

APPLICATION CHECK LIST – U.S. SURPLUS LINES INSURER

NAIC No. _____ Internet Web Address _____

Company Name _____

State of Domicile or Port of Entry _____

Date of Incorporation _____ Date Business Commenced _____

DATE OF APPLICATION: _____

You must include a copy of this checklist in your application along with all items listed below:

_____ \$500 application fee payable to Minnesota Department of Commerce per Minnesota Statute 60A.206, Subd. 2.

_____ An original Certificate of Compliance issued within the last 6 months by domiciliary state verifying applicant's authority to transact insurance business.

_____ Appointment of Attorney for Service of Process. A completed copy of the Uniform Consent to Service of Process (NAIC Form 12) is required. To access a pdf version of Form 12, click on the following link:
http://www.naic.org/documents/industry_ucaa_form12.pdf

_____ Statement of Insurance Company Fees (form enclosed).

_____ Current Biographical Affidavits for the President and Treasurer as listed on the Jurat Page of the most recent financial statement.

_____ Plan of Operation and projected Direct Written Premium for both countrywide and Minnesota for each of the next three years.

_____ Holding Company System Registration Statement and exhibits.

_____ Copy of the most recent audited financial statement of Direct Parent and Ultimate Controlling Person, if different. This item is not necessary if the Parent and/or Ultimate Controlling Person is an insurance company licensed in Minnesota.

_____ Copy of the most recent statutory financial examination report certified by the insurance department of the state of domicile. If there was a response to the recommendations in the examination report, a copy is required.

Completed By _____

Title of Officer _____

Signature of Officer _____ Date _____

Signature of President _____ Date _____

STATE OF MINNESOTA
DEPARTMENT OF COMMERCE

STATEMENT OF INSURANCE COMPANY FEES

To be completed by the official having supervision of insurance in the State of domicile

Name of Insurance Company

The above referenced company is applying to be placed on Minnesota's list of eligible surplus lines insurers. Please indicate below the fees a Minnesota company would be required to pay in your state to be an eligible surplus lines insurer.

Does your State maintain a list of eligible surplus lines insurers? Yes_____ No_____

Surplus Lines Application fees (itemize):

Surplus Lines fees paid upon approval (itemize):

Surplus Lines annual renewal fees (itemize):

Fees for eligible surplus lines insurers are retaliatory. Yes_____ No_____

Name of Insurance Department Official completing form

Title

Phone

Date

State of Domicile