



U.S. SURPLUS LINES INSURER - APPLICATION CHECKLIST

Submit complete applications to: companylic.commerce@state.mn.us

NAIC No. _____ 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 Statutes Section 60A.206, subdivision 2.

Mail payment with copy of checklist to:

Minnesota Department of Commerce
85 7th Place East, Suite 280
St. Paul, MN 55101

- 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. Affidavits must be on the current NAIC Model Form with an original signature and be dated within six months of the application date.
- Plan of Operation and projected Direct Written Premium for both countrywide and Minnesota for each of the next three years.
- 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

- 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