

**MARYLAND INSURANCE ADMINISTRATION
INITIAL LICENSE APPLICATION SUPPLEMENT FOR
PRODUCER & SURPLUS LINES PRODUCER BUSINESS ENTITY**

1. APPLICATION INFORMATION

Complete this section only if you indicated Lines of Authority = "Other" on your Producer license application and you would like to request authority for one or more of the authorities listed below. Place an "X" next to the Maryland Limited Line(s) of Authority requested for your Producer License. Check all that apply.

LINE(S) OF AUTHORITY: Auto Title OTHER LINE: _____

2. TITLE FIDELITY BOND INFORMATION - TITLE PRODUCERS ONLY

All applicants applying for the Title line of insurance must submit an **original \$150,000** Fidelity bond (see the Maryland Insurance Administration Title Fidelity Bond Form) with this application. Complete the questions below with your Title Fidelity bond information.

2A. *TITLE FIDELITY BOND _____

INSURANCE COMPANY NAME: _____

2B. *TITLE FIDELITY BOND NUMBER: _____

2C. *TITLE FIDELITY BOND ISSUE DATE (MM-DD-YYYY):

3. TITLE SURETY BOND/LETTER OF CREDIT INFORMATION - TITLE PRODUCERS ONLY

All applicants applying for the Title line of insurance must submit 1) an **original \$150,000** surety bond (see the Maryland Insurance Administration Title Surety Bond Form) and a concurrently dated Power of Attorney or 2) a letter of credit (see the Maryland Insurance Administration Letter of Credit Form) with this application. Complete the questions below with your Title Surety bond information.

3A. *Are you submitting a Letter of Credit instead of a Surety Bond? If YES, please enter your Letter of Credit information below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3B. *TITLE SURETY BOND INSURANCE COMPANY/
LETTER OF CREDIT BANK NAME: _____

3C. *TITLE SURETY BOND/ LETTER OF CREDIT NUMBER: _____

3D. *TITLE SURETY BOND/ LETTER OF CREDIT ISSUE DATE (MM-DD-YYYY):

4. GENERAL QUESTIONS - SURPLUS LINES PRODUCER APPLICANTS ONLY

4A. *Is the Business Entity licensed as an Excess or Surplus Lines Producer, Broker or Agent in any other states, District of Columbia, U.S. Territory, Canadian Province or any other jurisdiction? If YES, name jurisdiction(s) below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4B. *Is the Business Entity a stockholder with a controlling ownership (the Business Entity holds 10 percent or more of voting securities) of any insurer (s) not holding a license in Maryland? If yes, name the unauthorized insurer(s) below. If YES, name the unauthorized insurer(s) and your position below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5. SURPLUS LINES PRODUCER SURETY BOND INFORMATION - RESIDENT LICENSE APPLICANTS ONLY

All applicants for a Resident Surplus Lines Producer license must submit an original \$10,000 surety bond (see the Maryland Insurance Administration Surplus Lines Surety Bond form) and a concurrently dated power of attorney with this application. Complete the questions below with your Surplus Lines Surety bond information.

5A. *SURETY BOND INSURANCE COMPANY NAME: _____

5B. *SURETY BOND NUMBER: _____

5C. *SURETY BOND ISSUE DATE (MM-DD-YYYY):

6. APPLICATION CERTIFICATION - ALL APPLICANTS

I HEREBY CERTIFY that this application has been examined by me. To the best of my knowledge and belief it is a correct and complete statement made in good faith. I understand that any false information may be subject to criminal process and will be grounds for administrative disciplinary action. I understand that all information on this application form executed by me will become public record pursuant to Maryland Insurance Law. I also hereby state that I am familiar with the laws of Maryland concerning rebating, twisting, and commingling of premiums and the embezzlement or fraudulent conversion of insurance premiums. If applying for a Surplus Lines Producer license, I hereby state that I understand that I must continue to be licensed as a Maryland Producer with the Property and Casualty lines of insurance in order to remain licensed as a Maryland Surplus Lines Producer. I also hereby state that I am familiar with the laws of Maryland pertaining to Surplus Lines Producers and the duties and obligations which these laws and any regulations impose.

6A. AUTHORIZED SUBMITTER SIGNATURE: _____

6B. DATE: _____