

INSTRUCTIONS FOR EXCESS LINE BROKER APPLICANT

Match the submission code numbers listed under the “Resident” (one who has declared New York as their Home State; Home State means the District of Columbia or any state or territory of the United States in which the applicant maintains his, her or its principal place of residence or principal place of business) or “Non-Resident” (one who has declared a state OTHER than New York as their Home State AND who is licensed or authorized in their Home State).

INDIVIDUAL/TBA LICENSES WILL BE ISSUED WITH AN EXPIRATION DATE DETERMINED BY DATE OF BIRTH:

**If you were born in an even numbered year, your license will expire on your birthday in an even numbered year.

**If you were born in an odd numbered year, your license will expire on your birthday in an odd numbered year.

CODE	DESCRIPTION OF LICENSE	INS. LAW SECTION	SUBMISSION CODES		OTHER REQUIREMENTS	LICENSING PERIOD	FEE	
			RESIDENT	NON-RESIDENT			FULL FEE	HALF FEE
EX	Excess Line Broker	2105	1, 2, 3, 6	1, 2, 4, 5, 6, 7*	Must be licensed as a BR (broker) under Section 2104 **See 3 & 4 below for clarification	Individual/TBA – up to 2 years from date of issue to Date of Birth Expiration** (See Note Above) Corresponding with qualifying BR license Entities - 2 yrs-11/1 to 10/31 of even years corresponding with qualifying BR license	\$400 or \$50 (See code 2 below)	\$200 or \$25 (See code 2 below)

SUBMISSION REQUIREMENT CODE CHART

1.	<u>Application</u>
2.	<u>FEE</u> – RESIDENT - \$400 or \$200 if the applicant maintains an office in, or acts as an excess line broker in placing insurance on risks located in any county in this state having a population of 100,000 or more. \$50 or \$25 in all other cases. NON-RESIDENT - \$400 OR \$200. Full fees are charged during the first year of a licensing period; half fees are charged during the second year. See “Fee” columns above. Make check payable to “Superintendent of Financial Services.” \$20 will be charged for each check dishonored by the bank.
3.	**Section 2105 of the Insurance Law requires that an Excess Line Broker be licensed as a broker under Section 2104 of the Insurance Law. Residents must submit a separate application under Section 2104 of the New York Insurance Law
4.	**Section 2105 of the Insurance Law requires that an Excess Line Broker be licensed as a broker under Section 2104 of the Insurance Law. If you are a non-resident and do not currently hold a New York broker license under Section 2104 and are applying for an Excess Line Broker License, an Excess Line Broker license from another state meets the qualification to become licensed as a broker in this state. No application is required for a broker license for non-residents ; however, an additional fee for this license is required. See the attached fee schedule for a non-resident broker license under Section 2104. Please add this fee to the above applicable license fee.
5.	Must be currently licensed and in compliance in your declared home state. NOTE: Your license information MUST be included in the National Producer Database; if not, you must submit a currently dated Certification from the state you have declared as your home state and in which your principle place of business or residence is located.
6.	If not already on file with this Department, proof of required filing of a partnership, corporation, limited liability company, or trade name. It is recommended that the applicant obtain name approval for use of the name in the insurance industry from this Department before filing the name with a County Clerk office or the New York State Department of State. You may submit a list of proposed names in the order of preference to New York State Dept. of Financial Services, One Commerce Plaza, Albany, NY 12257 or to our e-mail address, licensing@dfs.ny.gov . Once a name is approved, licensing instructions will be provided.
7.	*If Home State is California – \$50,000 BOND is required.
NOTE – If your declared home state is in Montana, Florida or Missouri (entities), you will be issued a LIMITED EXCESS LINE BROKER LICENSE.	

**ORIGINAL/RELICENSING
ENTITY FORM**

NEW YORK STATE DEPT OF FINANCIAL SERVICES

Attention: Licensing Bureau
One Commerce Plaza
Albany, New York 12257

**PRODUCER APPLICATION FOR EXCESS LINE BROKER'S LICENSE
UNDER SECTION 2105 OF THE INSURANCE LAW**

www.dfs.ny.gov

FOR DEPT USE ONLY

License No. EX-.....
Ex. By.....App. By.....
Issued.....
Original.....Relicensing.....

Resident _____

Non-Resident _____

Identify Home State: _____

Identify Home State License # _____ (If Home State is Not NY)

1. Name of Applicant _____					
Entity Name in Full _____			Fed. Employer ID No.* _____		
Principal Business Address (Required) _____					
Street and Number (Required) _____			P.O. Box (if any) _____		
City, Town or Village _____		County _____	State _____	Zip Code _____	Telephone No. _____
Mailing Address (Required)(Indicate if Same as Business) _____					
Street and Number _____			P.O. Box (if any) _____		
City, Town or Village _____		County _____	State _____	Zip Code _____	

(If either address changes, this Department must be notified in writing immediately.)

- Indicate if your entity is a _____ Corporation _____ Partnership** _____ Limited Liability Company
**If Partnership – at least 2 partners/members are required
- Broker's License number under Section 2104 of the Insurance Law (if already licensed) _____
- Name of largest county in New York State in which applicant maintains an office or in which risks are located upon which applicant proposes to place insurance as an excess line broker: _____
- List all officers/directors/partners/members/managers and give information requested below. If sub-licensee/designated responsible person, check box(es) at the right and list before others; employees are not eligible. **(Only officers/directors/partners/members/managers who are named as sub-licensees/designated responsible persons in the license held by the entity as an insurance broker may be named as sub-licensee/designated responsible person in a license pursuant to this application.)**

(a) Name (Last, First, M.I.) _____	Title of Officer/Director _____	Social Security No* _____	Date of Birth _____	Sex M__ F__
Residence: Number and Street (Required) _____	P. O. Box (If any) _____	City _____	State _____ Zip Code _____	Sub-licensee/Designated Responsible Person? Yes_____ No_____

(b) Name (Last, First, M.I.) _____	Title of Officer/Director _____	Social Security No* _____	Date of Birth _____	Sex M__ F__
Residence: Number and Street (Required) _____	P. O. Box (If any) _____	City _____	State _____ Zip Code _____	Sub-licensee/Designated Responsible Person? Yes_____ No_____

* See Privacy Notification on Page 4.

5. (CONTD.)

(c) Name (Last, First, M.I.)		Title of Officer/Director	Social Security No*		Date of Birth	Sex M__ F__
Residence: Number and Street (Required)	P. O. Box (If any)	City	State	Zip Code	Sub-licensee/Designated Responsible Person? Yes_____ No_____	
(d) Name (Last, First, M.I.)		Title of Officer/Director	Social Security No*		Date of Birth	Sex M__ F__
Residence: Number and Street (Required)	P. O. Box (If any)	City	State	Zip Code	Sub-licensee/Designated Responsible Person? Yes_____ No_____	
(e) Name (Last, First, M.I.)		Title of Officer/Director	Social Security No*		Date of Birth	Sex M__ F__
Residence: Number and Street (Required)	P. O. Box (If any)	City	State	Zip Code	Sub-licensee/Designated Responsible Person? Yes_____ No_____	

6. Identify all owners with at least 10% interest or voting interest of the business entity:

Name	SSN/FEIN	Date of Birth	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. If **corporate** applicant - attach a copy of its Charter or Certificate of Incorporation which confers upon it the right to act as an insurance broker; also attach a copy of the corporation's Department of State filing receipt, unless previously submitted.

If **partnership** applicant – attach a copy of its Business Certificate from the County Clerk's Office in which the business address is located, unless previously submitted.

If **limited liability company** applicant – attach a copy of its Articles of Organization. Also attach a copy of the Department of State filing receipt, unless previously submitted.

8. Is the business entity or any of its officer/director/partner/member/manager/owner licensed as an excess line broker or agent in any state, territory, or possession of the United States?.....

Yes or No

If "Yes" provide the state, territory or possession of the United States:_____

9. Are any of the individuals named in 5 or 6 under obligation to pay child support?

Yes or No

If "Yes," attach signed child support obligation form for each individual under such obligation.

10. If any of the following questions are answered "YES," an explanation must be attached.

(a) Has the business entity or any officer/director/partner/member/manager/owner named in 5 or 6 ever been convicted of a crime, had a judgment withheld or deferred, or is the business entity or any officer/director/partner/member/manager/owner named in 5 or 6 currently charged with committing a crime?

Yes or No

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions 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 having been given probation, a suspended sentence or a fine.

(b) Has the business entity or any officer/director/partner/member/manager/owner named in 5 or 6 ever been named or involved as a party in an administrative proceeding regarding any professional or occupational license or registration?.....

Yes or 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 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 the act of withdrawing an application to avoid a denial. EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

10. (CONTD.)

- (c) Has any demand been made or judgment rendered against the business entity or any officer/director/partner/member/manager/owner named in 5 or 6 for overdue monies by an insurer, insured or producer, or ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies unless they involve funds held on behalf of others. Yes or No
- (d) Has the business entity or any officer/director/partner/member/manager/owner named in 5 or 6 ever been notified by any jurisdiction to which the business entity is applying of any delinquent tax obligation that is not the subject of a repayment agreement?..... Yes or No
 If you answer yes, identify the jurisdiction(s):_____
- (e) Is the business entity or any officer/director/partner/member/manager/owner named in 5 or 6 a party to, or ever been found liable in any lawsuit, arbitration or mediation proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?..... Yes or No
- (f) Has the business entity or any officer/director/partner/member/manager/owner named in 5 or 6 ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?..... Yes or No

11. **RELICENSING APPLICANTS MUST ANSWER THIS QUESTION.**

Since expiration of its last authority, has this applicant transacted business in New York State for the license being applied for in this application?..... Yes or No

Applicant Certification and Attestation

The undersigned Sub-licensees/Designated Responsible Person(s) hereby certifies, under penalty of perjury that:

- ◆ All of the information submitted in this application and attachments is true and complete and (I am) or (We are) 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/us and the business entity to civil or criminal penalties.
- ◆ Where required by law, the business entity hereby designates the Commissioner, Director, or Superintendent of Financial Services, or an appropriate representative 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 that jurisdiction is of the same legal force and validity as personal service upon the business entity.
- ◆ The business entity grants permission to the Commissioner, Director, or Superintendent of Financial Services in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- ◆ The jurisdictions are hereby authorized to give any information they may have concerning (me) or (us) to any federal, state or municipal agency, or any other organization as referenced in Section 110 of the New York State Insurance Law and the jurisdictions and any person acting on their behalf are hereby released from any and all liability of whatever nature by reason of furnishing such information.
- ◆ It is acknowledged that (I) or (We) understand and comply with the insurance laws and regulations of the jurisdictions to which is being applied for licensure/registration.
- ◆ **For Non-Resident License Applicants**, it is certified that (I) or (we) have been licensed within the last ninety (90) days and in good standing in the home state/resident state for the lines of authority requested from the non-resident state.

THIS APPLICATION MUST BE VERIFIED AND SIGNED BY ALL OFFICERS AND DIRECTORS NAMED AS SUBLICENSEES/ DESIGNATED RESPONSIBLE PERSONS

	Name of Entity
DATED _____	Signature of Sub-licensee/Designated Responsible Person
E-Mail Address: _____	Signature of Sub-licensee/Designated Responsible Person
URL WebSite: _____	Signature of Sub-licensee/Designated Responsible Person
	Signature of Sub-licensee/Designated Responsible Person
	Signature of Sub-licensee/Designated Responsible Person

Make Check Payable to Superintendent of Financial Services

*** * CHILD SUPPORT NOTIFICATION * ***

Persons four (4) months in arrears in child support or who have failed to comply with a summons, subpoena, or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver, and/or recreational licenses and permits including, but not limited to, licenses pursuant to §11-0713 of the Environmental Law.

Intentional submission of false statements for the purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

*** * PRIVACY NOTIFICATION * ***

Pursuant to Article 1, Section 5 of the New York State Tax Law, it is mandatory that you report your Social Security Number and/or Employer Identification Number. Your failure to respond may be reported to the Department of Taxation and Finance. These tax identification numbers are being collected to enable the Department of Taxation & Finance to identify entities which are delinquent in or have understated their tax liabilities, and may be used for any purpose authorized by the Tax Law. They will be maintained by the Director, Licensing Services Bureau, New York State Dept. of Financial Services, One Commerce Plaza, Albany, New York 12257. Telephone: (518) 474-6630.

The New York State Dept. of Financial Services will, absent your written objection, which must be attached to this application, provide these tax identification numbers to the National Association of Insurance Commissioners for inclusion in its Producer Database.

CHILD SUPPORT OBLIGATION FORM

Name of Entity on Application (Please Print)

Name of Individual (Please Print)

Date of Birth

Social Security Number

Are you under obligation to pay child support?

Yes No

If "yes," (a) Are you current or less than 4 months in arrears?

(b) Are you paying by income execution plan agreed to by courts or parties?

(c) Is the obligation subject of pending court proceeding?

(d) Are you receiving public assistance or supplemental security income?

If answer to the question regarding obligation to pay child support is "yes," one of the answers to a-d must be "yes" or license will expire six months from the effective date of this license unless you notify the Department by that time which answer has changed to "yes."

Persons four months in arrears in child support or who have failed to comply with a summons, subpoena or warrant relating to paternity or child support proceeding may be subject to suspension of their business, professional, driver and/or recreational license and permits including but not limited to, licenses issued pursuant to §11-0713 of the Environmental Conservation Law.

Intentional submission of false statements for purposes of frustrating/defeating lawful enforcement of support obligations is punishable under §175.35 of the Penal Law.

Under penalty of perjury, I affirm that I have read this form and affirm that the information given on this form is true and hereby subscribe thereto.

Signature

Date

This form may be reproduced

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