

Form #1

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ORIGINAL AMENDED

**Report on Delegation of Authority by Insurer  
to a Managing General Agent**

This form should be completed and filed by every insurer with the Insurance Department's Albany Office, Systems Bureau, One Commerce Plaza, Albany, New York 12257, within 30 days after every delegation of authority to some person or entity or termination thereof as Managing General Agent (manager). An amended form shall be filed within 30 days after any change.

The following information should be provided:

1. Name of Insurer and NAIC number.

\_\_\_\_\_

2. Name and address of person or entity to whom authority is delegated.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BUSINESS \_\_\_\_\_ HOME \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Will the manager represent you in this State?

Yes \_\_\_ No \_\_\_

4. Is the manager so delegated licensed in this State?

Yes \_\_\_ New York License Number \_\_\_\_\_ No \_\_\_

5. If not, in which State or States is manager licensed?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Who are the principals of the manager or officers, directors and shareholders of any corporate manager?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If the manager is not licensed in this State, a biographical questionnaire in the form attached should be provided for each principal, officer, director or shareholder owning, directly or indirectly, 10% or more of such manager.

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7. For what classes of business has authority been extended?

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8. What limits are there on the manager's underwriting authority?

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9. Term of contract? BEGINNING DATE \_\_\_/\_\_\_/\_\_\_ ENDING DATE \_\_\_/\_\_\_/\_\_\_

10. Number of days notice required to cancel the contract.

a.) If cancelled by insurer \_\_\_\_\_

b.) If cancelled by agent \_\_\_\_\_

11. a.) Is the contract subject to a retrospective compensation clause?

Yes \_\_\_ No \_\_\_

b.) If yes, state applicable compensation rate:

Provisional \_\_\_\_\_ Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

12. For either facultative or treaty, is the manager authorized to cede reinsurance?

Yes \_\_\_ No \_\_\_

assume reinsurance?

Yes \_\_\_ No \_\_\_

PLEASE NOTE: QUESTION 12 IS CONTINUED ON THE NEXT PAGE.

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If the answer to either is yes, disclose the name(s) of other insurers that have granted the manager such authority?

ASSUME

C E D E

NAME

NAIC #

NAME

NAIC #

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Is the manager authorized to appoint sub-agents?

Yes \_\_\_ No \_\_\_

14. Date of termination, if applicable: \_\_\_ / \_\_\_ / \_\_\_

Indicate party terminating the contract and reason therefore:

Dated and signed this    day of \_\_\_\_\_, 20 \_\_\_

at, \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
By \_\_\_\_\_  
Insurer

Name of Insurance Company

STATE OF NEW YORK  
INSURANCE DEPARTMENT  
BIOGRAPHICAL QUESTIONNAIRE  
(SUBMIT IN DUPLICATE)

To the Superintendent of Insurance of the State of New York:

1. NAME LAST FIRST MIDDLE

SOCIAL SECURITY NO.

ALIAS

REASON FOR USE OF ALIAS

Was your name legally changed?

Yes or No

Why?

Name and location of Court where change was made

2. Date and Place of Birth: Mo Day Year City State Country

Are you a Citizen of the United States?

Yes or No

If born in another country, when did you become a Citizen?

3. List your residences for the last 10 years starting with your current address:

Dates Street Address City State Country

List any State or Country not included in above that you resided in for a period in excess of six (6) months.

Current telephone number: Business Residence

4. (a) Education Dates Name & Location Major Did you Graduate? Degree

High School

x

x

College

Graduate Studies

Other

4. (b) Are you a member of any Professional Society or Association? \_\_\_\_\_  
Yes or No

If "Yes", please indicate \_\_\_\_\_

\_\_\_\_\_

5. (a) Other than traffic infractions, is there now pending against you any criminal action? \_\_\_\_\_  
Yes or No

If "Yes," give full particulars \_\_\_\_\_

(b) Other than traffic infractions and other adjudications as a Youthful Offender or as a Juvenile Delinquent or a Person in Need of Supervision, have you been convicted or any criminal action? \_\_\_\_\_

Yes or No

If "Yes," give full particulars \_\_\_\_\_

\_\_\_\_\_

6. Have you, or a firm in which you are or were a member, or a Corporation of which you are or were an Officer, Director or major Stockholder (10% or more) ever:

(a) been charged with any wrongdoing by any government agency or authority? \_\_\_\_\_  
Yes or No

(b) been discharged by or had a contract of agency terminated by any insurer or employer? \_\_\_\_\_  
Yes or No

(c) been charged in any capacity whatsoever with irregularities in money or any other transactions? \_\_\_\_\_  
Yes or No

(d) compromised liabilities with creditors; been insolvent adjudged bankrupt or placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? \_\_\_\_\_  
Yes or No

(e) been refused or voluntarily withdrawn an application for a license or certificate of authority or had an existing one suspended or revoked by an Insurance Department, or by any State or governmental agency or authority? \_\_\_\_\_  
Yes or No

(f) been fined for other traffic infractions by any State or governmental agency or authority?

\_\_\_\_\_  
Yes or No

(g) had any judgements that have remained unsatisfied?

\_\_\_\_\_  
Yes or No

(h) been involved in any lawsuit as a defendant involving fiduciary funds?

\_\_\_\_\_  
Yes or No

If answer to any of the above questions is "Yes," give full particulars

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7.(a) State experience giving various employment in their chronological order, current first:

Occupation, Employment, or Business	Position Held	Dates	Employers		Reason For Leaving
			(If not employed by another, state the fact) Names	Addresses	

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(b) Are you, or have you ever been licensed by any governmental agency?

\_\_\_\_\_  
Yes or No

If "Yes," give details, including type of license and, if terminated, date and reason for the termination \_\_\_\_\_

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8. Are you or will you be a director of the management company?

\_\_\_\_\_  
Yes or No

If so, (a) Do you or will you receive any remuneration from the company?

\_\_\_\_\_  
Yes or No

(b) Are you, or do you intend to be active?

\_\_\_\_\_  
Yes or No

(c) Do you serve on any committees?

\_\_\_\_\_  
Yes or No

If "Yes," give details \_\_\_\_\_

9. Are you, or have you ever been a director of any other company?

\_\_\_\_\_  
Yes or No

If "Yes," identify all companies \_\_\_\_\_

10. Are you, your spouse, or children a partner of, have the power to control or own, beneficially, directly or indirectly, any stock in an insurance company, a holding company of an insurance company, agent, broker or reinsurance intermediary or have the right to acquire such stock through the exercise of options, warrants or rights through the conversion of convertible securities?

\_\_\_\_\_  
Yes or No

If "Yes,"

1. Identify holdings, number of shares and percentage of outstanding shares.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. If any of the above stock is pledged or hypothecated in any way, please give full details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If indirectly owned, or controlled, name or identify the medium through which the stock options, warrants, rights, or convertible securities are indirectly owned, i.e., name partnership, corporation, trust or other entity, and state the entire amount of stock owned by the entities and the extent of the applicant's interest in such entities. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List any group, association or other organization of insurers which engages in joint underwriting or joint reinsurance in which you are the manager. Identify such group and its members. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Note: 1. If more space is required, please attach a separate sheet of paper with information.

2. If the answers to any question is "None" or the question is not applicable, please so indicate.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
at \_\_\_\_\_

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
(Signature of Affiant)

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

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

Personally appeared before me the above named \_\_\_\_\_ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_