



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) 751-4363

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. The application fee of \$150 may be paid electronically or by check.

1. NAME OF COMPANY			
2. STATE IN WHICH ORGANIZED			
3. DATE OF INCORPORATION		4. DATE COMMENCED BUSINESS	
5. ADDRESS INFORMATION:			
a. STATUTORY HOME OFFICE ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)			
b. MAILING ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)			
c. MAIN ADMINISTRATIVE OFFICE ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)			
d. BUSINESS ADDRESS (INCLUDING CITY, STATE, AND ZIP CODE)			
6. CONTACT INFORMATION:			
a. CONTACT NAME		b. CONTACT PHONE	c. CONTACT E-MAIL
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 FINANCIAL 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:			
<p><b>EXHIBIT A:</b> A copy of the most current Audited Financial Statements or Quarterly/Annual Financial Statement filed with the NAIC.</p> <p><b>EXHIBIT B:</b> Certified copy of Certificate of Authority issued by the domiciliary regulatory body.</p> <p><b>EXHIBIT C:</b> Appointment of Missouri Director of the Department of Commerce and Insurance as attorney to accept service of legal process in Missouri. (MO 375-0462 or UCAA Form 12)</p>			
<p>Companies will not be placed on the list of eligible surplus lines insurers unless all of the above information is submitted and approved. Approval may be withdrawn by the Director at any time.</p> <p>The company must have the greater of the minimum capital and surplus required by this state or \$15 million.</p>			

**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 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 EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	<b>USE RUBBER STAMP IN CLEAR AREA BELOW.</b>	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	