

# MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE MANAGING GENERAL AGENTS (MGA) APPOINTMENT

#### FORM MGA-1

## **INSTRUCTIONS:**

This appointment form is to be completed by an insurance company representative for each MGA they utilize.

Filing of this application does not give authority to your MGA. This authority does not exist until all required items are filed and a contract is stamped "APPROVED" and returned to the insurer by this office.

This application must be accompanied by a \$150.00 filing fee.

Please complete this form in full and submit with the required documents.

### INSURER INFORMATION

NAME (FULL NAME OF INSURER)

HOME ADDRESS (STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)

An MGA needs to be reported only if they manage all or part of the insurance business of an insurer and underwrites an amount of gross direct written premium equal to or more than 5% of the policyholder surplus. If an insurer has more than one MGA that meets these guidelines, a separate application must be completed for each.

| MGA NAME                                    | MGA LICENSE NO.                     | MGA TELEPHONE NO. |  |  |
|---|-------------------------------------|-------------------|--|--|
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
| MGA ADDRESS (STREET, CITY, STATE, ZIP CODE) |                                     |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |
| CONTACT PERSON OF MGA                       | CONTACT PERSON OF INSURANCE COMPANY |                   |  |  |
|   |                                     |                   |  |  |
|   |                                     |                   |  |  |

## THE FOLLOWING DOCUMENTS <u>MUST</u> BE SUBMITTED WITH THIS APPLICATION FORM:

1. Original copy of fidelity bond in the amount of \$100,000.

2. Copy of MGA's errors and omissions policy.

3. Duplicate copy of the executed contract between the MGA and the insurer. The contract form to be used will be provided by this office.

APPROVAL OF AN INSURER AND THEIR MANAGING GENERAL AGENT (MGA) IS GRANTED BY THE MISSOURI DEPARTMENT OF INSURANCE UPON RECEIPT BY THE INSURER OF AN "APPROVED" CONTRACT.

| MUST BE SIGNED IN           | SIGNATURE TITLE (PRINT OR TYPE)       |                          |                                       |
|-----------------------------|---------------------------------------|--------------------------|---------------------------------------|
| PRESENCE OF NOTARY          | •                                     |                          |                                       |
| NOTARY PUBLIC               |                                       |                          |                                       |
| NOTARY PUBLIC EMBOSSER SEAL | STATE OF                              |                          | 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<br>EXPIRES |                                       |
|                             | NOTARY PUBLIC NAME (TYPED OR PRINTED) |                          |                                       |