

## Application for Reinsurance Intermediary License

**Fee \$500.00**

Applicants are encouraged to review the General Information on the Application for Reinsurance Intermediary License, which begins on page 8. The application must be either typed or printed in ink. All requested information must be submitted with this application.

### Part I—General Information

**License Types:** (check one per application)

- Reinsurance Intermediary Broker  
 Reinsurance Intermediary Manager

### Individual or Entity Type:

- Individual    Corporation    Partnership    Other \_\_\_\_\_  
INDICATE TYPE

**Applicant Information:** Please read carefully and provide all requested information.

**1 Applicant's Full Legal Name** \_\_\_\_\_  
PRINT FULL LEGAL NAME OF INDIVIDUAL OR ENTITY  
(THE ENTITY NAME MUST BE THE SAME AS ON THE OFFICIAL FORMATION DOCUMENT)

**2 Individual Applicant's Social Security number (SSN) or Entity Applicant's Federal Employer Identification number (FEIN) and Daytime Phone Number:**

\_\_\_\_\_  
SSN (###-##-####) OR FEIN (##-#####)

\_\_\_\_\_  
10-DIGIT DAYTIME PHONE NUMBER (###) ###-####

**3 Official Mailing Address:** This is the address of record with TDI.

\_\_\_\_\_  
STREET, PHYSICAL LOCATION, ROUTE, OR PO BOX

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**4 Business Address:** This address must be your primary office address where the applicant will maintain business records of insurance transactions.

\_\_\_\_\_  
BUSINESS ADDRESS (PHYSICAL LOCATION REQUIRED; PO BOX NOT ACCEPTED)

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

**5 Does the applicant currently hold a Reinsurance Intermediary License in its state of residence?**

- No    Yes

If **"Yes,"** the department will verify your active resident license status in the National Association of Insurance Commissioner's Producer Database (PDB). If you are not currently listed in the PDB, you must obtain and attach a Letter of Certification from your resident state that is not more than 90 days old.

**6 Applicant's Email Address:** \_\_\_\_\_  
APPLICANT EMAIL ADDRESS (REQUIRED)  
[will be used only as option to correspond with TDI]

## Part II—Screening Questions

**1** Has the applicant individual or entity or any owner, partner, officer, or director ever been convicted of, or is the applicant individual or entity or any owner, partner, officer, or director currently charged with, committing a crime, whether or not adjudication was withheld?

No       Yes

“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 obtained from the court where you were charged which demonstrates the resolution of the charges or any final judgment.

**2** Has the applicant individual or entity or any owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license?

No       Yes

“Involved” means having a license censured, suspended, revoked, canceled, or terminated, being assessed a fine or 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 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.

**3** Has the applicant individual or entity or any owner, partner, officer, director, member, or designated employee of the applicant entity ever been notified by any jurisdiction of any delinquent tax obligation that is not the subject of a repayment agreement?

No       Yes

If you answer **“Yes,”** identify the jurisdiction(s):

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**4** Is the applicant individual or entity or any owner, partner, officer, director, member, or designated employee of the applicant entity 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?

No       Yes

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.

**5** Has the applicant individual or 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?

No       Yes

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
- b. copies of all relevant documents.

**6** Does the applicant individual or entity understand that each assumed name and Texas location from which the entity will conduct an insurance business under the authority of the license issued with this application must be separately registered with the department?

No  Yes

If the applicant will be conducting a reinsurance intermediary business in Texas in a name other than its full legal name or at an address other than those indicated on this application, a completed and signed version of the [Registration of Assumed Name/Branch Locations/Entity Name Change](#) (TDI Form FIN528), also known as LDTL Registration form, **with \$500 filing fee**, must be filed with the department for each name and additional Texas branch office location.

**7** Does the applicant understand that funds collected by the applicant must be held in a fiduciary capacity for the insurer's account in a bank that is a qualified United States financial institution as required in Texas Insurance Code (TIC) [§4152.151](#) and [§4152.204](#)?

No  Yes

List the name of the bank, the bank's address and account numbers of all qualified United States financial institutions that will be used below.

\_\_\_\_\_  
NAME OF BANK ACCOUNT NUMBER

\_\_\_\_\_  
ADDRESS OF BANK CITY STATE ZIP

\_\_\_\_\_  
NAME OF BANK ACCOUNT NUMBER

\_\_\_\_\_  
ADDRESS OF BANK CITY STATE ZIP

\_\_\_\_\_  
NAME OF BANK ACCOUNT NUMBER

\_\_\_\_\_  
ADDRESS OF BANK CITY STATE ZIP

**8** Does the applicant understand that a written contract must be entered with the insurer(s) that meets the minimum requirements outlined in TIC [§4152.151](#) or [§4152.201](#), as applicable?

No  Yes

**9** In the case of a reinsurance intermediary manager, does the applicant understand that not later than the 30th day before the date the insurer assumes or cedes business through the manager, a copy of the executed contract(s) must be filed for approval with the department?

No  Yes

**10** A reinsurance intermediary license application may not be accepted unless the applicant has been engaged in the business of insurance or reinsurance for at least three years. List the dates the applicant has been engaged in the business of insurance or reinsurance, the type of business, and the name and address of the business:

\_\_\_\_\_  
DATE BEGIN-DATE END (DD/MM/YYYY-DD/MM/YYYY) TYPE OF BUSINESS

\_\_\_\_\_  
NAME AND ADDRESS OF BUSINESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
DATE BEGIN-DATE END (DD/MM/YYYY-DD/MM/YYYY) TYPE OF BUSINESS

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 NAME AND ADDRESS OF BUSINESS
 

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 CITY
 

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 STATE
 

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 ZIP
 

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 DATE BEGIN-DATE END (DD/MM/YYYY-DD/MM/YYYY)
 

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 TYPE OF BUSINESS
 

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 NAME AND ADDRESS OF BUSINESS
 

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 CITY
 

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 STATE
 

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 ZIP
 

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### Part III–Texas Authorizations and Financial Responsibility

**1 Business Authority in Texas:** Entity applicants must be organized under the laws of Texas or of another state prior to obtaining an insurance license.

- a. All resident and nonresident corporations, limited liability companies, limited partnerships and limited liability partnerships must provide evidence of authority to do business in the State of Texas by providing a copy of their Charter, Certificate of Authority, or registration that was obtained from the Texas Secretary of State's office. You may contact the Texas Secretary of State's office at [www.sos.state.tx.us](http://www.sos.state.tx.us).
- b. General partnership applicants must attach a notarized copy of their partnership agreement with all amendments.
- c. Individual and general partnership applicants, if using an assumed name that requires registration of an assumed name certificate with a County Clerk's office, must provide a valid copy of the Assumed Name Certificate(s) that has been filed with the County Clerk's office of the Texas County(s) in which the assumed name(s) will be utilized.

Have you attached a copy of document(s) that authorizes the applicant to do business in Texas?

No  Yes

**2 Franchise Tax:** All entities subject to franchise tax are required to provide a current Texas Franchise Tax Certificate of Good Standing or a copy of the No Nexus Letter the entity received from the Texas Comptroller. Even new and nonresident entities must submit one of these documents. To determine if your entity is subject to Texas franchise tax and to obtain either the Franchise Tax Certificate of Good Standing or the No Nexus Letter, contact the Texas Comptroller of Public Accounts at [www.cpa.state.tx.us](http://www.cpa.state.tx.us) or call 1-800-252-1381.

Have you attached your current Texas Franchise Tax Certificate of Good Standing or No Nexus Letter?

No  No, this entity is not subject to Texas Franchise Tax because

Explanation: \_\_\_\_\_

\_\_\_\_\_

Yes  Yes, the current Texas Franchise Tax Certificate of Good Standing or No Nexus Letter is attached.

**3 Financial Responsibility:** Proof of Financial Responsibility is required unless the applicant is a nonresident holding a current reinsurance intermediary license in its resident state. The department will verify if a nonresident applicant holds a current reinsurance intermediary license in its resident state through the PDB or by a Letter of Certification from the resident state.

Applicants must provide one of the following:

- a. An original surety bond in the amount of \$100,000 for a broker or \$250,000 for a manager, or
- b. An Errors & Omissions (E&O) Certificate of Insurance. **The E&O Certificate must list the applicant as the named insured** and the policy must be a minimum of \$100,000 for each occurrence for brokers and at least \$250,000 for each occurrence for managers. **The Texas Department of Insurance must be listed as a Certificate Holder.**

All bonds must be payable to the Texas Department of Insurance. The [Licensing Reinsurance Intermediary Bond](#) (TDI Form FIN513) can be accessed from our website. The original executed bond must be attached to this application.

Evidence of Financial Responsibility:

Bond       E&O Certificate of Insurance       Hold a reinsurance intermediary license in my resident state

#### Part IV–Agent for Service of Process

All nonresident applicants must provide the name and address of their agent for service of process in the state of Texas as required in TIC § [4152.054](#).

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PRINT NAME OF TEXAS RESIDENT TO ACCEPT PROCESS

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PRINT TEXAS ADDRESS OF TEXAS RESIDENT TO ACCEPT PROCESS

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CITY

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STATE

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ZIP CODE

Attach a certified copy of the [Reinsurance Intermediary Agent for Service of Process](#) (TDI Form FIN512), in which the applicant has appointed a resident who has accepted responsibility to accept orders of the commissioner or process affecting the applicant.

#### Part V–Persons Authorized to Act under License

**Authorized Individual(s):** Identify and provide all required information for all officers, directors, partners, members, and designated employee(s) authorized to act as a reinsurance intermediary under the license.

For each individual listed, provide the individual's full legal name, title in relation to the applicant entity, complete mailing address, social security number, date of birth, and fingerprint information.

A [Reinsurance Intermediary Biographical Affidavit](#) (TDI Form FIN511) must be completed by each individual listed below. The biographical affidavit(s) must be attached to this application.

**Fingerprints:** Everyone listed must provide a copy of a fingerprint receipt from Identogo by MorphoTrust USA evidencing the individual has had his or her fingerprints electronically submitted to the Texas Department of Public Safety. Detailed [Fingerprint Requirements and Instructions](#) can be accessed from our website.

The fingerprint receipt is waived for all applicants if one of the following applies:

- 1 The individual holds an active TDI license and has already submitted fingerprints to TDI with another license application, or
- 2 The individual is a nonresident and meets this requirement by one of the following:
  - a. The individual holds a current reinsurance intermediary license in good standing in the individual's home state as reflected in the PDB, or
  - b. The individual provides with this application criminal history records obtained from the individual's resident state's law enforcement agency, or
  - c. The individual provides with this application a Letter of Certification from the individual's resident state confirming the individual holds a current reinsurance intermediary license in that state, or
- 3 The applicant nonresident entity holds an active reinsurance intermediary license in its resident state.
  - a. All nonresident individuals who do not hold a current reinsurance intermediary license in good standing in their resident state must, through the law enforcement agency of the state of residence, submit a copy of the individual's criminal history records. If the resident state will not provide a criminal history record for licensing purposes, the individual must provide a receipt of electronic fingerprints from Identogo by MorphoTrust USA.

INDIVIDUAL'S FULL LEGAL NAME	TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD/MM/YYYY)	
STREET, PHYSICAL LOCATION, ROUTE, OR PO BOX		
CITY	STATE	ZIP CODE

- Fingerprint Receipt from IdentoGO by MorphoTrust USA is attached, or
- Individual has active TDI License Number \_\_\_\_\_, and previously submitted fingerprints to TDI, or
- Individual is currently licensed in the individual's resident state with a license similar to the license applied for on this application, or
- Individual is a nonresident and has attached criminal history records from individual's resident state's law enforcement agency, or
- Applicant nonresident entity is currently licensed in resident state.

INDIVIDUAL'S FULL LEGAL NAME	TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD/MM/YYYY)	
STREET, PHYSICAL LOCATION, ROUTE, OR PO BOX		
CITY	STATE	ZIP CODE

- Fingerprint Receipt from IdentoGO by MorphoTrust USA is attached, or
- Individual has active TDI License Number \_\_\_\_\_, and previously submitted fingerprints to TDI, or
- Individual is currently licensed in the individual's resident state with a license similar to the license applied for on this application, or
- Individual is a nonresident and has attached criminal history records from individual's resident state's law enforcement agency, or
- Applicant nonresident entity is currently licensed in resident state.

INDIVIDUAL'S FULL LEGAL NAME	TITLE	
SOCIAL SECURITY NUMBER	DATE OF BIRTH (DD/MM/YYYY)	
STREET, PHYSICAL LOCATION, ROUTE, OR PO BOX		
CITY	STATE	ZIP CODE

- Fingerprint Receipt from IdentoGO by MorphoTrust USA is attached, or
- Individual has active TDI License Number \_\_\_\_\_, and previously submitted fingerprints to TDI, or
- Individual is currently licensed in the individual's resident state with a license similar to the license applied for on this application, or
- Individual is a nonresident and has attached criminal history records from individual's resident state's law enforcement agency, or
- Applicant nonresident entity is currently licensed in resident state.

**Make additional copies of this page, as necessary.**

**Fingerprints provided for this application will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with the applicable statutes.**

**Part VI—Certification**

I hereby certify that I have personally and completely answered each of the questions herein and that the answers are true and correct to the best of my knowledge and belief, and that I have attached to this application all information requested. I further certify that I am aware of the provisions of the Texas Insurance Code and the rules and regulations promulgated by the Texas Department of Insurance, which relate to the issuance of the license for which I am applying and the grounds under which such license may be denied, suspended, revoked or nonrenewed. I understand that fingerprints provided for this application will be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation in accordance with applicable statutes and I have advised all individuals submitting fingerprints for this application of this use. I acknowledge and understand that the applicant has the duty to inform the Commissioner of Insurance within thirty (30) days of any disciplinary action taken against it or any individual associated with the entity who is required to file biographical information with the department. I further acknowledge that the applicant has the duty to update the information contained on this application including a change in address, and that failure to do so may constitute grounds for revocation, or suspension of its insurance license(s). I further certify that each listed or named individual has to the best of my knowledge and belief, received a true and correct copy of the disclosure entitled.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL, OFFICER, OR PARTNER

\_\_\_\_\_  
PRINT FULL LEGAL NAME OF INDIVIDUAL, OFFICER, OR PARTNER

The State of \_\_\_\_\_

County of \_\_\_\_\_

Before me \_\_\_\_\_, on this day  
(PRINTED NOTARY'S NAME)

personally appeared \_\_\_\_\_, known  
(PRINT NAME OF SIGNING INDIVIDUAL)

to me (or proved to me on the oath of \_\_\_\_\_) or  
(PRINTED NAME OF WITNESS KNOWN TO NOTARY PUBLIC)

through \_\_\_\_\_ )  
(DESCRIPTION OF IDENTITY CARD OR OTHER DOCUMENT)

to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that (s)he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ A.D.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

Notary Public, State of \_\_\_\_\_

(NOTARY SEAL)

This application with fee and required attachments must be mailed to:

Via **USPS** send to:

Agent and Adjuster Licensing, MC CO-AAL  
Texas Department of Insurance  
PO Box 12069  
Austin, TX 78711-2069

Via **UPS and Fedex** send to:

Lockbox, MC CO-AAL  
Texas Department of Insurance  
208 E. 10th St  
Austin, TX 78711

## Part I—General Information

### License Types:

**Reinsurance Intermediary Broker** is a person, other than an officer or employee of an insurer, who solicits, negotiates, or places reinsurance business on behalf of an insurer and who may not exercise the authority to bind reinsurance on behalf of that insurer.

**Reinsurance Intermediary Manager** is a person who has the authority to bind reinsurance or who manages all or part of the reinsurance business of an insurer, including the management of a separate division, department, or underwriting office, and who acts as an agent for that insurer.

### Descriptions of Entity Types:

**Corporation** means a legal entity that is organized under the business corporation laws or limited liability company laws of Texas, another state, or a territory of the United States and that has as one of its purposes the authority to act as an insurance agent.

**Partnership** means an association of two or more persons organized under the partnership laws or limited liability partnership laws of Texas, another state, or a territory of the United States. The term includes a general partnership, limited partnership, limited liability partnership, and limited liability limited partnership.

**Fees:** Refer to [28 Texas Administrative Code \(TAC\) §§ 19.801-19.802](#). All \$500 application fees are nonrefundable and nontransferable as authorized by [TIC §4001.006](#). Make check or money order payable to the Texas Department of Insurance.

**Question 1. Names:** Applicants must apply for license in their full legal name or in the name as authorized on their official entity formation documents. If the applicant will be doing business under a name other than their “legal name”, submit a signed version of [Registration of Assumed Name/Branch Locations/Entity Name Change](#) (TDI Form FIN528) with the required **\$500** fee. Refer to [28 TAC §19.902](#) for standards of approval of assumed names. FIN528 must also be submitted to notify the department of a legal name change of the entity.

**Question 2. Federal Employer Identification Number (F.E.I.N.) or if individual applicant, Social Security Number (SSN):** If entity applicant, print the F.E.I.N. This number is sometimes referred to as the Federal Tax I.D. Number. If individual applicant, print your SSN. Disclosure of your SSN is required by Texas Family Code § 231.302. It will be maintained as a part of your license file. If you do not have a SSN, you must file a sworn affidavit stating your name and the fact that you do not have a SSN and why no SSN is held. The application cannot be processed without the applicable F.E.I.N., SSN, or affidavit.

**Question 3. Addresses:** The official mailing address provided in Part I must be the licensee’s permanent mailing address and is the address of record to which official correspondence, forms, notices, and other information will be sent. Address changes must be reported to TDI as required in TIC § 4001.252. If the official mailing address changes, the owner, an officer, or partner of the entity must notify TDI, in writing, either by fax to 512-490-1029 or



by mail to Agent and Adjuster Licensing Office, MC CO–AAL, Texas Department of Insurance, PO Box 12030, Austin, TX 78711-2030. The [Licensee Name/Address Change Request Form \(TDI Form FIN533\)](#) can be accessed from the [Information Update Forms](#) webpage. All address change requests must be dated and signed by the individual owner or an authorized officer or partner of the licensed entity.

**Part II–Screening Questions:** This section must be completed by all applicants. If this section is not completed, your application will be rejected. The questions listed in this section concern eligibility for license in Texas.

If you answer “**Yes**” to **questions 1–5**, you must submit full information with dates and complete details on a separate sheet of paper. Application processing will be suspended until the details are received and a review is completed.

**Questions 7–10.** All requested information must be provided as it relates to compliance with [TIC Chapter 4152](#). Contracts between Reinsurance Intermediary Managers and Insurers must be emailed to: [FAFilings@tdi.texas.gov](mailto:FAFilings@tdi.texas.gov).

### **Part V–Persons Authorized to Act under License**

**Fingerprinting:** The fingerprint requirement is authorized in [TIC §801.056](#) and amended [28 TAC §1.501](#) and [§§1.503–1.509](#). The complete text of the rule may be accessed at <http://www.tdi.texas.gov/rules/2006/1003e-059.html>. The department strongly encourages all resident applicants to utilize electronic fingerprinting through approved vendors as authorized under the rule. Electronic fingerprinting is fast and accurate, and in most cases will avoid potential delays in the processing of your submission.

Click here for detailed information about fee requirements and about [Fingerprint Requirements and Instructions](#). TDI cannot complete processing an application until it receives a criminal history report from DPS and FBI for each individual listed in Part V that is required to furnish a fingerprint receipt, including non-United States citizens residing outside the United States.

### **Part VI–Certification**

Carefully read this section. A license application may be denied or a license revoked if you give a false answer to any question on this application. The application form must be signed in ink by the individual applicant, an officer, or a partner of the applicant who is listed in Part V. This application form must be completed by a notary.

References: You may view the TIC at <http://www.statutes.legis.state.tx.us/?link=IN> and the TAC at [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=3&ti=28&pt=1](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=3&ti=28&pt=1).

**Your rights:** You can request information we have about you by emailing [OpenRecords@tdi.texas.gov](mailto:OpenRecords@tdi.texas.gov) or writing to: Public Information Coordinator, MC GC-ORO, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to [RecordCorrections@tdi.texas.gov](mailto:RecordCorrections@tdi.texas.gov) or by mail to: Record Correction Request, MC CO-AAL-CC, Texas Department of Insurance, PO Box 12030, Austin, Texas 78711-2030.