



The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14
Concord, NH 03301

Managing General Agent Corporation Application

To the Insurance Commissioner of the State of New Hampshire

The UNDERSIGNED CORPORATION hereby applies for a managing general agent corporation license under RSA 402-E and for that purpose submits the following statements and answers to the questions contained in this application.

TYPE OF LICENSE APPLIED FOR: Application fee: \$50.00, make check payable to: Treasurer, State of New Hampshire.

Resident Non-Resident

Legal Name of Applicant: _____

Federal ID Number: _____

Principal Insurance Business Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

If the principal business address is changed, the Insurance Department must be notified in writing.

Does your corporation or any officer, or designated director and employee(s), intend to act as a managing general agent from an Address in the State of New Hampshire? Yes No

If yes, where: _____

Date of organization of applicant: _____

Under the laws of what state was applicant incorporated? _____
(attach a copy of current Certificate of Authority for state of incorporation and Certificate of Authority for State of New Hampshire).

List all officers, directors and designated employee(s) and give information requested below on each (list officers first, followed by designated directors and employees):

Name: _____ Title: _____

Directory (Y/N): ____ Date of Birth: _____ Sex: _____

Residence Address: _____

City: _____ State: ____ Zip: _____

Social Security Number: _____

Name: _____ Title: _____

Directory (Y/N): ____ Date of Birth: _____ Sex: _____

Residence Address: _____

City: _____ State: ____ Zip: _____

Social Security Number: _____

Name: _____ Title: _____

Directory (Y/N): ____ Date of Birth: _____ Sex: _____

Residence Address: _____

City: _____ State: ____ Zip: _____

Social Security Number: _____

Name: _____ Title: _____

Directory (Y/N): ____ Date of Birth: _____ Sex: _____

Residence Address: _____

City: _____ State: ____ Zip: _____

Social Security Number: _____

Name: _____ Title: _____

Directory (Y/N): ____ Date of Birth: _____ Sex: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Give full name and address of each stockholder of record of applicant-corporation and percentage of shares owned by each. Give the line of business in which each of the 10 largest stockholders is engaged.

Name: _____ Percentage of Shares: _____

Address: _____

Business: _____

Name: _____ Percentage of Shares: _____

Address: _____

Business: _____

Name: _____ Percentage of Shares: _____

Address: _____

Business: _____

Name: _____ Percentage of Shares: _____

Address: _____

Business: _____

If any of such shares of stock is held by such stockholders in any capacity other than as beneficial owner, give information requested below:

Name: _____ Percentage of Shares: _____

Address: _____

Name of Owner of Record: _____

Name: _____ Percentage of Shares: _____

Address: _____

Name of Owner of Record: _____

List any person, firm association or corporation who or which, directly or indirectly, has the power to direct or cause to be directed, the management, control or activities of the applicant. If none, check here:

Name: _____

Address: _____

Name: _____

Address: _____

Name: _____

Address: _____

Explain how each person, firm, association or corporation listed above directs the management, control or activities of the applicant:

Quote below the provision or provisions of applicant's charter or certificate of incorporation which confers upon it the right to act as managing general agent.

Has applicant, or any of its officers, directors, designated employees or controlling persons, or any partnership or corporation with which they are, or were formerly associated during their connection therewith, ever:

- a. Been discharged by or had a contract of agency terminated by an insurer or employer?
 Yes No
- b. Been charged in any capacity whatsoever with irregularities in money or any other transaction?
 Yes No
- c. Compromised his/her, or its, liabilities with creditors; been insolvent or adjudged a bankrupt?
 Yes No

- d. Been refused a license or had an existing one suspended or revoked by the Insurance Department, or by any state or governmental agency or authority?
 Yes No
- e. Been fined by any state or governmental agency or authority?
 Yes No
- f. Excluding minor traffic violations, been convicted of any crime which has not been annulled by a court?
 Yes No

If answers to a. through f. are "Yes," give full details:

Upon approval of corporation's non-resident application as a managing general agent, if applicable, we hereby agree to designate the Commissioner, State of New Hampshire Insurance Department as agent for service of process and further pursuant to RSA 401-F to provide the following resident of New Hampshire upon whom notice and orders of the Commissioner of process affection such non-resident managing general agent may be served.

Name: _____ Phone: _____

Address: _____

Bond and/or Errors & Omissions Insurance (if required), copy attached.

- a. Bond Amount: \$ _____
 Date of Coverage: _____
 Holder: _____
- b. Errors Omissions Insurance Agent: \$ _____
 Date of Coverage: _____
 Insurer: _____

ANSWERS TO ALL QUESTIONS, NOTING SPECIFICALLY QUESTION 9, MUST BE ACCURATE AND COMPLETE. INFORMATION OBTAINED THROUGH INVESTIGATION SHOWING MIS-STATEMENTS, INCLUDING AN INCOMPLETE ANSWER TO QUESTION 9 IS SUFFICIENT CAUSE TO AUTOMATICALLY VOID THIS APPLICATION OR FOR THE IMMEDIATE REVOCATION OF ANY LICENSE. THIS IS IN ADDITION TO ANY OTHER PENALTIES.

Under Penalty or perjury, (I) or (We), affirm that the statements made in the foregoing application are true to the best of (my) or (our) knowledge.

Date: _____ Name of Corporation: _____

Witness: _____ By _____
(Signature - Officer/Director/Employee)

Witness: _____ By _____
(Signature - Officer/Director/Employee)

Witness: _____ By _____
(Signature - Officer/Director/Employee)

Witness: _____ By _____
(Signature - Officer/Director/Employee)

Witness: _____ By _____
(Signature - Officer/Director/Employee)

The application must be verified and signed by all named as officers, directors and designated employee(s) on this application.

USE SPACE BELOW FOR ADDITIONAL INFORMATION, IF NECESSARY.