



**Individual Managing General Agent (MGA)
 License Renewal/Continuation**

(Please Print or Type)

Check appropriate box for license requested:

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

Demographic Information

① National Producer Number (NPN)		② Date of Birth	
③ Last Name	JR./SR. etc	④ First Name	
⑤ Residence/Home Address (Physical Street)	⑥ City	⑦ State	⑧ Zip or Foreign Country
⑨ Individual Applicants Email Address			
⑩ Business Entity's Name			
⑪ Business Address (Physical Street)	⑫ P.O. Box	⑬ City	⑭ State
			⑮ Zip or Foreign Country
⑯ Business Phone Number (include extension) ()	⑰ Business Fax Number ()	⑱ Business E-Mail Address	⑲ Business Web Site Address
⑳ Mailing Address	㉑ P.O. Box	㉒ City	㉓ State
			㉔ Zip or Foreign Country

Agency or Business Entity Affiliations

㉕ List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

Background Questions

㉖ **The Applicant must read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.**

1a. Have you ever been convicted of a **MISDEMEANOR**, had a judgment withheld or deferred, or are you currently charged with committing a **MISDEMEANOR**, which has not been previously reported to this insurance department? Yes No

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI), driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

1b. Have you ever been convicted of a **FELONY**, had a judgment withheld or deferred, or are you currently charged with committing a **FELONY**, which has not been previously reported to this insurance department? Yes No

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court).

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A Yes No

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A Yes No

Background Questions (Continued)

1c. Have you ever been convicted of a **MILITARY OFFENSE**, had a judgment withheld or deferred, or are you currently charged with committing a **MILITARY OFFENSE**, which has not been previously reported to this insurance department? Yes No

NOTE: For Questions 1a, 1b, and 1c, **“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 you answered **“Yes”** to any of the above questions (1a, 1b, or 1c), you must attach to this application:

- a) a written statement 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. Have you ever been named or involved as a party in an administrative proceeding including FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration, which has not been previously reported to this insurance department? Yes No

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation, sanctioned 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, or registration 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 answered **“Yes”** to question 2, 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. Do you have a child support obligation in arrearage, which has not been previously reported to this insurance department? Yes No

If you answered **“Yes”** to question 3, answer the following:

- a) by how many months are you in arrearage? _____ Months
- b) are you currently subject to and in compliance with any repayment agreement? Yes No
- c) are you the subject of a child support related subpoena/warrant? Yes No

4. Do you currently have a bond in place that is equal to or greater than \$50,000 for the protection of the insurer? Yes No

If **“Yes”**, provide a copy of the bond.

5. 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

6. Since your last application or renewal, have you had a claim made on a bond or been denied an individual position schedule fidelity bond, or had a bond cancelled or revoked? Yes No

If **“Yes”**, details must be provided.

7. Since your last application or renewal, have you been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you been suspended or revoked? Yes No

If **“Yes”**, details must be provided.

8. Since your last application or renewal, have you ever been subject to any disciplinary proceedings of any federal or state agency? Yes No

If **“Yes”**, details must be provided.

9. Since your last application or renewal, has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person been suspended or revoked while you occupied such position? Yes No

If **“Yes”**, details must be provided.

10. Since your last application or renewal, have you been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any company which, while you 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? Yes No

If **“Yes”**, details must be provided.

Applicant’s Name _____

Applicant's Certification and Attestation

27 The Producer 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. Unless provided otherwise by law or regulation of the jurisdiction, 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, (a) I have no child-support obligation, (b) I have a child-support obligation and I am currently in compliance with that obligation, or (c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to which this application is made 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. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Original Producer Signature

Date

Full Legal Name (Printed or Typed)

Application Attachments

28 The following attachments must accompany the application; otherwise the application may be returned unprocessed or considered deficient.

1. Non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$20.00;
2. Copy of the signed contract if it is different than what is on file with the Department;
3. Copy of the Certified Resolution of the Board appointment describing duties to be performed; only if different than what is currently on file with the department;
4. Copy of your bond in the amount of at least \$50,000;
5. Proof of your Errors and Omissions Policy;
6. Updated list of applicant's agents, producers or sub-producers; and
7. If necessary, any required supporting details or documents.

Notary Section

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I do solemnly swear to or affirm under penalty that I am the person named therein and that the statements herein contained are true.

Signature of Applicant: _____

Date: _____

Full Legal Name (Printed or typed): _____

Title: _____

Subscribed and sworn to or affirm before me this _____ day of _____, 20____.

Notary Signature _____

My commission expires _____, 20____.