



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

P.O. BOX 690
 JEFFERSON CITY, MO 65102-0690
 CompanyLicForms@insurance.mo.gov

FORM MGA-1

INSTRUCTIONS:

This appointment form is to be completed by an insurance company representative for each MGA they utilize. See Sections 375.143 to 375.153, RSMo and 20 CSR 200-10.100 to 20 CSR 200-10.600 for more information. 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

COMPANY NAME		NAIC NUMBER
STATE OF DOMICILE		EFFECTIVE DATE OF MGA CONTRACT
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		
CONTACT NAME	CONTACT PHONE	CONTACT EMAIL

MGA INFORMATION

COMPANY NAME		MGA BEP LICENSE NUMBER
MAILING ADDRESS (STREET, CITY, STATE, ZIP CODE)		
CONTACT NAME	CONTACT PHONE	CONTACT EMAIL

THE FOLLOWING DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION FORM:

1. Original copy of fidelity bond in the amount of \$100,000 with a \$0 deductible. The \$0 deductible requirement may be waived upon written request of the insurer.
2. Copy of MGA's errors and omissions policy.
3. Duplicate copy of the executed contract between the MGA and the insurer.

PRINTED NAME

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE	TITLE (PRINT OR TYPE)

NOTARY PUBLIC

NOTARY PUBLIC EMBOSSEER 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 EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	