P.O. BOX 690 JEFFERSON CITY, MO 65102-0690

**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 continuous

stamped "APPROVED" and returned to the insurer by this office	•	an required items are filed and a contract is	
This application must be accompanied by a \$150.00 filing fee.			
Please complete this form in full and submit with the required d	locuments.		
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 direct written premium equal to or more than 5% of the policyhold 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 INSUR	CONTACT PERSON OF INSURANCE COMPANY	

## THE FOLLOWING DOCUMENTS MUST 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	<b>&gt;</b>		
NOTARY PUBLIC			
NOTARY PUBLIC EMBOSSER SEAL	STATE OF		COUNTY (OR CITY OF ST. LOUIS)
	OUROODIRED AND OWORN REFORE ME THIS		
	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)		