



Managing General Agent Appointment

Original [] Amended []

An insurer must complete and file this form within 30 days of appointing a person, firm, association, or corporation as a managing general agent ("MGA") to act for the insurer in New York State. A domestic insurer also must complete and file this form within 30 days of appointing an MGA to act for it in any state or foreign country. An insurer must file an amended form within 30 days after any change, including termination of appointment.

If more space is required to answer a question, then please attach a separate document with the responsive information. If the answer to any question is "none" or if the question is not applicable, then so indicate.

1. Insurer's Name: _____ 2. NAIC No.: _____

3. Name of Insurer Contact Person: _____

4. Work Telephone No. of Contact Person: _____

5. Work Email Address of Contact Person: _____

6. MGA's Name: _____

7. MGA's Address: _____

8. Will the MGA represent you in New York State? Yes [] No []

9a. Is the MGA licensed in New York State? Yes [] No []

b. If yes, then provide MGA's license number: _____

Note: An MGA acting on behalf of an insurer in New York State, either directly or indirectly through subagents of the MGA, must be licensed as an insurance agent in New York State.

10a. Is the MGA licensed in a state other than New York State? Yes [] No []

b. If yes, then the list the state or states in which the MGA is licensed and the corresponding license number(s): _____

11a. List the names of the officers, directors, partners, members, managers, and owners with at least a 10% economic interest or voting interest in the MGA: _____

b. If the insurer is a domestic insurer and the MGA does not have a New York insurance agent license, then the domestic insurer must submit an MGA biographical questionnaire for each officer, director, partner, member, manager, and owner with at least a 10% economic interest or voting interest in the MGA.

12. List the classes of business for which the MGA has been granted authority: _____

13. Explain what limits, if any, have been placed on the MGA's underwriting authority: _____

14. Contract term beginning date: __/__/____ end date: __/__/____

15. Set forth the number of days' notice required to cancel the contract:

a. if cancelled by the insurer: _____

b. if cancelled by the MGA: _____

16a. Does the contract contain a retroactive compensation clause? Yes [] No []

b. If yes, then state the applicable compensation rate:

Provisional: _____ Minimum: _____ Maximum: _____

17a. Does the MGA adjust or pay claims in excess of \$25,000 on behalf of the insurer? Yes [] No []

17b. Does the MGA negotiate reinsurance on behalf of the insurer? Yes [] No []

If the answer to both 17a and 17b are no, then you do not need to submit this form or the MGA agreement pursuant to 11 NYCRR 33 (Insurance Regulation 120). However, MGA agreements subject to Insurance Law Article 15 must be submitted to the appropriate Department personnel.

18a. For facultative reinsurance, is the MGA authorized to:

a. cede reinsurance? Yes [] No []

b. assume reinsurance? Yes [] No []

18b. If the answer to question 17a is yes, then list the name of any other insurer that has granted the MGA such authority:

ASSUME

CEDE

Name: _____	NAIC No.: _____	Name: _____	NAIC No.: _____
Name: _____	NAIC No.: _____	Name: _____	NAIC No.: _____
Name: _____	NAIC No.: _____	Name: _____	NAIC No.: _____
Name: _____	NAIC No.: _____	Name: _____	NAIC No.: _____
Name: _____	NAIC No.: _____	Name: _____	NAIC No.: _____

19. For treaty reinsurance, is the MGA authorized to:

a. cede reinsurance? Yes [] No []

b. assume reinsurance? Yes [] No []

Note that § 35.5(k)(1) of Insurance Regulation 120 prohibits an MGA from binding reinsurance other than facultative reinsurance.

20. Is the MGA authorized to appoint subagents? Yes [] No []

21a. MGA termination date, if applicable: ___ / ___ / ___

b. Indicate party terminating the contract and reason therefor: _____

22. Has the MGA agreement been previously submitted to the Department for review? Yes [] No []

If the answer is “no”, then a copy of the MGA agreement should be submitted with this form unless this is a termination of appointment.

23. Contact person for questions regarding this form: _____
Telephone number: _____
E-mail address: _____

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

Print Name: _____ Sign Name: _____

Title: _____ Date: _____