

State of Washington - Office of the Insurance Commissioner  
PO Box 40255 Olympia, WA 98504-0255



REINSURANCE INTERMEDIARY LICENSE APPLICATION

*To apply for a license under Chapter 48.94 RCW as a reinsurance intermediary broker or manager in Washington State, please provide the following information. Your application will be reviewed promptly against all Washington requirements.*

This application is for a Reinsurance Intermediary (check one): Broker  Manager

Applicant Information
1. List the exact legal name of the Applicant entity.
2. Has the Applicant used or operated under any other name? If yes, explain.
3. Give the complete physical address of the Applicant.
4. Give the complete mailing address of the Applicant, if different. If same as in #4, respond "same."
5. Give the name of the contact person for the Applicant, along with the direct telephone number (with extension), fax number, and email address for this person.
6. Give the name and complete address of the Washington resident on whom notices, orders of the Commissioner, or process may be served.

Applicant Information (cont'd)	
7. The Applicant is a(n)	
<Choose one>	
8. <i>If the Applicant is other than an individual, attach a current copy of the following:</i>	
<input type="checkbox"/> All formation documents, including all amendments <input type="checkbox"/> A Certificate of Good Standing from domiciliary state <input type="checkbox"/> A listing of all principals (directors, officers, or members) of the business entity <i>[Include a biographical affidavit for each. <a href="http://www.naic.org/industry_ucaa.htm">www.naic.org/industry_ucaa.htm</a>]</i> <input type="checkbox"/> A listing of all persons to be authorized under this license <i>[Include the full legal name of each]</i>	
9. <i>If the Applicant is other than an individual, provide the identity of the Ultimate Controlling Person.</i>	
10. Other documents and items, necessary for this application	
<input type="checkbox"/> A Plan of Operation describing all insurance-related activities of the Applicant <input type="checkbox"/> <i>For non-resident applicants, OIC Appointment form naming our Insurance Commissioner as attorney for service of process</i> <i>[You must use the attached form for this purpose.]</i> <input type="checkbox"/> A listing of all other reinsurance-intermediary licenses held by the Applicant <input type="checkbox"/> A listing of all other Washington producer licenses held by the Applicant <input type="checkbox"/> A listing of all insurers to be represented by the Applicant, if known. <i>[Include each insurer's domiciliary state and NAIC number]</i>	

Applicant Agreements	
Please acknowledge agreement to each of the following items by initialing each box	
11. To subject itself to examination as deemed necessary by the Commissioner.	
12. To promptly notify this Office in writing of every change in its designated agent for service of process. <i>[Be aware that any change does not become effective until acknowledged by this Office.]</i>	
13. That every person to be authorized under the license applied for is familiar with Chapters 48.94 RCW and 284-13 WAC governing reinsurance intermediaries.	
14. That the applicable fee is included with this application <i>[Per RCW 48.14.010 the license fees are: \$100 R-I Manager / \$50 R-I Broker]</i>	

***I or we hereby apply to the Insurance Commissioner of the State of Washington for a license as a reinsurance intermediary (broker or manager, as indicated). I or we consent for the Commissioner to examine records relating to me or us and represent that every person to be authorized under this license likewise consents. I or we understand that the law, regulations, and practices may change in the future, and there may be no "grandfathering." A license if issued expires one year from the issue date shown on it unless renewed, with the appropriate fee, before then.***

***In making this application, I or we do hereby swear and affirm that the aforementioned statements and information are true and correct, and that the Applicant will abide by all provisions of Chapter 48.94 RCW. I or we additionally swear and affirm that no person who may act under this license, if issued, is precluded from the business of insurance under 18 USC §1033.***

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Dated: \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Sworn before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

**Appointment of the Insurance Commissioner**  
**As Attorney**  
**To Receive Legal Process**

*Pursuant to RCW 48.94.010(4)(b), the undersigned entity hereby appoints the Washington State Insurance Commissioner as attorney to receive service of lawful process in any action, suit, or proceeding in any court. This appointment is irrevocable, and binds the entity and any successor in interest, and shall remain in effect so long as there is in force in Washington any contract made or issued by the entity, or any obligation arising therefrom.*

*The entity hereby designates the following resident of the State of Washington:*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Email:* \_\_\_\_\_

*as the person to whom the Insurance Commissioner shall forward legal process and/or orders against the entity. This designation supersedes any previous designation. This designation shall remain in effect until the Commissioner acknowledges that the entity has designated another person.*

*Signed at \_\_\_\_\_, \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.*  
*(City)*                      *(State)*

\_\_\_\_\_  
*Name of Entity*

\_\_\_\_\_  
*Signature of authorized officer*

\_\_\_\_\_  
*Printed name of signing officer*

\_\_\_\_\_  
*Title of signing officer*