

# Application for Organization Reinsurance Intermediary

LIC 441-15 (Rev 3/2020)

**Producer Licensing Bureau**  
 320 Capitol Mall  
 SACRAMENTO, CA 95814-4309  
 Information (800) 967-9331

## READ THE INSTRUCTIONS ON PAGES 5 & 6 BEFORE COMPLETING THIS APPLICATION

ALL ENTRIES, EXCEPT SIGNATURES, MUST BE TYPED

1.	ORGANIZATION TYPE: (Check one only)  <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership: <input type="checkbox"/> Limited Liability Company  List organization's FEIN # _____ (Federal Employer Identification Number)	<u>FOR DEPARTMENT USE ONLY</u>
2.	IN WHAT CAPACITY DO YOU INTEND TO ACT? (Check one only) <input type="checkbox"/> Reinsurance Intermediary-Broker <input type="checkbox"/> Reinsurance Intermediary-Manager	
3.	<b>ORGANIZATION NAME:</b> _____ _____	File Number  _____
4.	DOES THE ORGANIZATION INTEND TO USE A FICTITIOUS (DBA) NAME TO TRANSACT INSURANCE/REINSURANCE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, list such name: _____ _____	WK STATION      _____  Perm issued date  _____
5.	CHECK ONE:  <input type="checkbox"/> California Resident license <input type="checkbox"/> Nonresident license	
6.	PRINCIPAL BUSINESS ADDRESS: (P.O. Box not acceptable)  Street _____ Suite # _____  City _____ State _____ Zip Code _____	
7.	MAILING ADDRESS:  Street/P.O. Box _____ Suite # _____  City _____ State _____ Zip Code _____	
8.	IS THIS ORGANIZATION NOW USING OR HAS IT EVER USED ANY NAME OTHER THAN LISTED IN (3) OR (4) ABOVE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, list such names and dates used:	
9.	IS THE ORGANIZATION AN INSURANCE/REINSURANCE COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
10.	IS THE ORGANIZATION ENGAGED IN ANY BUSINESS OR ACTIVITY OTHER THAN INSURANCE/REINSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO  If YES, answer the following:  A. What is the nature of this other business or activity? _____  B. What percentage of the organization's net income will be derived from this other business or activity? _____ %  <b>Important:</b> Organization applicants engaged in business other than reinsurance are cautioned to review the laws governing such other business to ensure that the transacting of reinsurance is not incompatible under such laws.	
11.	HAS THE ORGANIZATION SUBMITTED TO THE DEPARTMENT, WITHIN THE LAST YEAR, A FILING FOR WHICH A LICENSE HAS NOT BEEN ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

If YES, list name under which the filing was made, date filed, and license type requested:

12. IF THE ORGANIZATION HOLDS, OR HAS EVER HELD AN INSURANCE LICENSE, COMPLETE THE FOLLOWING: (Attach a separate sheet if needed)

Type of license and license number	State or Province	Resident or nonresident	From	Date license held		Is license in force?
				To		

13. LIST NAME OF EACH PERSON APPLYING TO TRANSACT UNDER THE AUTHORITY OF THIS LICENSE TYPE, AND THEIR RELATIONSHIP TO THE ORGANIZATION. (Relationship to the organization must be that of an EMPLOYEE, OFFICER, or PARTNER, as appropriate to the organization type.) A separate application form 441-14, must be completed by each person named below, and attached to this organization application.

Last,	First	Middle	Relationship to the organization

COMPLETE EITHER (14), (15) OR (16) BELOW, AS APPROPRIATE FOR YOUR ORGANIZATION TYPE.

14. CORPORATE APPLICANT ONLY:  
COMPLETE THE FOLLOWING AND ATTACH A COPY OF THE CORPORATE ARTICLES : (attach a separate sheet if more space is needed)

A. Date incorporated \_\_\_\_\_, State in which incorporated \_\_\_\_\_, Corporate # \_\_\_\_\_.

B. List Officers, Directors and those stockholders that own 10% or more of the corporation stock. (if no officers or directors, indicate none in applicable area)

	Name: Last	First	Middle	License Number	Social Security Number
President					
Vice President					
Secretary					
Treasurer					
Director					
Director					
Stockholder					
Stockholder					
Stockholder					

15. PARTNERSHIP APPLICANT ONLY: List name and address of all partners and attach copy of the partnership agreement, if any. If no agreement, so state.

PARTNER NAME:			RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER
Last	First	Middle		

FOR LIMITED LIABILITY COMPANY APPLICANTS ONLY:

COMPLETE THE FOLLOWING AND ATTACH A COPY OF THE ARTICLES OF ORGANIZATION : (attach a separate sheet if more space is needed)

A. Date registered \_\_\_\_\_, State in which registered \_\_\_\_\_, Registration # \_\_\_\_\_

B. List all Officers, Directors, Managers, and those Members that own 10% or more of the membership interests of the organization. (if no officers, directors or managers indicate none in applicable area)

	Last	First	Middle	Residence Address	Social Security #	% of ownership
President						
Vice President						
Secretary						
Treasurer						
Director						
Director						
Director						
Manager						
Manager						
Member						
Member						
Member						

16.

17.

IS ANY OWNER, OFFICER, DIRECTOR OR PARTNER OF THIS ORGANIZATION AN OFFICER, DIRECTOR, TRUSTEE OR PERSON HAVING AUTHORITY IN THE MANAGEMENT OF A CALIFORNIA LICENSED INSURER?  YES  NO  
If YES, please explain.

18.

IS THERE ANY PERSON WITHIN THE ORGANIZATION, OTHER THAN NAMED IN QUESTION (14) OR (15) WHO ACTS IN THE CAPACITY OF A CONTROLLING PERSON AS DEFINED IN SECTIONS 1668.5 OR 1781.2 OF THE CALIFORNIA INSURANCE CODE?  YES  NO  
If YES, list name, residence address, and social security number of such person(s): Attach a separate sheet if more space is needed.

CONTROLLING PERSON NAME:			RESIDENCE ADDRESS	SOCIAL SECURITY NUMBER
Last	First	Middle		

\* **IMPORTANT NOTICE:** If you answer yes to (18), or (19) attach a detailed statement of the events which led to the charges (dates and places). If the matter was heard in court, attach copies, certified by the court, of the **Criminal Complaint** and the Sentencing Minute Order showing the final plea, judgement and sentence. If any disciplinary action was taken by an administrative agency, attach certified copy of the action.

19.

HAS THE ORGANIZATION OR ANY OF ITS PARTNERS, CONTROLLING PERSONS, OFFICERS, DIRECTORS, OR ANY SHAREHOLDERS/MEMBERS OWNING 10% OR MORE INTEREST IN THE ORGANIZATION, OR ANY OF THE TRANSACTORS NAMED IN QUESTION (13) EVER BEEN THE SUBJECT OF ANY ADMINISTRATIVE AGENCY DISCIPLINARY ACTION? For the purpose of this question, administrative agency disciplinary action includes but is not limited to: having any

	<p>professional, vocational or business license denied, suspended, placed on probation, restricted or revoked, or any fine imposed; withdrawing any application or surrendering any license to avoid disciplinary action; being issued a cease and desist order or its equivalent; being the subject of a conservation, liquidation, rehabilitation or receivership order.</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p>
20.	<p>HAS THE ORGANIZATION OR HAVE ANY OF ITS PARTNERS, CONTROLLING PERSONS, OFFICERS, OR ANY SHAREHOLDERS/MEMBERS OWNING 10% OR MORE INTEREST IN THE ORGANIZATION, OR ANY OF THE TRANSACTORS NAMED IN QUESTION (13) EVER BEEN CONVICTED OF A CRIME?</p> <p style="text-align: center;"><input type="checkbox"/> YES      <input type="checkbox"/> NO</p> <p style="text-align: center; font-size: small;">A CRIME includes a felony or misdemeanor and military offenses. A CONVICTION 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, having had any charge expunged, dismissed or plea withdrawn pursuant to Penal Code Section 1203.4, or having been given probation, a suspended sentence or a fine. You may exclude traffic citations and juvenile offenses.</p>
21.	<p><b>FOR LIMITED LIABILITY COMPANY APPLICANTS ONLY:</b></p> <p><b>* IMPORTANT NOTICE:</b> TO ENSURE COMPLIANCE WITH THE PROVISIONS OF SECTION 1647.5. OF THE CALIFORNIA INSURANCE CODE, THIS DEPARTMENT, IN ACCORDANCE WITH SECTION 1666 OF THE CALIFORNIA INSURANCE CODE, IS REQUESTING ADDITIONAL INFORMATION FROM ALL APPLICANTS FOR SUBJECT LICENSE. PLEASE SUBMIT THE FOLLOWING ITEMS WITH THE ORGANIZATION APPLICATION:</p> <ol style="list-style-type: none"> <li>1. A statement as to the number of licensees rendering professional services on behalf of the Limited Liability Company</li> <li>2. The aggregate dollar amount of E &amp; O Liability Insurance, Cash, Bonds, Bank Certificates of Deposit, U.S. Treasury obligations, etc. held to provide security for claims against the Limited Liability Company. (The amount required over the minimum of \$500,000, is at least \$100,000 multiplied by the number of licensees rendering professional services on behalf of the company; however, the maximum amount is not required to exceed \$5,000,000).</li> <li>3. For purposes of satisfying the security requirements of California Insurance Code Section 1647.5, we will require one or more of the following: <ul style="list-style-type: none"> <li>(A) A copy of the declaration page for each liability insurance policy used to satisfy the minimum security requirement.</li> <li>(B) Verification by the bank or escrow holder listing the type and current dollar value of the assets used to satisfy the minimum security requirements.</li> </ul> </li> </ol> <p><b>NOTE:</b> LIMITED LIABILITY COMPANY LICENSEES MUST FILE AT LEAST ONCE EACH YEAR, AN "ANNUAL CONFIRMATION" WITH THE COMMISSIONER IN THE ABOVE FORMAT, TO DEMONSTRATE CONTINUING COMPLIANCE WITH THE FINANCIAL SECURITY REQUIREMENTS OF SECTION 1647.5. CIC.</p>
22.	<p><b>NONRESIDENT APPLICANT:</b></p> <p>PURSUANT TO SECTION 1781.3(d)(2)(a) OF THE INSURANCE CODE, I (WE) DESIGNATE THE COMMISSIONER AS AGENT FOR SERVICE OF PROCESS IN THE MANNER AND WITH THE SAME LEGAL EFFECT PROVIDED FOR BY THIS CHAPTER FOR DESIGNATION OF SERVICE OF PROCESS UPON UNAUTHORIZED INSURERS.</p> <p>FURTHER, PURSUANT TO SECTION 1781.3(d)(2)(b) OF THE INSURANCE CODE, I (WE) PROVIDE THE FOLLOWING RESIDENT OF CALIFORNIA UPON WHOM NOTICES OR ORDERS OF THE COMMISSIONER MAY BE SERVED ON MY (OUR) BEHALF. I(WE) SHALL PROMPTLY NOTIFY THE COMMISSIONER IN WRITING OF EVERY CHANGE OF DESIGNATED AGENT FOR SERVICE OF PROCESS.</p> <p>NAME _____ ADDRESS _____</p> <p>_____</p>
23.	<p><b>APPLICANT=S CERTIFICATION:</b></p> <p>I (WE) certify (or declare) under penalty of perjury that:</p> <ol style="list-style-type: none"> <li>(A) the named organization intends actively and in good faith to carry on an insurance business;</li> <li>(B) the organization=s articles of incorporation/organization or partnership agreement, as the case may be, do not forbid it to act in the capacity for which this application is being made;</li> <li>(C) the holding of the license hereby applied for is not incompatible with the laws, rules or regulations of any federal, state, county or municipal government for which it performs work (if any) or by which it is licensed (if any);</li> <li>(D) if the license is granted, only those natural persons so authorized will transact insurance under such license;</li> </ol> <p>Further, I (WE) certify (or declare) under penalty of perjury under the laws of the State of California that I (WE) have read the foregoing application and know the contents thereof and that each statement therein made is full, true and correct. I (WE) understand that pursuant to Section 1781.3(e) of the Insurance Code any false statements may subject my application to denial and may subject my license(s) to suspension or revocation. Further, pursuant to Insurance Code Section 1781.10, I (WE) authorize disclosure to the Insurance Commissioner of all financial institution records of any fiduciary accounts for the duration of this license.</p>

**o Important Notice »**  
If organization is a partnership, each partner

must sign this application.  
If organization is a corporation or limited liability company, an Officer having authority to bind the organization must sign.

\* SIGNATURE(S): \_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_  
\_\_\_\_\_ Title \_\_\_\_\_

\* DATE EXECUTED: \_\_\_\_\_, At \_\_\_\_\_, \_\_\_\_\_  
(Month, day, year) (City) (State)

\* BUSINESS PHONE # ( ) \_\_\_\_\_ FAX # ( ) \_\_\_\_\_

**NOTICE: INFORMATION COLLECTION AND ACCESS**

Section 1798.17 of the California Civil Code requires the following information to be provided when collecting information from individuals.

**AGENCY:** Department of Insurance      **ADDRESS:** 320 Capitol Mall, Sacramento, CA 95814-4309      **TELEPHONE:** (800) 967-9331

**TITLE OF OFFICIAL RESPONSIBLE FOR INFORMATION MAINTENANCE:** Chief, Producer Licensing Bureau

**AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION:** California Insurance Code, Chapters 5, 6, 7, 8-Part 2, Division 1  
And Chapter 4, Part 5, Division 2.

**THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION:** Delay or non-issuance of license applied for.

**THE PRINCIPAL PURPOSES(S) FOR WHICH THE INFORMATION IS TO BE USED:** Evaluation of the license application.

**EACH INDIVIDUAL HAS THE RIGHT TO REVIEW FILES MAINTAINED ON THEM BY THE AGENCY, UNLESS THE INFORMATION IS CLASSIFIED AS CONFIDENTIAL UNDER SECTION 1798.3(A) OF THE CIVIL CODE.**

## Instructions for Completing Organization Application

ALL ENTRIES, EXCEPT SIGNATURES, MUST BE TYPED.

RE: Question #1: "ORGANIZATION TYPE:"

The organization's Federal Identification Number is MANDATORY and must be entered in the space shown.

RE: Question #3: "ORGANIZATION NAME:"

The true organization name must be entered. Include commas, hyphens, ampersands, etc.

RE: Question #4: "FICTITIOUS NAME:"

If you intend to transact insurance in a name other than the true organization name shown in Question (#3), enter such fictitious name.

RE: Question #12: "PREVIOUS LICENSE INFORMATION:"

Nonresident applicant - a certificate of license status from the home state is required.

RE: Question #18:

Insurance Code Section 1668.5(b), in part, defines a controlling person as a person who possesses the power to cause the direction of the management and policies of the organization.

Insurance Code Section 1781.2(b), in part, defines a controlling person as a person who possesses the power to cause the direction of the management and policies of the organization.

RE: Questions #19 and #20: "PREVIOUS ARREST OR CONVICTION RECORD:"

If the answer is "yes" to any of these questions, documents as listed under "IMPORTANT NOTICE" are required to be attached to this application.

RE: Question #22: "SIGNATURE:"

Partnership - each partner of the partnership must sign.

Corporation or Limited Liability Company - an officer having authority to bind the organization must sign.

The Commissioner may require a reinsurance intermediary-manager to:

1. File a fidelity bond issued by an admitted surety in an amount determined by the commissioner for the protection of the reinsurer.
2. Maintain an errors and omissions policy in an amount acceptable to the commissioner.

California Insurance Code Section 1781.3(c) paraphrased.

PLEASE REVIEW THE APPLICATION CAREFULLY AFTER COMPLETION. ANY OMISSIONS OR DEFICIENCIES WILL RESULT IN A DELAY IN THE PROCESSING OF YOUR APPLICATION FOR LICENSE.

Mail application with fees to: DEPARTMENT OF INSURANCE  
320 Capitol Mall  
SACRAMENTO, CA 95814-4309

FOR DIRECT QUESTIONS ON THIS FILING, CONTACT THE LICENSE BUREAU IN SACRAMENTO AT: (800) 967-9331

**ALL FEES ARE FILING FEES AND ARE NOT REFUNDABLE OR TRANSFERABLE, WHETHER OR NOT THE APPLICATION IS ACTED UPON OR THE EXAMINATION TAKEN.**