

Managing General Agent Company Appointment or Cancellation

This Form must be completed and signed by an authorized representative of the insurer appointing or canceling a producer as a Managing General Agent. If this is an appointment, complete Parts I and II. If this is a cancellation, complete Parts I and III. This form must be mailed through the United States Postal Service. The form will not be processed if received through any other means.

Part I INSURANCE COMPANY INFORMATION			
Name of Insurer		NAIC #	
Address of Insurer		City	State Zip Code
FEIN #	Contact Name #	Contact Telephone #	

Part II MANAGING GENERAL AGENT INFORMATION			
Name of Producer or Producer/Agency			
Producer License #		Social Security or FEIN#	
Address of Producer or Producer/Agency		City	State Zip Code
Will the producer listed above manage all or part of your company, including, the management of a separate division, department, or underwriting office? If yes, list the duties below. If no, you may not appoint the producer as a Managing General Agent for your company.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the producer listed above underwrite an amount of gross written premium equal to or more than five percent of policyholder surplus as reported in your company's last annual statement or in any one quarter or year; and, adjust and pay claims in excess of \$10,000, or negotiate reinsurance on behalf of your company? If no, you may not appoint the producer as a Managing General Agent for your company.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly list the duties which the producer will perform on behalf of your company in the capacity as a Managing General Agent: _____ _____			

Part III CANCELLATION OF PRODUCER AS A MANAGING GENERAL AGENT			
Name of Producer or Producer/Agency			
Producer License #		Social Security or FEIN#	
Address of Producer or Producer/Agency		City	State Zip Code

Signature of Authorized Insurer Representative

Print Name and Title

Date

Fiscal Division	Agent Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Date Processed	
		Initials	

General Instructions

This packet is designed to assist the individual preparing the application in meeting the requirements of The Louisiana Department of Insurance. The forms and procedures of the application are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

While our Department staff will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- All submittals in association with this application must be sent through the United States Postal Service. Hand delivery is not acceptable and any information arriving in this manner will be returned without review.
- Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application.
- Do not alter the forms contained in this packet. If you feel the requirements do not apply to your firm, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.
- All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the application being returned to the applicant.
- All documents required in the application must be dated within ninety (90) days of submittal of the application.
- Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If, for some reason, an item, which would otherwise be required, is not available, a written explanation must be supplied upon submission.

Managing General Agent Requirements

- You must be a licensed Louisiana Property and Casualty Producer.
- You must underwrite an amount of gross written premium equal to or more than five percent of the policy holder surplus as reported in the last annual statement of the insurer in any one quarter or year together with one or more of the following:
 1. adjust or pay claims in excess of \$10,000
 2. negotiate reinsurance on behalf of the insurer
- You must be currently appointed by the insurer for property & casualty and manage all or part of the insurance business of the insurer, including the management of a separate division, department, or underwriting office.
- Nonresidents must attach a letter of certification demonstrating Managing General Agent authority in the home state.
- Form 1625 must be completed by the appointing insurance company. The appointment may accompany the application or be submitted separately. Appointments or cancellations must be submitted within 30 days of entering into or termination of an MGA Contract.
- The initial fee is \$300.00. An additional \$300.00 is due per appointment.
- You must renew this registration by May 1st annually. The fee for renewal is \$300.00.
- MGA appointments renew annually on May 1. The fee for a renewed appointment is \$300.
- Notice: The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.