NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE
LICENSE PROCESSING
P.O. Box 327–20 W. State Street
Trenton, New Jersey 08625-0327

APPLICATION FOR RESIDENT OR NON-RESIDENT ORGANIZATION CORPORATION/PARTNERSHIP OR INDIVIDUAL REINSURANCE INTERMEDIARY AUTHORIZATION

A. IDENTIFYING INFORMATION:

Full legal name of organization.

_____

_____

Trade name, if any: _____

_____

_____

Full legal name of the individual licensee.

_____

_____

Date of Birth: _____

Residence Address:

_____

_____

_____

N.J. Producer Reference # _____

B. BUSINESS INFORMATION:

Business Address: If your Business Address is located in New Jersey, then you are a Resident Applicant.

Room No. _____ Suite No. _____ Apt. No. _____

_____
Street Address

_____

P.O. Box No. _____ _____

You must supply a street or location address: a P.O. Box alone is not sufficient. The City, State and Zip Code must reflect the location of the P.O. Box.

_____ _____ _____ - _____
City State Zip Code (include +4, if known)

_____
County (if NJ Resident)

Federal ID Number: _____ - _____

Business Telephone Number: _____ - _____ - _____

Telefax Number, if any: _____ - _____ - _____

NON RESIDENTS ATTACH A CERTIFICATION OF CURRENT LICENSE STATUS ISSUED BY INSURANCE LICENSING AUTHORITY IN HOME STATE SHOWING YOU ARE AUTHORIZED IN YOUR STATE AS A REINSURANCE INTERMEDIARY. (IF YOUR HOME STATE DOES NOT AUTHORIZE REINSURANCE INTERMEDIARIES, PLEASE ATTACH A WRITTEN EXPLANATION.)

C. IDENTIFICATION OF ALL OFFICERS, PARTNERS, DIRECTORS AND OWNERS OF 5% OR MORE OF THE ORGANIZATION, OR EMPLOYEES DESIGNATED TO ACT AS REINSURANCE INTERMEDIARIES.

(Please Print Clearly or Type)

1. Name _____
Last, First, MI (Example: Smith John A)

NJ License Reference #: _____ Date of Birth: _____ - _____ - _____

2. Name _____
Last, First, MI (Example: Smith John A)

NJ License Reference #: _____ Date of Birth: _____ - _____ - _____

3. Name _____
Last, First, MI (Example: Smith John A)

NJ License Reference #: _____ Date of Birth: _____ - _____ - _____

4. Name _____
Last, First, MI (Example: Smith John A)

NJ License Reference #: _____ Date of Birth: _____ - _____ - _____

5. Name _____
Last, First, MI (Example: Smith John A)

NJ License Reference #: _____ Date of Birth: _____ - _____ - _____

6. Name _____
Last, First, MI (Example: Smith John A)

NJ License Reference #: _____ Date of Birth: _____ - _____ - _____

7. Name _____
Last, First, MI (Example: Smith John A)

NJ License Reference #: _____ Date of Birth: _____ - _____ - _____

8. Name _____
Last, First, MI (Example: Smith John A)

NJ License Reference #: _____ Date of Birth: _____ - _____ - _____

Attach Additional Sheets if Necessary.

D. YOU MUST ANSWER THE FOLLOWING QUESTIONS BY CHECKING THE APPROPRIATE BOX:

1. Have you (or the organization or any officer, partner, director or owner of 5% or more) or designated employee been arrested, indicted or convicted for a crime, misdemeanor or disorderly person offense in this State, other state, or by the federal government since the effective date of your (their) producer license?

   _____ Yes _____ No

   If yes, attach a certified copy of the indictment or judgment or conviction, which may be obtained from the clerk, or the court of where the conviction was entered.

2. Have you (or the organization or any officer, partner, director or owner of 5% or more) or designated employee had any business or professional license suspended or revoked since the effective date of your (their) producer license?

   _____ Yes _____ No

   If yes, attach copies of the judgment and other information concerning the nature of and amount of the indebtedness.

3. Are you (or any officer, partner, director or owner of 5% or more, if an organization) or designated employee indebted (other than accounts current) to any insurance company, producer or insured or has any judgement been rendered against you, since the effective date of your (their) insurance producer license which has been satisfied or vacated, for more money received from or owed to any insurance company, producer or insured?

   _____ Yes _____ No

   If yes, attach copies of the judgment and other information concerning the nature of and amount of the indebtedness.

E. I/WE HEREBY CERTIFY THAT:

1. I/WE give the New Jersey Department of Banking and Insurance permission to verify any information supplied with any federal, state or local government agency.

2. All of the information submitted in this application and all attachments, is true and complete. I/WE am/are aware that submitting false information in connection with this application is grounds for revocation of license and may subject me/us to other civil or criminal penalties.

3. As a licensed officer/partner of the organization or as an individual licensed producer, I understand that I am individually and jointly responsible for the insurance related conduct of the organization or my employees.

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

G. FEES:

Application Processing Fee $20.00

You must attach a completed history check form and an additional fee of $15.00 should be enclosed for each officer, partner, director and owner of 5% or more who are not on the organization's, corporation's or association's producer list in order for the Department to obtain their Criminal History Record Information.

Attach one check or money order for the total fee as calculated above, made payable to "State Treasurer of New Jersey."

UILRI-12/98