgment or lien entered against me in the State of

_____ in the year of _____.
(State) (Year)

2. None of the debts were monies owed to insurance companies or policyholders or consumers related to the business of insurance.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____