



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE
**NON-DOMESTIC APPLICATION FOR APPROVAL TO WRITE EXCESS
 AND SURPLUS LINES INSURANCE**

P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690
 (573) 751-4126

This application shall be executed by the company President or Vice President or executive officer corresponding thereto and verified by an officer and, if a corporation, the corporate seal shall be hereto affixed, attested by its Secretary or other proper officer.

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|---|---------------------------------|-----------------------|-------------------------------------|
| 1. NAME OF COMPANY | | | |
| 2. STATE OR COUNTRY IN WHICH ORGANIZED | | | |
| 3. DATE OF INCORPORATION | | 4. PERIOD OF DURATION | |
| 5. ADDRESS, INCLUDING STREET AND NUMBER, OF PRINCIPAL OFFICE IN STATE IN WHICH ORGANIZED | | | |
| 6. CONTACT INFORMATION: | | | |
| a. CONTACT NAME | | b. CONTACT PHONE | c. CONTACT E-MAIL |
| d. MAILING ADDRESS (INCLUDING CITY, STATE & ZIP CODE) | | | |
| 7. NAMES OF STATES AND COUNTRIES IN WHICH ADMITTED OR QUALIFIED TO TRANSACT BUSINESS (ATTACH SEPARATE SHEET, IF NEEDED) | | | |
| 8. KINDS OF INSURANCE AUTHORIZED TO WRITE IN STATE OF ORGANIZATION | | | |
| 9. KINDS OF INSURANCE PROPOSED TO WRITE IN STATE OF MISSOURI | | | |
| 10. PER ANNUAL STATEMENT: | | | |
| a. DATE | b. NUMBER OF SHARES OUTSTANDING | c. PAR VALUE | d. ASSETS |
| | | \$ | \$ |
| e. LIABILITIES | f. CAPITAL | g. SURPLUS | h. NET GAIN OR LOSS FROM OPERATIONS |
| \$ | \$ | \$ | \$ |

11. MARK AND ATTACH HERETO THE FOLLOWING:

- EXHIBIT A:** A copy of the most current Audited Financial Statements.
- EXHIBIT B:** Certified copy of Certificate of Authority issued by the domiciliary regulatory body.
- EXHIBIT C:** Appointment of Missouri Director of Insurance, Financial Institutions and Professional Registration as attorney to accept service of legal process in Missouri. (MO 375-0462)

Companies will not be placed on the approval list unless all of the above information is submitted and approved. Approval may be withdrawn by the Director at any time.

The company must have the greater of the minimum capital and surplus required by this state or \$15 million.

All brokers authorized to place business under this statute must comply with the detailed regulations and procedures established by the Department for processing this business.

12. The Department of Insurance expects all brokers obtaining such surplus lines insurance to do the following:

- (1) Become licensed by the Department for this purpose;
- (2) File all forms required by law;
- (3) For the privilege of doing the business in this state the Surplus Lines Broker shall pay a tax of five percent of the net premium received with respect to surplus lines insurance on risks located in this state.
- (4) Follow strictly all other pertinent statutes and orders of the Department.

13. Section 384.057 requires filings to be submitted by the Surplus Lines Broker. The appendix 3 tax report is due before March 2nd of each year, for the preceding year ending December 31st. The appendix 1 report is due within forty-five days after the end of each calendar quarter ending March 31st, June 30th, September 30th, and December 31st the surplus lines broker must report:

- (1) The gross amounts charged for surplus lines insurance, less taxes and
- (2) The amount of net premiums with respect to the insurance (net premiums = gross premiums less taxes and returned premiums).

It is of utmost importance that the surplus line carrier get the information to the Surplus Lines Broker so that the broker can be compliant with Chapter 384.

Any violation of the above rules shall be grounds for the revocation of all licenses held by the broker.

IN WITNESS WHEREOF, the undersigned corporation has cause this application to be executed in its name by its President or Vice President attested by its Secretary or Assistant Secretary, this _____ day of _____, year _____.

| | | |
|---|--|-------------------------------|
| | EXACT CORPORATION NAME | |
| | BY: PRESIDENT OR VICE PRESIDENT | |
| | SECRETARY OR ASSISTANT SECRETARY | |
| NOTARY PUBLIC EMBOSSEY OR BLACK INK RUBBER STAMP SEAL | STATE | COUNTY (OR CITY OF ST. LOUIS) |
| | SUBSCRIBED AND SWORN BEFORE ME, THIS | |
| | DAY OF | YEAR |
| | USE RUBBER STAMP IN CLEAR AREA BELOW. | |
| | NOTARY PUBLIC SIGNATURE | MY COMMISSION EXPIRES |
| | NOTARY PUBLIC NAME (TYPED OR PRINTED) | |