

## Ohio Department of Insurance

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



### Electronic Managing General Agent (MGA) Supplemental Form

(Please Print or Type)

Applicant Name				
NIPR Transaction Number		FEIN/SSN (last 4-digits)		
Email Address		Telephone Number (    )		
Mailing Address	P.O. Box	City	State	Zip or Foreign Country

#### Certification Attestation and Affidavit of Applicant

*The Applicant must read the following very carefully:*

1. I hereby certify that, under the penalty of perjury, that all of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be its 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 the applicant.
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 I or if applying as a business entity, every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either (a) does not have a current child-support obligation, or (b) has a child-support obligation and is 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/registration.
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).

**If applying as a business entity, the application's supplemental form must be signed by the owner, an officer, director, or partner of the business entity, or member or manager if a limited liability company who has authority to act on behalf of the business entity:**

Type or Print Name	Date
Address	Social Security Number
City	State
	Zip

**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\_\_\_\_\_.

#### Application Attachments

1. Proof of bond or continuation of bond, payable to the "State of Ohio" in the amount of at least \$50,000;
2. Proof of Errors and Omissions Policy;
3. Copy of signed contract;
4. Copy of the Certified Resolution of the Board appointment describing duties to be performed, only if not already on file with the Department;
5. Updated list of applicant's agents, producers, or sub-producers; and
6. If necessary, any required supporting details or documents.