

ALABAMA DEPARTMENT OF INSURANCE
ADMINISTRATIVE CODE

CHAPTER 482-1-107
REINSURANCE INTERMEDIARIES

482-1-107-A Appendix Form AL-RI-1.

FORM AL-RI-1(1/2002)

**STATE OF ALABAMA – DEPARTMENT OF INSURANCE
REINSURANCE INTERMEDIARY LICENSE APPLICATION**

TOTAL FEES: \$170

INSTRUCTIONS:

- Section 1 of this form is to be completed by each applicant for license as a reinsurance intermediary. Non-resident reinsurance intermediaries must also complete Section II. If currently licensed as a reinsurance intermediary in this state, the Alabama reinsurance intermediary license number must be shown in Section I. If not currently licensed, the department will assign a number upon filing.
- Filing of this application does not give authority to the reinsurance intermediary. This authority does not exist until all required items are filed and a license is issued by the Alabama Department of Insurance, and then only pursuant to a written authorization by the insurer represented by the reinsurance intermediary.
- If the reinsurance intermediary is not currently licensed as such in this state, this application must be accompanied by a check or money order in the amount of \$170.00, representing an application fee of \$30.00 and a license fee of \$140.00. [Retaliatory fees may also apply. See Section II of application.] An application will be returned without processing if not accompanied by the fees as indicated above. If this application is for the renewal of an existing license, only the annual continuation of license fee of \$100.00 need be paid. Make all checks and money orders payable to "Commissioner of Insurance, State of Alabama."
- If the applicant is a partnership, corporation, etc., a certificate of good standing from the Alabama Secretary of State MUST be submitted with this application.
- If the applicant is to act as a Reinsurance Intermediary Manager the following items MUST be submitted with this application:
 - Original copy of fidelity bond in the amount of \$100,000. A separate bond must be filed for each reinsurer represented.
 - Copy of Reinsurance Intermediary's errors and omissions policy.
- PLEASE TYPE. Deliver this completed application to:

Examiners Division
Alabama Department of Insurance
201 Monroe Street, Suite 1700
P O Box 303351
Montgomery, Alabama 36130-3351

SECTION I (TO BE COMPLETED BY ALL APPLICANTS)

- Check one: ☐ Initial Application ☐ Renewal Application Federal Taxpayer ID # _____
- State of Domicile: _____
- Alabama Reinsurance Intermediary License Number: _____
- Exact Name of the Reinsurance Intermediary: _____
- Check Legal Status of applicant (a partnership, corporation, etc., must submit a certificate of good standing from the Alabama Secretary of State with this application):
☐ Individual ☐ Corporation ☐ Partnership ☐ Unincorporated firm or association ☐ Limited Liability Company
- Other names by which the reinsurance intermediary is or may be doing business in this State, or any other state, if different than above:

- Complete physical address of the reinsurance intermediary: _____

- Mailing Address of the reinsurance intermediary, if different than above: _____

- Name, address and telephone number of each individual who will be acting on behalf of the reinsurance intermediary under this license (attach additional pages if necessary):

NAME	ADDRESS	TELEPHONE

- Name, address and occupations of the officers and directors of the reinsurance intermediary, if not an individual (attach additional pages if necessary):

OFFICERS		DIRECTORS
NAME & ADDRESS	TITLE	NAME AND ADDRESS

FORM AL-RI-1(1/2002)

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

TOTAL FEES: \$170

11. Complete the following if the reinsurance intermediary intends to act as a reinsurance intermediary manager (RM):

- A. List the reinsurer(s) for which the RM will act: Give the full name of reinsurer, state of domicile and federal employer identification number (FEIN) (attach additional pages if necessary):

Name of Reinsurer	State of Domicile	FEIN

- B. Attach a copy of each fidelity bond of the RM for the protection of each reinsurer named in 8A above (minimum \$100,000, no deductible, with discovery period of at least one year (non-residents see also Section II of this application)).
- C. Attach a copy of the RM's errors and omissions policy (\$1,000,000 minimum limits (non-residents see also Section II of this application)).

Please read the following very carefully and answer every question:

12. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "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 having been given probation, a suspended sentence or a fine.

If you answer yes, 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

13. I am familiar with the federal law (18 U.S.C. 1033) which prohibits anyone who has been convicted of a felony involving dishonesty or a breach of trust from conducting the business of insurance and understand that it is a violation of this statute to willfully permit a prohibited person from conducting the business of insurance. Yes ___ No ___

14. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation 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. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, 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.

15. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, you must submit a statement summarizing the details of the indebtedness and arrangements for repayment, and type and location of bankruptcy, including in your statement whether the judgment, lien or bankruptcy involves the business of insurance and also attach your sworn affidavit confirming that your bankruptcy was not insurance related.

16. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

17. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
 b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
 c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

18. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and

copies of all relevant documents.

NOTE: If the answer to any part of Question 12-18 is "yes", you attach a supplementary statement explaining in full each such occurrence.

FORM AL-RI-1(1/2002)

STATE OF ALABAMA – DEPARTMENT OF INSURANCE

TOTAL FEES: \$170

ALL APPLICANTS MUST COMPLETE THIS PORTION IN THE PRESENCE OF A NOTARY PUBLIC

I,

under penalty of perjury as set out in the Criminal

(Type name of Applicant or of Duly Authorized Representative)

Chapter of the Code of Alabama, 1975, hereby swear or affirm that all answers and responses to questions and inquiries contained in this application are true and correct and complete answers and responses herein are to be considered by the Commissioner of Insurance as material to the execution of his duties under the Alabama Insurance Code in his decision upon this application and that I have read and am familiar with the sections of the Alabama Insurance Code setting forth the qualifications for the license for which I am making this application and that I am withholding no information which would affect my qualification for this license for which I am making application.

If not signed by individual Applicant, complete the following as to the duly authorized representative:

Title

Original signature of Applicant (if an individual) or of
Duly authorized Representative (if not an individual)

Mailing Address

6

Typed Name of Applicant or of Duly Authorized Representative

City, State, Zip

Telephone

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
(Name of Individual or of Duly Authorized Representative)

who is known to me and who acknowledged before me that he/she signed the foregoing instrument for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, this _____ day of _____, 20____.

(NOTARY SEAL)

Notary Public (Original Signature)
My Commission Expires: _____

SECTION II (TO BE COMPLETED BY ALL NON-RESIDENT APPLICANTS)**RETALIATORY FEES AND OBLIGATIONS**

A. Aggregate Fees an Alabama Reinsurance Intermediary
would owe in your State of Domicile:

Initial Application Fees \$ _____ Renewal Fees \$ _____

B. Aggregate Fees in Alabama:

Initial Application Fees \$170.00 Renewal Fees \$100.00

C. Difference (if less than Zero enter "0"):

\$ _____ \$ _____

If the total taxes and fees an Alabama Reinsurance Intermediary would owe your state of domicile is higher than the aggregate taxes and fees in Alabama, please attach an additional check for the amount shown on line C above (either initial application or renewal).

Additionally, in Alabama a Reinsurance Intermediary Manager (RM) must obtain and provide a copy of a fidelity bond for the protection of each reinsurer represented in the minimum amount of \$100,000 with no deductible and with a discovery period of at least one year, and must provide a copy of the RM's errors and omissions liability policy with coverage limits in the minimum amount of \$1,000,000. If an Alabama Reinsurance Intermediary would be subject to requirements or obligations in your state of domicile in excess of these requirements, you will be subject to the same requirements and obligations in this state.

Requirements in your state of domicile:

D. RM Fidelity Bond Minimum Limits: _____

E. RM Fidelity Bond Discovery Period: _____

F. RM Errors & Omissions Policy Coverage Limit: _____

G. Other Requirements (list): _____

STATE OF _____

COUNTY OF _____

SWORN AFFIDAVIT

I, _____ under the penalty of perjury do hereby swear to or
(Name)
affirm the following facts:

1. I declared Bankruptcy or have a judgement or lien against me in the State of _____ in the year
(State)
of _____
(Year)

2. None of the debts were monies owed to insurance companies or policyholders/consumer related to the business of insurance.

APPLICANT

DATE

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

NOTARY PUBLIC

My Commission Expires

***PLEASE NOTE: THIS FORM MUST BE ATTACHED TO ALL FUTURE
APPOINTMENT FORMS SUBMITTED ON YOUR BEHALF TO THIS DEPARTMENT.**

Author:
Statutory Authority:
History: