



# LOUISIANA DEPARTMENT OF INSURANCE

## APPLICATION FOR NEW OR RENEWAL MANAGING GENERAL AGENT (MGA) REGISTRATION

**PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING AND SUBMITTING YOUR APPLICATION FILE.** Incomplete or improperly submitted application files will result in the application file being disapproved as incomplete and fees forfeited.

Please type or print legibly. Illegible applications will be disapproved as incomplete. All questions must be answered fully and no fields on the application form should be left blank. If a field does not apply, enter "N/A". Applications with blank fields will be disapproved as incomplete.

Verify that all of the background questions have been answered. If you answered "Yes" to any one of the background questions, all relevant documentation must be attached. Applications with "Yes" answers that do not have the required documentation attached to the application will be disapproved as incomplete.

### FEES

\$300 - Initial MGA Registration

\$300 - Renewal MGA Registration

\$300 - MGA Appointment, new and renewal, per appointing insurer

Make checks payable to "Louisiana Department of Insurance," and mail the completed application form and the payment to:

Louisiana Department of Insurance  
P.O. Box 94214  
Baton Rouge, LA 70804-9214

### REQUIREMENTS

Managing General Agent (MGA) is defined as a person who manages all or part of the insurance business of the insurer, including the management of a separate division, department, or underwriting office who 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

Applicants for registration as a MGA must be currently licensed as an insurance producer for property & casualty authority and be appointed as a producer for the insurer(s) for which they are acting as a MGA.

MGA registrations expire annually on April 30.

New and renewal MGA registrations must be accompanied by at least one MGA insurer appointment (Section 5 of this application packet). Additional company appointment or cancellations (included in this forms packet) must be submitted within 30 days of execution or termination of the MGA contract.



# LOUISIANA DEPARTMENT OF INSURANCE

## APPLICATION FOR NEW OR RENEWAL MANAGING GENERAL AGENT REGISTRATION

Managing General Agent Initial Registration

Renewal of Managing General Agent

### SECTION ONE – DEMOGRAPHIC INFORMATION

① Name		② Social Security # or FEIN #		③ LA License #	
④ List any name under which you are doing business			⑤ State of Domicile		⑥ Country of Domicile
⑦ Resident/Domicile Address (Physical Street)			⑧ City	⑨ State	⑩ Zip Code
⑪ Business Address (Physical Street)			⑫ City	⑬ State	⑭ Zip Code
⑮ Business Phone Number ( ) -		⑯ Business Fax Number ( ) -		⑰ Business E-Mail Address	
				⑱ Business Web Site Address	
⑲ Applicant's Mailing Address			⑳ P.O. Box	㉑ City	㉒ State
					㉓ Zip Code

### SECTION TWO – INSURER CONTRACTS

㉔ List in the table below the name of all insurance companies with which you are currently contracted or will be contracted with as a Managing General Agent. Attach a completed "Section 5 - Insurer Appointment or Cancellation" for each insurance company listed below. Include the fees as instructed. Attach additional sheets as needed.

NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____
NAIC Number _____	Name of Insurance Company _____

### SECTION THREE – BACKGROUND

㉕ Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Have you or the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes \_\_\_ No \_\_\_

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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 certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

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

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

### SECTION THREE – BACKGROUND (continued)

2. Have you or the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? 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, sanctioned 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 or registration. “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 written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
  - a copy of the Notice of Hearing or other document that states the charges and allegations, and
  - 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 business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they 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.
4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, 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. Have you or 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? If you answer yes, you must attach to this application: Yes \_\_\_ No \_\_\_
- a written statement summarizing the details of each incident,
  - a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitration or mediation proceedings and,
  - a copy of the official document which demonstrates the resolution of the charges or any final judgment.
6. Has the business entity or any owner, partner, officer or director, or member or manager if limited liability company, 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 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
  - copies of all relevant documents.

### SECTION FOUR – APPLICANTS CERTIFICATION AND ATTESTATION

- 29) The undersigned, owner, partner, officer or director of the business entity; or member or manager of a limited liability company, hereby certifies, under penalty of perjury that:
- I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
  - Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
  - I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
  - I further certify that, under penalty of perjury, a) I have no child-support obligation, 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.
  - I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
  - I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
  - For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
  - I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

**Must be signed by the applicant or designated/responsible licensed producer of the business entity:**

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Signature of Designated/Responsible Licensed Producer

\_\_\_\_\_  
Typed or Printed Name of Designated/Responsible Licensed Producer



**LOUISIANA DEPARTMENT OF INSURANCE**  
 APPLICATION FOR NEW OR RENEWAL  
 MANAGING GENERAL AGENT REGISTRATION

**SECTION FIVE – INSURER 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. The appointment or cancellation must be submitted within 30 days of execution or termination of the MGA contract. If this is an appointment, complete Parts 1 and 2. If this is a cancellation, complete Parts 1 and 3.

**Part 1 INSURANCE COMPANY INFORMATION**

Name of Insurer	NAIC #
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**Part 2 MANAGING GENERAL AGENT INFORMATION**

Name of Producer	Producer License # or NPN:		
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Business Address of Producer	City	State	Zip Code
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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
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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
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Briefly list the duties which the producer will perform on behalf of your company in the capacity as a Managing General Agent:

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**Part 3 CANCELLATION OF PRODUCER AS A MANAGING GENERAL AGENT**

Name of Producer	Producer License # or NPN:		
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Business Address of Producer	City	State	Zip Code
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\_\_\_\_\_  
Signature of Authorized Insurer Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

Fiscal Division	Agent Licensing	<b>FOR DEPARTMENT OF INSURANCE USE ONLY</b>	
		Classification Number	
		Date Processed	
		Initials	