



STATE OF MAINE
Bureau of Insurance

34 State House Station
Augusta, ME 04333-0034

License Application For

Reinsurance Intermediary Broker Reinsurance Intermediary Manager

1. Name of applicant:
2. D.B.A. (if applicable) -- Please list all used. Use separate sheet if necessary--
3. Federal ID/SSN#:
4. Mailing address: (including City, State, Zip)
5. Physical address:
6. Contact person:
7. Position:
8. Direct phone:
9. Type of organization: Individual Corporation Partnership Limited Liability Corporation Other (explain)
10. Is the applicant currently licensed as a producer in Maine? Yes No
11. Is the applicant currently licensed in another accredited state as: Agent Broker Producer Reinsurance Intermediary Broker/Manager
12. Does applicant have an office in Maine? Yes No
13. Has applicant ever had an insurance agent, reinsurance intermediary, producer, or broker license refused, suspended, or revoked? Yes No
14. Name of Agent to Receive Service of Process: (Must be an agent located in Maine)
15. Is the application for Reinsurance Intermediary Manager? Yes No

*I hereby certify that I am in compliance with and will continue to comply with all Title 24-A requirements with regard to a reinsurance intermediary.*

**The following applies to Reinsurance Intermediary Manager only:**

*I further certify that the contracts provided to the Superintendent pursuant to Title 24-A M.R.S.A. §747 contain all terms required by that section. Any provisions not consistent with Maine statutes will be null and void.*

\_\_\_\_\_  
Signature of License Applicant

\_\_\_\_\_  
Type or Print Name of Above Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Date

Subscribed and sworn to before me, a Notary Public in  
and for the county of \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Typed/Printed Name of Notary

My commission expires \_\_\_\_\_

Please Note:

**FEES:** You will be billed a \$50 licensure fee once your application has been reviewed. Please do not submit any money with the application. The continuation fee is due annually June 1<sup>st</sup>.

Mail the completed application to:

Barbra Garboski  
Maine Bureau of Insurance  
Financial Analysis Division  
#34 State House Station  
Augusta, ME 04333-0034

76 Northern Ave.  
Gardiner, ME 04345.

USPS Express overnight deliveries  
34 State House Station  
Augusta, ME 04333

**Overnight delivery:**

Deliveries such as FedEx and UPS