

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



Business Entity Managing General Agent (MGA) License Application

(Please Print or Type)

Check appropriate box for license requested:

- Resident License
- Non-Resident License
- Identify Home State: _____
 - Identify Home State License #: _____

Demographic Information

1 Business Entity's Name		2 Incorporation/Formation Date (MM/DD/YY)		3 FEIN
4 If assigned, National Producer Number (NPN)			5 If applicable, FINRA Firm Central Registration Depository (CRD)	
6 List and other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			7 State of Domicile	8 Country of Domicile
9 Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No				
10 Business Address (Physical Street)		11 City	12 State	13 Zip or Foreign Country
14 Phone Number (include extension) ()	15 Fax Number ()	16 Business E-Mail Address		17 Business Web Site Address
18 Mailing Address		19 P.O. Box	20 City	21 State
22 Zip or Foreign Country				

Designated/Responsible Licensed Producer

23 Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state.

Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____
Name _____	SSN _____	NPN _____

Owners, Partners, Officers and Directors

24 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 _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____
Name _____	SSN/FEIN _____	Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Title _____		% of Ownership Interest _____

Background Information

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

1. Has 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 or had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes No

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges 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 no contest, or having been given probation, a suspended sentence, or a fine.

If Yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has 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, sanction 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 Yes, you must attach to this application:

- a) 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,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) 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 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 Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer, 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 Yes, identify the jurisdiction(s): _____

5. Is 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? Yes No

If Yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit, arbitrations, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer, director, or member or manager of a 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 Yes, you must attach to this application:

- a) 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
- b) copies of all relevant documents.

Applicant's Initials _____

Background Information (continued)

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A Yes No
- If Yes, will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? N/A Yes No
- Note:** If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.
8. Do you currently have a bond in place that is equal to or greater than \$50,000 for the protection of the insurer?
If Yes, provide a copy of the bond. Yes No
9. Do you understand that you must maintain a bond that is equal to or greater than \$50,000 for the duration of the licensure period? Yes No
10. Do any of the officers or directors currently or have they ever been in a position which required a fidelity bond?
If Yes, were any claims ever made on the bond? Yes No
If a claim has been made, provide details of the claim. Yes No
11. Has the applicant or any of its officers or directors ever been denied a position schedule fidelity bond, or had a bond cancelled or revoked?
If Yes, details must be provided. Yes No
12. Has the applicant or any of its officers or directors ever been subject to any disciplinary proceedings of any federal or state agency?
If Yes, details must be provided. Yes No
13. Has the certificate of authority or license to do business of any insurance company of which the officers or directors were an officer, director or key management person ever been suspended or revoked while they occupied such position?
If Yes, details must be provided. Yes No
14. Have any of the officers, directors, trustees, investment committee members, key employees, or controlling stockholders of any company which, while they occupied any such position or capacity with respect to it, become insolvent or was placed under supervision or in receivership, rehabilitation, liquidation, conservatorship, or bankruptcy?
If Yes, details must be provided. Yes No

Applicant's Initials _____

