

FORM A  
STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
License Processing  
PO BOX 327  
Trenton, New Jersey 08625-0327

NOTICE OF REINSURANCE INTERMEDIARY-MANAGER

To: Commissioner of Insurance, State of New Jersey

From: \_\_\_\_\_  
Company Reference No.

\_\_\_\_\_  
Name of Company

The following producer gives notice of the establishment of an agency contract between this company and the insurance producer named below:

\_\_\_\_\_  
Insurance Producer  
Reference No.

THIS INFORMATION MAY NOT BE OMITTED

\_\_\_\_\_  
PRINT Name of Insurance Producer (Last, First, Middle)

\_\_\_\_\_  
month                  day                  Year  
Date of Birth

THIS INFORMATION MAY NOT BE  
OMITTED IF AN INDIVIDUAL PRODUCER

as its Reinsurance Intermediary-  
Manager Agent in New Jersey commencing

\_\_\_\_\_  
month                  day                  year  
Contract Date

For:

all types of insurance for which the company and producer are jointly authorized. The above reinsurance intermediary-manager producer has filed with this company a bond and Errors and Omissions ("E&O") policy in accordance with N.J.A.C. 11:\_\_\_\_\_

I have determined that the reinsurance intermediary-manager named holds a current New Jersey insurance license, authorizing transaction of the kinds of insurance covered by this contract. We understand that the bond and E&O policy must be updated yearly.

\_\_\_\_\_  
Authorized Company Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Print Name and Title  
1 Reinsurance Intermediary-Manager

\_\_\_\_\_  
Office Address

\_\_\_\_\_  
Date

Attach a \$20.00 company check made payable to: STATE TREASURER OF NEW JERSEY

Attach a copy of the contract between the company and the reinsurance intermediary-manager.

FORM B

STATE OF NEW JERSEY  
DEPARTMENT OF BANKING AND INSURANCE  
License Processing  
PO BOX 327  
Trenton, New Jersey 08625-0327

NOTICE OF TERMINATION OF REINSURANCE INTERMEDIARY-MANAGER

To: Commissioner of Insurance, State of New Jersey

From: \_\_\_\_\_  
Company Reference No. Name of Company

The undersigned hereby gives notice of the termination of the agency contract between this company and the insurance producer named below:

\_\_\_\_\_  
Insurance Producer  
Reference No.

THIS INFORMATION MAY NOT BE OMITTED

\_\_\_\_\_  
PRINT Name of Insurance Producer (Last, First, Middle)

Said contract terminated on \_\_\_\_\_  
month day Year  
Termination Date

Reason for Termination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the reason for termination is agent misconduct, mail an additional copy of this form to:  
Director of Enforcement, Department of Insurance, CN 325, Trenton, NJ 08625-0325

\_\_\_\_\_  
Authorized Company Signature Date Phone Number

\_\_\_\_\_  
Print Name and Title Office Address

\_\_\_\_\_  
Date

FORM C

NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE  
LICENSE PROCESSING  
PO BOX 327  
TRENTON, NEW JERSEY 07625-0327

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

A. IDENTIFYING INFORMATION:

Full legal name of organization:

\_\_\_\_\_  
\_\_\_\_\_

Full legal name of individual licensee:

\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Trade name, if any:

\_\_\_\_\_  
\_\_\_\_\_

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 +1, 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 HOME 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 of 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 judgement of conviction, which may be obtained from the clerk of 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 a copy of order of suspension or revocation from professional or governmental authority.

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 not been satisfied or vacated, for money received from or owned to any insurance company, producer or insured?

Yes No

If yes, attach copies of the judgement 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 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 am/We 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 license producer, I understand that I am individually and jointly responsible for the insurance related conduct of the organization or my employees.

F Must be signed by all individuals identified in section C of the previous page. (Attach additional sheets if necessary.)

\_\_\_\_\_  
Signature Date

G. FEES:

Application Processing Fee \$20.00

You must attach a completed history check form and an additional fee of \$8.00 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 produce license 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."