



STATE OF MAINE
Bureau of Insurance

DATE RECEIVED

APPLICATION FOR SURPLUS LINES AUTHORITY

Payment must be submitted with all applications.

- [] Resident = \$165 (\$150 license fee & \$15 application fee)
[] Nonresident = \$165 (\$150 license fee & \$15 application fee)

For Bureau Use Only
LIC#:

Residents: to apply for Surplus Lines Authority must be licensed for Property & Casualty.

Non-Residents: To apply for Surplus Lines Authority you must do one of the following: (check one)

- [] maintain all Maine records in an office located in Maine staffed by a producer with surplus lines authority;

Provide name & address of office located in Maine:

Blank lines for providing office name and address.

- [] transact only liability insurance business on behalf of a purchasing group and agree to produce all surplus lines records in this state within 14 days from a request of the Superintendent; or

Please provide name of registered Risk Purchasing Group:

Blank line for providing Risk Purchasing Group name.

- [] hold a valid surplus lines license in home state. No bond is necessary if you hold a Surplus Lines license in your resident state.

Form with fields A through T: A. Full Legal Name, B. Social Security Number, C. Complete Business Name, D. Federal Identification Number, E. Business Mailing Address, F. PO Box #, G. City, H. State, I. Zip Code, J. Business Phone Number, K. Business Fax Number, L. Business E-mail Address, M. Home Mailing Address, N. PO Box #, O. City, P. State, Q. Zip Code, R. Home Phone Number, S. Date of Birth, T. Gender.

Background Information

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

1. Have you ever been convicted of 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 copy of the charging document,
- c) a 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____

2. Have you ever been named or involved as a party in an administrative 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 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. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. INCLUDE Any business so named because of your actions, in your capacity as an owner, partner, officer, director, or member or manager of a Limited Liability Company

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) a written statement identifying the type of license 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 you or any business in which you are or were an 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, and/or type and location of bankruptcy.

4. Have you 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. Are you currently a party to, or have you ever been found liable in, any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes____ No____

If you answer 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 or arbitration, or mediation proceedings, and
- c) a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or 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 you answer 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.

<p>7. Do you have a child support obligation in arrearage?</p> <p>If you answer yes,</p> <p>a) by how many months are you in arrearage? b) are you currently subject to and in compliance with any repayment agreement? c) are you the subject of a child support related subpoena/warrant? (If you answered yes, provide documentation showing proof of current payments or an approved repayment plan from the appropriate state child support agency.)</p>	<p>Yes ___ No ___</p> <p style="text-align: right;">_____ Months</p> <p>Yes ___ No ___ Yes ___ No ___</p>
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Applicants Certification & Attestation

The Applicant must read the following very carefully:

1. 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.
2. Where required by law, 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.
3. 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.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
5. I authorize the jurisdictions 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.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. 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.

Month Day Year

Original Applicant Signature

Full Legal Name (Printed or Typed)

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INCOMPLETE APPLICATIONS may be returned **(please type or print clearly)**.

Trade Names: A licensee doing business under any name other than the licensee's legal name is required to notify the Superintendent prior to using the trade name.

Maine Law:

Requires notification to the Superintendent within 30 days of: changes in business address, telephone number, name or other material change in the condition or qualifications set forth in the original application. This requirement includes disciplinary action taken against any insurance license or any criminal conviction other than a traffic violation. Failure to notify the Superintendent within 30 days may result in the automatic levying of a late fee penalty in accordance with Title 24-A MRSA §1419.

Requires all Business Entities (except Sole Proprietorships) to become licensed. If an individual is working for a business entity (agency), and that entity is not already licensed in Maine, then you must submit a Business Entity application with the appropriate fees.

RETURN application and fees to:

Licensing
Bureau of Insurance
34 State House Station
Augusta ME 04333-0034
Phone: (207) 624-8475
Fax #: (207) 624-8599

Physical Location:
Gardiner Annex
76 Northern Ave
Gardiner ME 04345

E-mail us at: Insurance.PFR@maine.gov
Visit us at our web page: www.maine.gov/insurance
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MAINE SURPLUS LINES INSURANCE PRODUCER'S BOND

BOND # _____

KNOW ALL PERSONS BY THESE PRESENTS

THAT _____
(Name of Applicant)

of _____ as principal, and
(City, State)

_____ of _____
(Name of Surety Company) (Place of Business)

as surety, are held and firmly bound unto the State of Maine, as Obligee in the sum of **TWENTY THOUSAND DOLLARS (\$20,000)** to the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

The condition of this obligation is such that if the above named Producer who has been licensed as a Surplus Lines Insurance Producer in accordance with Title 24-A of the Maine Revised Statutes, complies with all the requirements of 24-A M.R.S.A. §2020, and shall be conditioned upon the full accounting and due payment to those entitled thereto, of funds coming into the producer's possession through insurance transactions under said license, then this obligation shall be void, otherwise to remain in full force and effect.

This bond shall be continuous in nature and remain in force until the surety is released from liability by the Insurance Commissioner or until cancelled by the surety. Without prejudice to any prior liability accrued, the surety may cancel this bond upon 30 days' advance written notice to the Licensee and the Superintendent.

Pursuant to Title 24-A M.R.S.A. § 3105, either (1) a power of attorney form authorizing the undersigned to issue this bond amendment/cancellation is attached thereto; or (2) this bond has been issued by a corporate officer authorized to issue bonds, and a "Board of Directors' Resolution" is attached evidencing the officer's authority to issue bonds.

Signed, Sealed and Dated this _____ Day of _____ 20_____

Witnessed:

_____ L.S.
(Must be signed by witness) (Signature of Applicant)

(Name of Surety Company authorized to do business in Maine)

BY: _____ Seal