



Department of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Judith L. French, Director

Business Entity Surplus Lines Broker License Application

Licensing Division, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
1-614-644-2665 | 1-614-387-0087 (Fax) | insurance.ohio.gov

(Please Print or Type)

Check appropriate box for license requested:

☐ Resident License

☐ Non-Resident License

- Identify Home State: _____
- Identify Home State License #: _____

Demographic Information

① Business Entity's Name		② Incorporation/Formation Date (MM/DD/YY)		③ FEIN	
④ If assigned, National Producer Number (NPN)		⑤ If applicable, FINRA Firm Central Registration Depository (CRD)			
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			⑦ State of Domicile		⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? <input type="checkbox"/> Yes <input type="checkbox"/> No					
⑩ Business Address (Physical Street)		⑪ City		⑫ State	⑬ Zip or Foreign Country
⑭ Phone Number (include extension) ()	⑮ Fax Number ()	⑯ Business E-Mail Address		⑰ Business Web Site Address	
⑱ Mailing Address		⑲ P.O. Box	⑳ City		㉑ State
				㉒ Zip or Foreign County	

Designated/Responsible Licensed Producer

㉓ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules, and regulations of this state.

Name	SSN	NPN
Name	SSN	NPN
Name	SSN	NPN
Name	SSN	NPN

Owners, Partners, Officers and Directors

㉔ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company.

Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title		% of Ownership Interest	
Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title		% of Ownership Interest	
Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title		% of Ownership Interest	
Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title		% of Ownership Interest	
Name	SSN/FEIN	Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title		% of Ownership Interest	

Background Information

25 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime or had a judgment withheld or deferred, or are you currently charged with committing a crime? ☐ Yes ☐ No

Note: "Crime" includes a **misdemeanor**, a **felony** or a **military offense**. You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license 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 no contest, or having been given probation, a suspended sentence, or a fine.

If Yes, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and 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.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license or registration? ☐ Yes ☐ No

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanction 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 or registration. "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 Yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) 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 any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others. ☐ Yes ☐ No

If Yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

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

If Yes, identify the jurisdiction(s): _____

5. 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 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, arbitrations, or mediation proceedings, and
- c) a copy of the official documents, which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer, director, or member or manager of a limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? ☐ Yes ☐ No

If 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.

Applicant's Initials _____

Background Information (Continued)

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? ☐ N/A ☐ Yes ☐ No

If Yes, will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? ☐ N/A ☐ Yes ☐ No

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you **must** go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

Applicant's Certification and Attestation

(26) On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either (a) does not have a current child-support obligation, or (b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company who has authority to act on behalf of the business entity:

Signature

Date

Type or Print Name

Social Security Number

Title

Address

City

State

Zip

Application Attachments

(27) The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. Non-refundable fee (check or money order) made payable to the "State of Ohio Treasurer" in the amount of \$100.00;
2. Proof of \$25,000 bond executed in accordance with section 3905.35 of the Ohio Revised Code (resident applicants only);
3. Completion of the attached Ohio Specific Bond Form (resident applicants only); and
4. If necessary, any required supporting details or documents.

**SURPLUS LINE BROKER'S BOND
AS PROVIDED BY SECTION 3905.35, REVISED CODE OF OHIO**

Bond Number _____

KNOWN ALL MEN BY THESE PRESENTS;

That we, _____ as principal, and
_____ surety, are held firmly bound unto the State of
Ohio in the sum of twenty-five thousand (\$25,000) dollars, for the payment of which sum, will and truly to be made, we hereby jointly
and severally bind ourselves, our heirs, executors and administrators, successors and assigns.

Dated this _____ day of _____, 20 _____

The condition of the foregoing obligation is such that whereas the said _____
has made application to the Superintendent of Insurance for a license as a surplus line broker, in accordance with section 3905.30 of
the Ohio Revised Code, and is required by section 3905.35 of the Ohio Revised Code to give bond payable to said state, in the sum of
twenty-five thousand (\$25,000) dollars, and conditioned as set forth in section 3905.35 of the Ohio Revised Code.

NOW, THEREFORE, if such license is so issued to said _____
and then if he/she shall faithfully comply with sections 3905.30 to 3905.36, inclusive, of the Ohio Revised Code, and shall annually
file with the Superintendent of Insurance in March, a statement of the gross premiums charged for insurance procured or placed, and
the gross premiums on such insurance canceled under such license during the year ending on the thirty-first day of December last
preceding, and at the time of filing such statement shall pay to the Treasurer of State as amount equal to five (5) percent of the balance
of such gross premiums after deducting such return premiums so reported, then the said obligation shall become void, otherwise it
shall remain in full force and effect in law.

IN TESTIMONY WHEREOF, said parties have hereunto set their hands the day and year aforesaid.

Witnesses:

Principal_____
SuretyCOPY OF THE POWER OF ATTORNEY EVIDENCING AUTHORITY OF THE SIGNER OF THE BOND MUST BE
ATTACHED.