



Minnesota Department of Commerce
 Licensing Division
 85 - 7th Place East, Suite 600
 St. Paul, MN 55101-3165
 651-539-1600

(For Department Use Only)

REINSURANCE INTERMEDIARY

Minn. Stats. §§ 60A.70 to 60A.756

PROCESSING DATE

LICENSE NUMBER

The data which you furnish on this form will be used by the Department of Commerce to assess your qualifications for a license. Disclosure of your social security number is voluntary. You are not legally required to provide this data, however, if you do not provide your social security number the Department of Commerce will be unable to grant a license. The Department may use social security numbers for revenue recapture as authorized by Minnesota Statutes, Chapter 270A and for identification purposes. After issuance of a license, all information contained in this application, except your social security number, is public pursuant to Minnesota Statutes, Chapter 13.

MAKE A COPY OF THIS APPLICATION FOR YOUR RECORDS

Type of License and Fee (check one)

Reinsurance Intermediary Broker **Fee: \$220***

Reinsurance Intermediary Manager **Fee: \$220***

**In accordance with Minn. Stat. §16E.22, this fee includes a 10% OET surcharge, which is being collected on behalf of the Minnesota Office of Enterprise Technology to fund a statewide electronic licensing system.*

Check appropriate box below (Individual or Business Entity) and submit required documentation.

I N D I V I D U A L	<input type="checkbox"/> Last Name		First Name		Middle Name	
	DBA - Assumed Name (If DBA Name is different from Legal Names listed above, attach Certificate of Assumed Name filed and stamped by the Minnesota Secretary of State)					
	Residential Address			City	State	Zip Code
	Individual Applicant E-mail Address					
	Date of Birth (mo/day/yr)		Home Telephone Number ()		Social Security Number	
	Individual Instructions		1. Attach a completed "BCA" form for the Individual listed above. 2. Attach copy of Certificate of Assumed Name (if DBA Name is different from Legal Name of Individual).			

B U S I N E S S E N T I T Y	<input type="checkbox"/> Legal Name of Corporation, Partnership, or Other Business Entity:					
	DBA - Assumed Name (If DBA Name is different from Legal Name listed above, attach Certificate of Assumed Name filed and stamped by the Minnesota Secretary of State)					
	Check One: <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other (Specify _____)					
	Business Address of Principal Place of Business			City	State	Zip Code
	Business Entity Applicant E-mail Address					
	Minnesota Tax Identification Number (To apply for Tax ID number, contact MN Revenue Dept 651-282-5225)				Business Telephone Number ()	
Instructions for Business Entities		1. Attach completed "Disclosure of Owners, Partners, Officers" form. 2. Attach a completed "BCA" form for each individual listed on the "Disclosure of Owners, Partners, Officers" form. 3. Attach copy of Articles of Incorporation or other Business Organization documents, filed and stamped as required by Minnesota Secretary of State, or Partnership Agreement signed and dated by all partners. If incorporated in another jurisdiction, attach copy of Certificate of Foreign Corporation stamped and filed with the Minnesota Secretary of State. 4. Attach copy of Certificate of Assumed Name (if DBA Name is different from Legal Name of Business Entity or if DBA Name does not include each partner's full name)				

INSTRUCTIONS

- Please complete application and submit it with the \$200 license fee to the Minnesota Department of Commerce.
- Attach completed BCA form for all owners, officers, partners, members and designated employees.
- Incomplete forms will be returned to the applicant. Keep a copy of all information submitted for your records.
- Checks or money orders must be made payable to the "Minnesota Department of Commerce." CASH CANNOT BE ACCEPTED.

-
1. Provide full legal name of entity or business entity applicant. If operating under a name other than the first and last name of the owner(s) or the legal name of the corporation, attach a copy of the Certificate of Assumed Name stamped and filed with the Minnesota Secretary of State, 180 State Office Building, 100 Constitution Avenue, St. Paul, Minnesota 55155, (651) 296-2803.

Name of Applicant: _____

Applicant must represent "Controlling Person": a person, form, association, or corporation who directly or indirectly has the power to direct or cause to be directed, the management, control, or activities of the reinsurance intermediary.

Please check one:

- Individual
- Partnership Attach copy of partnership agreement, signed by each partner, identifying the names and addresses of all partners.
- Corporation Attach a list identifying the names and addresses of each corporate officer and a copy of the Articles of Incorporation stamped and filed with the Minnesota Secretary of State, or if incorporated in another jurisdiction, attach a copy of the Certificate of Foreign Corporation stamped and filed with the Minnesota Secretary of State (www.sos.state.mn.us).
- Other: _____

-
2. Applicant's principal office (legal address):

_____ Street

City _____ County _____ State _____ Zip Code _____

Telephone Number _____ Fax Number _____

Contact Person if different from name of applicant:

3. Please check one: This is an application to act as a:

Reinsurance Intermediary - Broker

“Reinsurance intermediary-broker’ or ‘RB’ means any person, other than an officer or employee of the ceding insurer, firm, association, or corporation who solicits, negotiates, or places reinsurance cessions or retrocessions on behalf of a ceding insurer without the authority or power to bind reinsurance on behalf of this insurer.”

Reinsurance Intermediary - Manager

“Reinsurance intermediary-manager’ or ‘RM’ means any person, form, association, or corporation who has authority to bind or manages all or part of the assumed reinsurance business of a reinsurer, including the management of a separate division, department, or underwriting office, and acts as an agent for that reinsurer whether known as an RM, manager, or other similar term. However, the following persons are not considered an RM, with respect to that reinsurer, for the purposes of sections 60A.70 to 60A.756:

- (1) an employee of the reinsurer;
- (2) a United States manager of the United States branch of an alien reinsurer;
- (3) an underwriting manager which, pursuant to contract, manages all the reinsurance operations of the reinsurer, is under common control with the reinsurer, subject to the holding company act, and whose compensation is not based on the volume of premiums written; or
- (4) the manager of a group, association, pool, or organization of insurers which engage in joint underwriting or joint reinsurance and who are subject to examination by the insurance commissioner of the state in which the manager’s principal business office is located.”

4. Please check one: The business will be conducted from an office in Minnesota. Yes No

5. Please check one: The business will be conducted as a:

Resident Reinsurance Intermediary

Nonresident Reinsurance Intermediary

6. If a Non-Resident Reinsurance Intermediary, attach completed and notarized Appointment of Attorney for Service of Process and corporate/partnership resolution certificate. Yes

Appointment and Resolution attached?

7. **Bond and Insurance Requirements for Reinsurance Intermediary-Manager Only**

Check appropriate boxes and attach the Declarations page of any Fidelity and Errors and Omissions Insurance Policies or Bonds naming applicant and its several members which may be considered to meet the requirements of Minn. Stat. § 60A.71, subd. 3.

<u>E&O</u>		<u>Bond</u>	
Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL INTERROGATORIES

8. The following information is required by Minn. Stat. § 60A.71, subd. 5. The Commissioner may refuse to issue a reinsurance intermediary license if in the Commissioner's judgment the applicant, anyone named on the application, or any member, principal, officer or director of the applicant, or any controlling person of the applicant is not trustworthy to act as a reinsurance intermediary or that applicant has failed to comply with any prerequisite for the issuance of the license.

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS. If the answer to any question is Yes, ATTACH A DETAILED EXPLANATION. "You" includes individual applicants, members of partnerships, officers, directors of corporations, applicant's members and designated employees.

Yes <input type="checkbox"/>	No <input type="checkbox"/>	A. Have you ever been or are you currently licensed as an insurance agent in Minnesota? If yes, please give license number and lines. <input type="checkbox"/> Current <input type="checkbox"/> Former License # _____ Lines _____
Yes <input type="checkbox"/>	No <input type="checkbox"/>	B. Have you ever been convicted of or are you currently charged with any criminal offense (felony, gross misdemeanor or misdemeanor) other than traffic violations in any State or Federal Court?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	C. Have you ever been a defendant in any lawsuit involving claims of fraud, misrepresentation, conversion, mismanagement of funds, or breach of fiduciary duty?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	D. Have you ever been charged in any capacity whatsoever with irregularities in money or or any other transactions?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	E. Have you ever compromised liabilities with creditors, been insolvent or adjudged a bankrupt?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	F. Does any individual or organization claim that you as an individual or that any corporation or partnership of which you are or have been a member are indebted to them for any overdue and unpaid balance arising out of an insurance or reinsurance transaction?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	G. Have you ever been the subject of any inquiry or investigation by any Division of the Minnesota Department of Commerce?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	H. Have you or has any occupational or business license held by you been censured, suspended, revoked, canceled, terminated or been the subject of any type of administrative action in any state, including Minnesota? (Do not include termination due to noncompliance with educational requirements or voluntary nonrenewal of your license.)
Yes <input type="checkbox"/>	No <input type="checkbox"/>	I. Have you ever been notified by the Commissioner of Revenue, pursuant to Minn. Stat. § 270.72, that you currently owe the State of Minnesota any delinquent taxes?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	J. Have you ever been discharged or had a contract of agency terminated by any insurer or employer?
Yes <input type="checkbox"/>	No <input type="checkbox"/>	K. Do you have employees in the State of Minnesota? IF YES, provide proof of worker's compensation insurance.

9. The books and records of the Applicant Reinsurance Intermediary will be maintained at the following location for examination by the Commissioner:

Contact Person _____

Address _____

_____ Telephone No. (____) _____

10. List all of Applicant's members and designated employees and give information requested below:

Name	Social Security No.	Member <input type="checkbox"/>	Employee <input type="checkbox"/>	Will act as Intermediary Check here <input type="checkbox"/>
Residence Number and Street	City	State	Zip Code	Date of Birth

Name	Social Security No.	Member <input type="checkbox"/>	Employee <input type="checkbox"/>	Will act as Intermediary Check here <input type="checkbox"/>
Residence Number and Street	City	State	Zip Code	Date of Birth

Name	Social Security No.	Member <input type="checkbox"/>	Employee <input type="checkbox"/>	Will act as Intermediary Check here <input type="checkbox"/>
Residence Number and Street	City	State	Zip Code	Date of Birth

Name	Social Security No.	Member <input type="checkbox"/>	Employee <input type="checkbox"/>	Will act as Intermediary Check here <input type="checkbox"/>
Residence Number and Street	City	State	Zip Code	Date of Birth

Name	Social Security No.	Member <input type="checkbox"/>	Employee <input type="checkbox"/>	Will act as Intermediary Check here <input type="checkbox"/>
Residence Number and Street	City	State	Zip Code	Date of Birth

Name	Social Security No.	Member <input type="checkbox"/>	Employee <input type="checkbox"/>	Will act as Intermediary Check here <input type="checkbox"/>
Residence Number and Street	City	State	Zip Code	Date of Birth

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

The Commissioner may request any additional relevant information in the form necessary in connection with this application.

I HEREBY CERTIFY THE ABOVE STATEMENTS TO BE TRUE AND CORRECT:

PARTNERSHIP ACKNOWLEDGEMENT

CORPORATE ACKNOWLEDGEMENT*

Partner's Signature	Authorized Officer's Signature
Please Print or Type Name	Please Print or Type Name
Partner's Signature	Authorized Officer's Signature
Please Print or Type Name	Please Print or Type Name
Date Signed	Date Signed

INDIVIDUAL ACKNOWLEDGEMENT, IF OTHER THAN ABOVE

Signature
Please Print or Type Name
Date Signed

STATE OF _____

COUNTY OF _____

On this _____ day of _____, 20__,

_____ appeared before me, a Notary Public, and being duly sworn, says that he/she is the applicant; that he/she has read the foregoing application and accompanying attachments, and that the contents are true to his/her own knowledge.

Notary Public

NOTARY SEAL

County _____ Commission Expires _____

* If corporation, attach pertinent corporate resolution authorizing application.

OWNERS, PARTNERS, OFFICERS, and DIRECTORS

Identify all owners with 10% interest or voting interest, partners, officers, and directors of the business entity, or members or managers of a limited liability company.

Name	Title	SSN/FEIN	Owner?	Percentage of Ownership Interest
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

STATE OF MINNESOTA

Department of Commerce
85 7th Place East, Suite 600
St. Paul, MN 55101-3165

**CORPORATE/PARTNERSHIP
APPOINTMENT OF ATTORNEY FOR SERVICE OF PROCESS**

KNOW ALL MEN BY THESE PRESENT:

That in compliance with the laws of the State of Minnesota, the undersigned corporation/partnership, a non-resident, does hereby appoint the Commissioner of Commerce of the State of Minnesota, his successor or successors, as the corporation's/partnership's true and lawful attorney upon whom may be served all legal process in any action or proceeding in which this corporation/partnership may be a party arising out of or related to the transactions of its license, and does hereby expressly consent and agree that service upon such attorney shall be as valid and binding as if due and personal service had been made upon the corporation/partnership and that such appointment shall be irrevocable.

IN WITNESS WHEREOF,

said corporation/partnership has caused this instrument to be executed by its president/partner and secretary and its corporate/partnership seal to be affixed hereto this _____ day of _____, 20__.

Corporate/Partnership Name

(SEAL)

BY: _____
President/Partner

BY: _____
Secretary

State of _____)
_____)
County of _____)

On this ____ day of _____, 20__, before me, a notary public in and for said County and State, personally appeared _____ described in and who executed the foregoing instrument and who, being by me first duly sworn, did say that they are the President/Partner and Secretary, respectively, of _____, the corporation/partnership described in the foregoing instrument, that the seal affixed hereto is the seal of said corporation/partnership by authority of its board of directors/partners, and that they acknowledge said instrument to be the free act and deed of said corporation/partnership.

(NOTARY SEAL)

NOTARY PUBLIC
County: _____
Commission Expires: _____

CERTIFICATE OF CORPORATE/PARTNERSHIP RESOLUTION AUTHORIZING
APPOINTMENT OF ATTORNEY FOR SERVICE OF PROCESS

(Name of Corporation/Partnership)

On motion, the following resolution was duly passed and adopted:

WHEREAS, this corporation/partnership is organized under the laws of the State of _____, and proposed to make application for a(n) _____ license within the State of Minnesota, and

(Insurance/Real Estate)

WHEREAS, under the Minnesota Statutes relating to licensure, it is necessary to appoint the Minnesota Commissioner of Commerce as attorney to receive service of legal process,

BE IT RESOLVED, that in conformity with the laws of the State of Minnesota, the President/Partner and Secretary of this corporation/partnership are hereby authorized and directed to execute and file with the Commissioner of Commerce, State of Minnesota, in the form prescribed by said Commissioner, an appointment of the Commissioner of Commerce of the State of Minnesota, his successor or successors, as the corporation's/partnership's true and lawful attorney upon whom may be served all legal process in any action or proceeding in which this corporation/partnership may be a party arising out of or related to the transactions of its license.

BE IT FURTHER RESOLVED, that this corporation/partnership does hereby expressly consent and agree that service on said attorney shall be valid and binding as if due and personal service had been made on this corporation/partnership, and that such appointment shall be and is irrevocable.

I, _____, Secretary of _____, hereby certify that the foregoing is a true and exact copy of a resolution of the board of directors/partners of _____, which resolution was duly passed and adopted at a meeting of the board of directors/partners, duly and properly called and held on the _____ day of _____, 20__, that a quorum was present at said meeting, that a majority of those present voted for the resolution, and that the resolution is set forth in the minutes of said meeting and has not been rescinded or modified.

IN WITNESS WHEREOF, I have hereunto set my hand and
the seal of said corporation/partnership on this
_____ day of _____, 20__.

(SEAL)

Secretary

ATTEST:

Signature of one other corporate officer/partner



MINNESOTA DEPARTMENT OF COMMERCE

BCA FORM

THE BCA FORM MUST BE COMPLETED BY ALL APPLICANTS. THE DEPARTMENT OF COMMERCE REQUIRES THIS INFORMATION AND MAY CONDUCT CRIMINAL HISTORY CHECKS AND/OR VERIFY TAX IDENTIFICATION INFORMATION.

TO: Bureau of Criminal Apprehension, and
Minnesota Department of Revenue

RE: Request for Criminal Background Check
Request for Disclosure/Verification of Tax Identification Number

***** PLEASE PRINT *****

NAME OF APPLICANT (OR QUALIFYING PERSON): _____

SOCIAL SECURITY NUMBER OF APPLICANT (OR QUALIFYING PERSON): _____

APPLICANT'S (OR QUALIFYING PERSON'S) DATE OF BIRTH: _____

TYPE OF LICENSE FOR WHICH YOU ARE APPLYING: _____

THE FOLLOWING SECTION TO BE COMPLETED BY ALL APPLICANTS:

I, _____
(Full first name) (Full Middle Name) (Full Last Name)

have made application to the Minnesota Department of Commerce for a regulated professional license. I am either the applicant or the limited/general partner, a manager, a shareholder of the applicant owning 10% or more of the stock, or an employee with the authority to exercise management/policy control over the company.

I hereby request/authorize the Bureau of Criminal Apprehension to conduct a background check of me through their records for licensing purposes, and the Minnesota Department of Revenue to disclose/verify the company's tax I.D. number.

Signature of Applicant

Date

NOTE TO BUREAU OF CRIMINAL APPREHENSION / MN DEPARTMENT OF REVENUE:

Please enclose completed background investigation or tax identification information in a sealed envelope along with this letter.

Minnesota Department of Commerce
Licensing Division
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An Equal Opportunity Employer