

**MANAGING GENERAL AGENTS
APPOINTMENT REPORTING FORM**

The attached **Appointment Reporting Form** must be completed within 30 days of a managing general agent appointment.

Refer to the Managing General Agent **Annual Reporting Form** for information regarding annual reporting requirements.

K.S.A. 40-2,133(f) requires insurers entering or terminating a contract with a managing general agent to provide written notification to the Commissioner of Insurance within 30 days of such appointment or termination. K.S.A. 40-2,133(f)(3) also requires companies to submit a \$100 notification fee as part of their notification of an appointment to the Insurance Department. *(No fee is required for terminations.)*

K.S.A. 40-2,130(d) defines Managing General Agent or MGA as, "...any person, firm, association or corporation who manages all or part of the insurance business of an insurer, including the management of a separate division, department or underwriting office, and acts as an agent for such insurer whether known as a managing general agent, manager or other similar term, who, with or without the authority, either separately or together with affiliates, produces, directly or indirectly, and underwrites an amount of gross written premium equal to or more than 5% of the policyholder surplus as reported in the last annual statement of the insurer in any one quarter or year together with one or more of the following: (1) Adjusts or pays claims in excess of an amount determined by the commissioner; or (2) negotiates reinsurance on behalf of the insurer...."

Insurers failing to comply with these requirements may be subject to a penalty in accordance with K.S.A. 40-2,135.

**MANAGING GENERAL AGENT
APPOINTMENT REPORTING FORM
KANSAS INSURANCE DEPARTMENT**

A SEPARATE MANAGING GENERAL AGENT APPOINTMENT REPORTING FORM MUST BE COMPLETED FOR EACH MANAGING GENERAL AGENT APPOINTMENT.

Section I

Name of Insurance Company:

NAIC CoCode:

The following company person completed this form:

Name:

Title:

Address:

City: State: Zip Code:

Telephone: or 1-800-

Date Completed:

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Section II

DATE OF APPOINTMENT

MGA Name:

MGA Contact Person:

Address:

City: State: Zip Code:

Telephone: or 1-800-

Is the \$100 Appointment notification fee included with this filing?

Yes No

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Section III

1. This MGA (does) (does not) issue coverage on risks located in Kansas.
2. Pursuant to K.S.A. 40-2,131(a), "No person, firm, association or corporation shall act in the capacity of an MGA with respect to risks located in this state for an insurer licensed in this state unless such person is a licensed producer in this state."

Does the MGA represent an insurer licensed in this state with respect to risks located in this state? Yes No

If Yes, is the MGA a licensed producer in this state? Yes No

3. Pursuant to K.S.A. 40-2,131(b), "No person, firm, association or corporation shall act in the capacity of an MGA representing an insurer domiciled in this state with respect to risks located outside this state unless such person is licensed as a producer in this state pursuant to the provisions of the uniform insurance agents licensing act, K.S.A. 2006 Supp. 40-4901 et seq., and amendments thereto."

Does the MGA represent an insurer domiciled in this state with respect to risks located outside this state? Yes
No

If Yes, is the MGA a licensed producer in this state? Yes No

4. List any employee of this MGA who is also an employee of the company (if none, enter the word "NONE").
5. Is any officer, director, employee or controlling shareholder (beneficial owner of 10% or more of the outstanding voting securities) of its MGAs on the responding company's board of directors?
Yes No
6. If the answer to question 5 is yes, is the company a member of a holding company system as defined under Article 33, Chapter 40 of the Kansas Statutes Annotated? Yes No
7. Describe the MGA's authority to process, handle, act as a claims administrator and/or resolve claims (including any limitation on the dollar amount).
8. Describe the MGA's authority relating to reinsurance or retrocessions, including facultative reinsurance contracts.
9. Will the MGA underwrite an amount of gross written premium equal to or more than 5% of the policyholder surplus as reported in the last annual statement of the insurer in any one quarter? Yes No
10. Estimate the gross premium to be underwritten nationwide by the MGA for the company during the next twelve months.
11. Describe the type of policy(s) or line(s) of business applicable to the MGA.
12. Is the MGA also registered in Kansas as an administrator (e.g., Third Party Administrator, etc.) in accordance with K.S.A. 40-3801, et seq.? Yes No
13. Name of the Officer of the insurance company which is responsible for the MGA contract.

K.A.R. 40-3-48 REQUIRES COMPANIES TO OBTAIN FIDELITY BOND COVERAGE– IF YOU HAVE AN MGA THIS SECTION MUST BE COMPLETED.

14. Fidelity Bond Coverage **(Attach a copy of the executed fidelity bond)**

- a. Name of insurance company providing fidelity bond.

The fidelity bond shall not be written by the insurer or an affiliate of the insurer contracting with the MGA. The bond shall be executed by a fidelity insurer admitted to do business in Kansas, or an insurer appearing on the list maintained by the commissioner pursuant to K.S.A. 40-246e on a form supplied by the department.

- b. Amount of fidelity bond.

- c. Effective date of the fidelity bond.

- d. Amount of the managing general agent's total annual written premium nationwide that was produced by the MGA for the insurer in the prior calendar year.

SAMPLE ONLINE DOCUMENT