



Date: 3/3/2022

NATIONAL TREATMENT AND COORDINATION (E) WORKING GROUP

Wednesday, March 9, 2021

2:00 – 3:00 p.m. ET / 1:00 – 2:00 p.m. CT / 12:00 p.m. – 1:00 p.m. MT / 11:00 – 12:00 p.m. PT

ROLL CALL

Debbie Doggett, Co-Chair/ Jay Buschmann	Missouri	Ursula Almada	New Mexico
Cameron Piatt, Co-Chair	Ohio	Greg Lathrop	Oregon
Cindy Hathaway	Colorado	Karen Feather	Pennsylvania
Kathy Belfi	Connecticut	Amy Garcia	Texas
Alisa Pritchard	Delaware	Jay Sueoka	Utah
Carolyn Morgan/ Virginia Christy	Florida	Ron Pastuch/ Mark Durphy	Washington
Stewart Guerin	Louisiana	Amy Malm	Wisconsin
Kari Leonard	Montana	Linda Johnson/ Doug Melvin	Wyoming

NAIC Support Staff: Jane Barr

AGENDA

1. Received Comments on Proposal 2021-07 (Company Responses)—*Cam Piatt (OH)* Attachment 1
 - a. ACLI Comments – *Mike Monahan (ACLI)* Attachment 2
 - b. Consider Alternative Wording—*Debbie Doggett (MO)* Attachment 3

2. Hear an Update on Domestic Surplus Line Insurer Ad Hoc Group—*NAIC Staff*
 - a. Discuss Response Memorandum Attachment 4
 - b. Discuss Domestic Surplus Lines Insurers State Chart Attachment 5

3. Hear an update on the Biographical Database Project—*NAIC Staff*

4. Discuss Any Other Matters Brought Before the Working Group—*Cam Piatt (OH)*
 - a. Discuss Addendum Pages for Biographical Affidavit Attachment 6

5. Adjournment

National Treatment and Coordination (E) Working Group
Company Licensing Proposal Form

<p align="right">DATE: <u>11/18/2021</u></p> <p>CONTACT PERSON: <u>Jane Barr</u></p> <p>TELEPHONE: <u>816-783-8413</u></p> <p>EMAIL ADDRESS: <u>jbarr@naic.org</u></p> <p>ON BEHALF OF: _____</p> <p>NAME: <u>Alison Sterett</u></p> <p>TITLE: <u>Financial Administrator</u></p> <p>AFFILIATION: <u>FL Office of Insurance Regulation</u></p> <p>ADDRESS: _____</p>	<p align="center"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # <u>2021-07</u></p> <p>Year <u>2022</u></p> <p align="center"><u>DISPOSITION</u></p> <p>[<input type="checkbox"/>] ADOPTED _____</p> <p>[<input type="checkbox"/>] REJECTED _____</p> <p>[<input type="checkbox"/>] DEFERRED TO _____</p> <p>[<input type="checkbox"/>] REFERRED TO OTHER NAIC GROUP _____</p> <p>[<input checked="" type="checkbox"/>] EXPOSED Jan. 14, 2022_____</p> <p>[<input type="checkbox"/>] OTHER (SPECIFY) _____</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

- [] UCAA Forms [] UCAA Instructions [] Enhancement to the Electronic Application Process
 [] Company Licensing Best Practices HB

Forms:

- [] Form 1 – Checklist [] Form 2 - Application [] Form 3 – Lines of Business
 [] Form 6- Certificate of Compliance [] Form 7 – Certificate of Deposit [] Form 8 - Questionnaire
 [] Form 8C- Corporate Amendment Questionnaire [] Form 11-Biographical Affidavit [] Form 12-Uniform Consent to Service of Process [] Form 13- ProForma [] Form 14- Change of Address/Contact Notification
 [] Form 15 – Affidavit of Lost C of A [] Form 16 – Voluntary Dissolution [] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

To provide additional guidance in the application instructions:

The Applicant Company has 30 days to comply with the state’s request for additional information or the state can deem the application insufficient and close. If the Applicant Company is unable to comply with the request or provide a response within 30-days, they will need to withdrawal their application and reapply at a later time.

REASON OR JUSTIFICATION FOR CHANGE **

Insert guidelines into the application instructions to notify the Applicant Company that there is a specific time limit to respond to the state when additional information is requested.

Additional Staff Comments:

12-1-21 NTCWG exposed for a 45-day comment period ending Jan. 14, 2022.

** This section must be completed on all forms.

Revised 01-2019

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

PRIMARY APPLICATION

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The UCAA Primary Application has four sections designed to guide the Applicant Company through the licensing process:

- I. [Application Review Process](#)
- II. [Filing Requirements \(New Insurers and Redomestications\)](#)
- III. [Filing Requirements \(Redomestications Only\)](#)
- IV. [How to File](#)

The goal of the UCAA is to provide a streamlined approval process. However, some states have [state-specific filing requirements](#) based on statutes or internal procedures. The uniform states are working to eliminate non-essential state-specific requirements. All Applicant Companies must be familiar with the insurance laws of the state to which they submit an application. Please see the [UCAA charts](#) for information related to obtaining a copy of the laws, regulations and bulletins for the state in which an application is filed.

If the Applicant Company has any questions about the uniform admission process, a list of contact information is provided on the [Addresses and Contacts Information for Submission of Application](#) chart. It is highly recommended that the Applicant Company review the [state charts](#), the application instructions and review the [Frequently Asked Questions \(FAQs\)](#) prior to contacting each state with any questions before submitting the application for review.

Primary Application Section I Application Review Process Processing Goal: 90 Days

It is the goal of each Uniform State to process all Primary Applications within 90 calendar days with receipt of a complete application. The 90-day review process includes two weeks to determine if the application is complete and acceptable for filing. A completed application includes all required information detailed in the primary application instructions, any state specific requirements and filing fees. During the remaining time-span, the application will receive a financial and operational review. A state may not achieve the 90-day processing goal in instances where the application requires substantial follow-up, or in states with limited resources, or in instances when the Applicant Company files an application during peak business periods such as year-end and annual statement filing periods. Due to varying levels of resources available in each state the review may take longer than 90 days to complete. Anytime the state requests additional information, the state suspends the 90-day goal until it receives the requested information. **The Applicant Company has 30 days to comply with the state's request**

for additional information or the state can deem the application insufficient and close. If the Applicant Company is unable to comply with the request or provide a response within 30-days, they will need to withdrawal their application and reapply at a later time.

EXPANSION APPLICATION

The Expansion Application to the Uniform Certificate of Authority Application (UCAA) is for use by an Applicant Company that wishes to expand into one or more Uniform States. The Applicant Company may file Expansion Applications simultaneously in as many states as desired. Prior to submitting an application in a foreign state, the Applicant Company should inform the state of domicile of its plans in the foreign state(s).

Based on the circumstances of a particular application, it may be necessary for the reviewing state to request additional information.

The UCAA Expansion Application has three sections designed to guide the Applicant Company through the admission process:

- I. [Application Review Process](#)
- II. [Filing Requirements](#)
- III. [How to File](#)

The goal of the UCAA is to provide a streamlined approval process. However, some states have [state-specific filing requirements](#) based on either statutory requirements or internal procedures. All Applicant Companies must be familiar with the insurance laws of the state to which they submit an application. Please see the [UCAA home page](#) for information on obtaining a copy of the laws, regulations and bulletins for each state.

Direct any questions about the uniform admission process or [state-specific filing requirements](#) to the contact shown on the list of [Addresses and Contact Information for Submission of Applications](#). To assure a prompt review, the Applicant Company should review the instructions, [state charts](#) and [Frequently Asked Questions \(FAQs\)](#) prior to contacting each state with questions before submitting the application.

Expansion Application Section I Application Review Process

The Expansion Application is an abbreviated version of the UCAA designed to allow solidly performing companies that are in good standing in all admitted states to gain admission into new states quickly and easily. It is the goal of all Uniform States to complete their review of Expansion Applications within 60 calendar days with receipt of a complete application. The 60-day review process includes two weeks to determine if the application is complete and acceptable. A completed application includes all required information detailed in the expansion application instructions, any state specific requirements and filing fees. During the remaining time span, the application will receive a financial and operational review. The states may not achieve the 60-day processing goal in instances where substantial follow-up is required or in states with limited resources or in instances when the Applicant Company files an application during peak business periods, such as year-end and annual statement filing periods. **The**

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CORPORATE AMENDMENTS APPLICATION

Existing insurers use the Uniform Certificate of Authority Corporate Amendment Application for requesting amendments to its Certificate of Authority. A Uniform State is one that is committed to using the Uniform Certificate of Authority (UCAA) review process for company licensing and admissions.

The Applicant Company can use the Corporate Amendment Application to file more than one change in the same submission. The Applicant Company should mark all changes on the application form and submit all items required for those changes. For electronic application submissions, refer to the [UCAA Corporate Amendment User Guide](#).

The following instructions contain a detailed explanation of the various requirements designed to assist in the preparation and submission of the necessary documentation to obtain regulatory approval. Each state's review process may follow slightly different time lines to complete a comprehensive and detailed operational and financial review of the Applicant Company's business.

Based on the circumstances of a particular application, it may be necessary for the reviewing state to request additional information. Typically, the state will request any additional information within 30 days after it accepts the application.

The goal of the UCAA is to provide a streamlined approval process. However, some states have [State-Specific Filing Requirements](#) based on either statutory requirements or internal procedures. The Applicant Company must be familiar with the insurance laws of the state(s) to which they submit an application. For information on state laws, regulations and bulletins, see the State Charts on the [UCAA website](#).

It is highly recommended that the Applicant Company review the [corporate amendment instructions](#), [FAQs](#) and [state specific information](#) prior to contacting each state with any questions before submitting the application for review.

Corporate Amendments Application Review Process

The Corporate Amendment Application of the UCAA provides a uniform process for gaining the necessary regulatory approvals for modifications to an Applicant Company's Certificate of Authority. It is the goal of each Uniform State to process all Corporate Amendments Applications within 60 calendar days of receipt. The 60-day review process includes two weeks to determine if the application is complete and acceptable for filing. During the remaining time-

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Based on the circumstances of a particular application, it may be necessary for the reviewing state(s) to request additional information. Typically, the state(s) will request any additional information that it needs within 30 days after the state accepts the application. The Applicant Company has 30 days to comply with the state's request for additional information or the state can deem the application insufficient and close. If the Applicant Company is unable to comply with the request or provide a response within 30-days, they will need to withdrawal their application and reapply at a later time.



Mike Monahan

Senior Director, Accounting Policy
 202-624-2324 t
mikemonahan@acli.com

January 12, 2022

Ms. Debbie Doggett, Co-Chair
 Mr. Cameron Piatt, Co-Chair
 National Treatment and Coordination (E) Working Group
 National Association of Insurance Commissioners
 1100 Walnut Street, Suite 1500
 Kansas City, MO 64106-2197

Re: Company Licensing Proposal Form

Dear Co-Chairs Doggett and Piatt,

We appreciate the opportunity to comment on the Working Group's Proposal 2021-07 dated December 1, 2021 ("Exposure Draft"). We share concerns States have regarding the expeditious processing of any Uniform Certificate of Authority Application ("UCAA"), and we believe all sectors of the industry have a common interest in ensuring these applications are processed without any undue delay. We also have concerns with the overall nature of the new proposed language—while there may be instances of companies being delinquent in responding to States' requests for follow-up, we do not believe it is enough of a wide spread concern to warrant such stringent language in the UCAA instructions.

First of all, we question the overall necessity of including the proposed update. States already maintain and exercise the power to require an applicant company withdraw an application at any time, so we do not see any utility in explicitly including this authority in the UCAA instructions. Moreover, we would strongly object to any language that would trigger an automatic withdrawal of an application as we imagine States can and should maintain the discretion to allow for as much time to respond as they deem adequate.

Moreover, based on recent discussions within the National Treatment Working Group around expanding the question in the Form 8 (which currently requires disclosure of any application denials) to also include application withdrawals within the past five years, the adoption of such a stringent timeline would unduly prejudice companies acting in good faith to comply with a regulator's request

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The American Council of Life Insurers (ACLI) is the leading trade association driving public policy and advocacy on behalf of the life insurance industry. 90 million American families rely on the life insurance industry for financial protection and retirement security. ACLI's member companies are dedicated to protecting consumers' financial wellbeing through life insurance, annuities, retirement plans, long-term care insurance, disability income insurance, reinsurance, and dental, vision and other supplemental benefits. ACLI's 280 member companies represent 95 percent of industry assets in the United States.

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The American Property Casualty Insurance Association (APCIA) is the primary national trade association for home, auto, and business insurers. APCIA promotes and protects the viability of private competition for the benefit of consumers and insurers, with a legacy dating back 150 years. APCIA members represent all sizes, structures, and regions-protecting families, communities, and businesses in the U.S. and across the globe.

for more information, particularly given the extensive nature of the documentation which must be produced in connection with Expansion and Primary applications.

From the perspective of the regulated industry, their experience with some, although certainly not most, states is quite the opposite of what this draft language supposes. Oftentimes, it is the applicant companies who are struggling to get any response back from a State and having their applications processed in a timely manner. There are instances where applications can linger for well over 12 (and sometimes 24) months, while, in the meantime, the companies are potentially losing business opportunities and policyholders are unable to take advantage of the benefits of having more optionality. These delays, in turn, can lead to instances where submitted application materials become stale and need to be resubmitted. With the currently proposed language, this is especially troublesome when the stale materials are financial statements that, by their very nature, can take well over 30-days to submit depending on when in a quarter the request for updated financials is made.

If there is a need to include this type of language to the UCAA instructions, we would suggest a longer period of time (e.g., 60-days) for an applicant company to respond before facing withdrawal of an application and to explicitly include that States continue to maintain the discretion to allow for more time to respond as they see fit. For something that could result in the withdrawal of an application—a relatively drastic measure in the world of company licensing—more time and explicit mention of State discretion would appear to be a more reasonable approach.

Further, as States are also integral in the timely processing of UCAA filings, we would recommend the inclusion of more explicitly required timeframes for the ultimate determination of these applications. If companies are put under a strict 30-day clock for any State request, we suggest a similarly strict timeframe for when States begin and complete their review of an application.

We thank you again for the ability to comment on this Draft Exposure and appreciate your time and consideration.

Sincerely,



Mike Monahan
Senior Director, Accounting Policy



Lisa Brown
Senior Director, Market Conduct & Counsel

Cc: Jane Barr

National Treatment and Coordination (E) Working Group
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MEMORANDUM

TO: Judy Weaver (MI), facilitator of the Chief Financial Regulator Forum

FROM: National Treatment and Coordination (E) Working Group

DATE: January __, 2022

RE: Authorization of Domestic Surplus Lines Insurers

On its August 26, 2020 call, the National Treatment and Coordination (E) Working Group received a referral from the Chief Financial Regulator Forum on how to best handle Domestic Surplus Lines Insurers (DSLIs). The Working Group established a drafting group made up of both National Treatment and Coordination (E) Working Group and Surplus Lines (C) Working Group members to address the referral through discussion and surveys to the DSLI states. The drafting group addressed the following questions and developed guidance as requested in the referral:

- How to handle active or runoff admitted market premium written within the state of domicile post-DSLI authorization;
 - Of the states that responded to the initial survey a majority indicated that active or runoff admitted market premium was not allowed after conversion to a DSLI. Companies must either:
 - allow for the admitted business to lapse or expire;
 - be removed from the company through novation, cancellation, non-renewal or some other mechanism approved by the Director or Commissioner;
 - be assumed by a direct writer; or
 - cease writing admitted business on a specific date and allow the admitted block to go into runoff.
- How to address a DSLI that requests authorization to write both admitted and nonadmitted premiums in the state of domicile (unless prohibited in the legislation);
 - Based on the drafting group's review of each state's statute and the survey, state's do not allow a DSLI to carry admitted policies on their books.
- The best approach for an analyst or examiner to review and test a sample of admitted polices that were subsequently converted to the nonadmitted market for a newly authorized DSLI;
 - The drafting group did not find that any state's allowed for admitted business to be converted to non-admitted business.
- An understanding as to whether a DSLI with admitted premiums would continue to be eligible for guaranty fund protection;

- Based on the drafting group's review of each state's statute and the surveys, no states allow for DSLI carrier to carry admitted business on their books and non-admitted business is not eligible for guaranty fund coverage.
- The best way for the state department of insurance to disclose authorized DSLIs; and
 - Based on the survey results, many states report DSLI carriers on their state website. Carriers also report DSLI status on Schedule T.
- The best method to be assured that the insurer is accurately reporting DSLI status, on its Schedule T, for its state of domicile.
 - The Annual Statement Instructions provide a DSLI status for those entities that are a DSLI.

The drafting group utilized the information obtained through their review of the state statutes and survey responses to develop a chart regarding the requirements for becoming a new DSLI carrier or converting from an admitted carrier to a DSLI. The chart was referred to the Working Group for review and posting to the UCAA webpage.

If you have any questions regarding the information outlined or guidance proposed, please contact _____.


UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

Domestic Surplus Line Insurers



States listed on the Domestic Surplus Lines Insurers (DSLII) chart have enacted statutes or regulations that allow for DSLII carriers in their state. States that have not enacted statutes or regulations allowing DSLII carriers are not included on the chart.

State	Statute/ Regulation	Initial Application	Additional Requirements	Board of Directors - Resolution Required	Minimum Capital & Surplus	Existing Admitted Business	Fees	Website	State Contact
AZ	20-407.01	UCAA Primary	Form SL-112 https://difi.az.gov/insurers/licensingregistration/surplus-lines-insurer	Yes	\$15 million	Must be removed from the company through novation, cancellation or non-renewal of policies or some other mechanism approved by the Director	New: \$370.00 Conversion: \$195.00	https://difi.az.gov/insurers/licensingregistration/surplus-lines-insurer	Cary Cook cary.cook@difi.az.gov 602.364.3986
AR	23-65-320	UCAA Primary	No state specific forms	Yes	\$20 million	Must be removed from the company through novation, cancellation or non-renewal of policies or some other mechanism approved by the Director	New: \$1,000.00 Conversion: \$500.00	https://www.insurance.arkansas.gov/pages/industry-regulation/finance/surplus-lines-insurers/	Kimberly S. Johnson Kimberly.johnson@arkansas.gov 501-371-2680
CT	Sec. 38a-271a	UCAA Primary	See the State Specific Information below for additional detail.	Yes	\$15 million	Written confirmation that the company does not have any admitted business in any jurisdiction where the company writes business.	\$40 certified statement fee for a Certified Statement of DSLII Designation.	https://portal.ct.gov/-/media/CID/SL4SurplusLinesEligibilitypdf.pdf	
DE	78 Del. Laws, c. 176, § 4; § 1932	UCAA Primary		Yes	\$15 million		\$100 Retaliatory \$150 Issuance of CoA	https://insurance.delaware.gov/information/surpluslines/	
GA	33-5-20.2	UCAA Primary	None	Yes	\$15 million	Must be removed from the company through novation, cancellation or non-renewal of policies or some other mechanism approved by the Director	New: \$605 Conversion: \$80	https://oci.georgia.gov/regulatory-filings/company-licensing-renewals	Scott Sanders ssanders@oci.ga.gov Patricia Coppel pcoppel@oci.ga.gov

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

State	Statute/ Regulation	Initial Application	Additional Requirements	Board of Directors - Resolution Required	Minimum Capital & Surplus	Existing Admitted Business	Fees	Website	State Contact
IL	(215 ILCS 5/445a)	In the Articles of Incorporation, they need to state that they are forming as a DSLI under Section 445a of the Illinois Insurance Code	Checklist  IL - Formation packet of a domestic surplus	Yes	\$15 million	Must be removed from the company through novation, cancellation or non-renewal of policies or some other mechanism approved by the Director	New: \$2,000 Conversion: \$250 – \$200 (Amended Articles of Incorporation) + \$50 (Amended CoA)		Marcy Savage marcy.savage@illinois.gov 217-524-0016
IA	\$5151.4A	UCAA Primary Application	See the Footnote below for the state-specific information that the applicant would need to comply.	Yes	\$15M or 300% of ACL RBC pursuant to chapter 521E		All fees are subject to retaliation. Retaliatory fees are collected at time of application if greater than the Iowa basis. Total admission fees - \$100. Filing application - \$50. Issuing Certificate of Authority - \$50. Desk audit fee - \$2000. Total renewal fees - \$100. Filing renewal application - \$50. Issuing renewal Certificate of Authority - \$50. Filing amended Articles of Incorporation - \$50. Issuing amended Certificate of Authority - \$25. Affixing official seal (certification) - \$10.		
LA	RS 22:436.1	UCAA Primary or State Application Form	For Primary, same state specific items as all other.	Yes	\$15 million	Must have no active admitted business	New: \$2,525.00 Conversion: No fees unless amendment to Articles is required then it is \$25.00 fee.	https://www.lidi.la.gov/industry/company-licensing/application-forms/ucaa/initial-application https://www.lidi.la.gov/industry/company-licensing/domestic-admitted-insurers	Company Licensing
MO	384.018	UCAA Primary	Proof of being an eligible surplus lines carrier in another state.	Yes	\$20M	Must be removed from the company through novation, cancellation or non-	If already a Missouri domestic, the fee relates to a change in the Articles of Incorporation and	https://insurance.mo.gov/industry/filings/admissions/index.php	Debbie Doggett Debbie.Doggett@insurance.mo.gov 573-526-2944

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

State	Statute/ Regulation	Initial Application	Additional Requirements	Board of Directors - Resolution Required	Minimum Capital & Surplus	Existing Admitted Business	Fees	Website	State Contact
						renewal of policies or some other mechanism approved by the Director	Certificate of Authority and charged at \$150. If not a domestic, they can redomesticate. The application fee for redomestication is \$1000. They then can convert at the \$150 fee. Post conversion, annual renewal is \$2000 per year.		
NE	44-5506.01	UCAA Primary and state specific checklist.	Checklists provided for reference:  Domestic Surplus Lines Insurer Checklist  Domestic Surplus Lines Conversion Checklist	Yes	Minimum capital stock of at least \$1M and minimum surplus of at least \$15M	NE DSLI are not permitted to have existing admitted business.	New: \$1,000.00 – pre-admission + \$300.00 for issuance of Certificate of Authority. Conversion: \$100.00 amended Certificate of Authority and \$20.00 Amended Articles of Incorporation	https://doi.nebraska.gov/insurers/company-admissionslicensingregistration	Lindsay Crawford Deputy Chief Examiner Lindsay.Crawford@nebraska.gov
NV	NRS 685A.072	UCAA Primary	Written declaration as a domestic surplus lines insurer by the Commissioner.	No	\$15 million		Filing initial application - \$2,450 Issuance of certificate - \$283 Charter documents, other than those filed with an application for a certificate of authority. Filing amendments to articles of incorporation, charter, bylaws, power of attorney and other constituent documents of the insurer, each document \$10 NRS 685A.180 - 3. For the purposes of this section, the "premium" on surplus lines coverages includes: (a) The gross amount charged by the insurer for	https://doi.nv.gov/insurers/Property-Casualty/Surplus-Lines-Insurers/	Joe Casey jcasey@doi.nv.gov

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

State	Statute/ Regulation	Initial Application	Additional Requirements	Board of Directors - Resolution Required	Minimum Capital & Surplus	Existing Admitted Business	Fees	Website	State Contact
							the insurance, less any return premium; b) Any fee allowed by NRS 685A.155; c) Any policy fee; d) Any membership fee; e) Any inspection fee; and f) Any other fees or assessments charged by the insurer as consideration for the insurance.		
NH	405:24	UCAA Primary		Yes	\$15 million	Would need to be novated.	New: \$1,000.00 Conversion: \$100.00 to convert from surplus lines to domestic surplus lines	https://www.nh.gov/insurance/	Tracey Russo tracey.l.russo@ins.nh.gov
NJ	17:22-6.69b	UCAA Primary – same as authorized domestic insurer. State Specific Forms: https://www.nj.gov/dobi/division_insurance/sleo.htm#faq	Submission of a Feasibility Study - See Department's website	Yes	\$15 million		\$1,000.00	https://www.nj.gov/dobi/division_insurance/sleo.htm#domestic	
NC	§ 58-21-21	The Department requires the same forms and documentation as would be required for a domestic P&C insurer. See Footnote below for the specific items to include.		Yes	\$15 million	Must be removed from the company through novation, cancellation or non-renewal of policies or some other mechanism approved by the Department.	New: \$500.00 Conversion: None, if already a North Carolina domestic insurer.	https://www.ncdoi.gov/licenses/company-licensing-and-registration/nonadmitted-domestic-surplus-lines-insurers	Joe Greene, Company Admissions Analyst Joseph.Greene@ncdoi.gov (919) 807-6182 Jessica Price, Chief Financial Analyst Jessica.Price@ncdoi.gov (919) 807-6169
ND	26.1-44-03.2	UCAA Primary	Pre-licensing examination	Yes	\$15 million	Allowed to expire	New: \$500.00 Conversion: \$25.00 for Articles		
OH	https://code.s.ohio.gov/o	UCAA Primary (new companies)	Letter from the Company	Yes	\$15 million	Company would need to obtain novation	\$1,000.00		Risk.assessment@insurance.ohio.gov

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

State	Statute/ Regulation	Initial Application	Additional Requirements	Board of Directors - Resolution Required	Minimum Capital & Surplus	Existing Admitted Business	Fees	Website	State Contact
	Ohio-revised-code/section-3905.332	and redomestications) OR Request to change form from a PC to a DSLI					Ohio Domestic S/L also pay domestic fee Domestic Assessment based on the Ohio Department Bulletin 2002-1 premium scale (\$500 - \$29000).		
OK	§36-1101.1	UCAA Primary	SL Foreign & Domestic checklist https://www.oid.ok.gov/wp-content/uploads/2020/01/070115_SL-Foreign-Domestic-Checklist-for-Application.pdf	Yes	\$15 million		New: N/A Conversion: N/A	https://www.oid.ok.gov/regulated-entities/surplus-lines/	
TX	Sec. 981.072.	UCAA Primary & Name Reservation Application submitted to CLRFilings@tdi.texas.gov	Require a qualifying exam	No	Sec. 981.054.(a) Except as provided by Subsection (b), an eligible surplus lines insurer must maintain capital and surplus in an amount of at least \$15 million.	Not allowed to write or have existing Admitted business	New: N/A Conversion: N/A	https://www.tdi.texas.gov/forms/fincolicense/fin300nameapp.pdf	Company Licensing and Registration 512-676-6365
VT	§5023a	UCAA Primary	Sections of Title 8, Chapter 101 apply, specifically §3305, petition, hearing.	Yes	\$15M	Must be removed from the company through novation, cancellation or non-renewal of policies or some other mechanism approved by the Director.	Based on examiner rate per hour and the number of hours for review. Annual Statement Filing Fee \$100.00	https://dfr.vermont.gov/industry/insurance/company-licensing/how-apply/vermont-domestic-insurers	Karen Ducharme, Director of Company Licensing and Examinations (802)828-1959 or Karen.Ducharme@Vermont.gov
VA	§ 38.2-4811.1	UCAA Primary – modified as needed for situation		Yes	Policyholder Surplus: \$15 million Minimum Capital: \$1 million	Allowed to expire	New: \$500.00 Conversion: N/A	https://law.lis.virginia.gov/vacode/title38.2/chapter48/	Jim Ware, Principal Insurance Financial Analyst, jim.ware@scc.virginia.gov

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

State	Statute/ Regulation	Initial Application	Additional Requirements	Board of Directors - Resolution Required	Minimum Capital & Surplus	Existing Admitted Business	Fees	Website	State Contact
					Minimum Surplus: \$3 million				
WI	(Ch. 600 to 655) § 618.41	UCAA Primary – newly formed DSL Streamlined process for conversions of existing domestic insurer.		Yes	\$15 million	If an admitted carrier converts to DSLI, there is a specific date on which it stops writing admitted business and begins to write surplus lines business. The admitted block is in run-off	New: \$400.00 application fee & \$400.00 licensing fee Conversion: \$25 filing of amended or restated articles if needed, and \$25 amended Certificate of Authority fee	https://oci.wi.gov/Pages/Consumers/PI-026.aspx	Mark McNabb Company Licensing & Analytics Supervisor mark.mcnabb@wisconsin.gov

***NC – Initial Application**

These specific items include the following:

- A nonrefundable application fee of \$500.00.
- Biographical information, including names, addresses, and official positions, on each promoter, incorporator, director, trustee, and the proposed management personnel, including a completed NAIC biographical affidavit form.
- Chart(s) showing the internal organizational structure of the applicant’s management and administrative staff.
- A disclosure identifying all affiliates, including a description of any management, service, or cost-sharing arrangement between an affiliate and the applicant. Include corporate organizational charts, which clearly identify the relationships between the applicant and any affiliates.
- Draft copies of any management, service, cost-sharing, tax allocation, administrative, or custodial agreements that will be entered into pursuant to NCGS § 58-19-30 or NCGS § 58-34-10, which will require review and approval by the Department.
- A detailed and complete plan of operation
- Five-year financial projections, including a balance sheet, income statement, cash flow statement, and risk-based capital forecast. A qualified individual must prepare the projections, and they must be in sufficient detail for the Department to perform a complete analysis. Projections must be accompanied by a list of the assumptions used.
- A description of the source of the initial capitalization of the applicant, including financial statements for the applicant’s parent or other source(s) of financial support.
- Evidence that adequate technical expertise (accounting, actuarial, underwriting, etc.) is available either with the applicant through the incorporators and proposed initial staff of the applicant or that the applicant has retained the necessary expertise.
- An original and two copies of the proposed Articles of Incorporation.
- A copy of the proposed bylaws.
- Fingerprint cards on all key personnel as defined by NCGS § 58-7-37.

***IA – Additional Requirements**

- a. A balance sheet for the most recent calendar quarter that demonstrates the applicant possesses the greater of minimum capital and surplus of at least \$15 million or three hundred percent of authorized-control-level risk-based capital pursuant to Iowa Code chapter 521E.
- b. The applicant is an eligible surplus lines insurer in at least one jurisdiction other than Iowa.
- c. Duly executed resolution of the applicant’s board of directors to be designated as an Iowa domestic surplus lines insurer and stating that the insurer shall only write surplus lines business. The resolution shall not be amended without approval of the commissioner. If the applicant currently holds a Certificate of Authority in Iowa, then the applicant would submit the following documentation to the Division:
 - a. A balance sheet for the most recent calendar quarter that demonstrates the applicant possesses the greater of minimum capital and surplus of at least \$15 million or three hundred percent of authorized-control-level risk-based capital pursuant to Iowa Code chapter 521E.
 - b. The applicant is an eligible surplus lines insurer in at least one jurisdiction other than Iowa.

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

- c. Duly executed resolution of the applicant's board of directors to be designated as an Iowa domestic surplus lines insurer and stating that the insurer shall only write surplus lines business. The resolution shall not be amended without approval of the commissioner.
- d. A plan of operations regarding the applicant's specialty lines program and financial projections for at least three years.
- e. Revised Articles of Incorporation and Bylaws.

State Specific Information:

CT - 1. The company must have policyholder surplus of at least \$15 million.

- 2. The company must submit to the Connecticut Insurance Department ("CID") a Board of Directors Resolution authorizing the company to become a Domestic Surplus Lines Insurer.
- 3. The CID needs written confirmation that the company does not have and does not write any admitted business in any jurisdiction where the company writes business.
- 4. The CID will need either:
 - a. An Amended and Restated Certificate of Incorporation that allows the company to become a DSLI, or
 - b. Written certification by the company that the current Certificate of Incorporation allows the company to become a DSLI.
- 5. If the company chooses number 4.a. above, the CID will need to review any changes to the Certificate of Incorporation before they are submitted to the CT Secretary of State. Skip to Item 9 below if the company chooses number 4.b. above since Items 6 through 8 below do not apply in this case.
- 6. After the CID reviews the documents in number 5 above, the CID will issue a Certificate of Acknowledgement to the company saying: "This is to Certify, that the Amended and Restated Certificate of Incorporation of the (company name) has been filed with the Connecticut Insurance Department." (Company will be charged a \$40 certified statement fee.)
- 7. Once the company receives the CID's Certificate of Acknowledgement, the company would need to file with the CT Secretary of State all required documents to amend their Certificate of Incorporation. This would include, but is not limited to:
 - a. A Certificate of Amendment (from the CT Secretary of State – "Form CAS-1-1.0, REV. 10/2014").
 - b. The Amended and Restated Certificate of Incorporation for the company.
 - c. The Certificate of Acknowledgement from the CID.
 - d. The Board of Directors Resolution authorizing the company to become a DSLI.
 - e. If a stock company, consent from the company's shareholder(s) to the company becoming a DSLI. If a mutual company, consent from the policyholders.
- 8. The CID should receive from the company a complete and original certified copy of the CT Secretary of State's approval of the changes to the company's Certificate of Incorporation.
- 9. If the company chose Item 4.b. above, then the CID will issue a Certified Statement of DSLI Designation, otherwise, the CID will review the CT Secretary of State's approval and documents and then issue a Certified Statement of DSLI Designation. See sample - Certificate for Domestic Surplus Lines Insurer. No Certificate of Authority and Compliance (license) will be issued by the CID, only a Certified Statement of DSLI Designation. (Company will be charged a \$40 certified statement fee.)
- 10. At the time that the company is issued the Certified Statement of DSLI Designation (see Item 9 above), the company must surrender its physical Certificate of Authority and Compliance to the CID.
- 11. A copy of the Certificate for Domestic Surplus Lines Company (with the Commissioner's signature) should be placed in a manila folder, labeled with the name of the company, and filed in the cabinet where all the Certificates of Compliance are filed.
- 12. The company may start writing surplus lines business in CT as of the effective date listed in the CID's Certified Statement of DSLI Designation (described in number 9 above.)
- 13. The company will be a Domestic Surplus Lines Non-Admitted Insurer in CT. This means that the company will NOT be licensed in CT (there will be NO Certificate of Authority and Compliance), therefore, the company cannot be licensed in any other state and may only write non-admitted business.

IA – Must be eligible surplus lines insurer in at least one jurisdiction other than this state. A streamlined process is available for an existing admitted carrier to convert to a DSLI. The specific documents for review by the Division are as follows:

- a. A balance sheet for the most recent calendar quarter that demonstrates the applicant possesses the greater of minimum capital and surplus of at least \$15 million or three hundred percent of authorized-control-level risk-based capital pursuant to Iowa Code chapter 521E.
- b. The applicant is an eligible surplus lines insurer in at least one jurisdiction other than Iowa.
- c. Duly executed resolution of the applicant's board of directors to be designated as an Iowa domestic surplus lines insurer and stating that the insurer shall only write surplus lines business. The resolution shall not be amended without approval of the commissioner.
- d. A plan of operations regarding the applicant's specialty lines program and financial projections for at least three years.
- e. Revised Articles of Incorporation and Bylaws.

UNIFORM CERTIFICATE OF AUTHORITY APPLICATION

IL – For conversion: Company would have to file duplicate copies of the amended articles of incorporation along with the board resolution indicating that the company wants to convert to a DSLI. We check and make sure that the company has no admitted business on their statements and to confirm that the company has at least \$15M in surplus. If the company has any admitted business on their books, they have to either run that business off or transfer the book of business to another company. They have to provide an updated business plan with writing business on a surplus lines basis. Once that review is completed, we route the Amended Articles of Incorporation and amended certificate of authority for the Director's approval

LA – For conversion from an admitted carrier to DSLI - Submit written request to amend the C of A to be a DSLI. Submit a resolution from the Board of Directors confirming the desire to convert. Amend Articles of Incorporation to provide minimum capital and surplus of \$15 million. Submit financial projections for at least 3 years using UCAA Form 13P.

MO – The entity must apply with a UCAA primary application and approved as an admitted insurer in the state. The entity must then register in a foreign state as surplus lines carrier in the state. The entity would then re-apply/notify Missouri of the registration and could then be converted to a domestic surplus lines insurer. Steps are set forth in 20 CSR 200-6.700:

<https://www.sos.mo.gov/cmsimages/adrules/csr/current/20csr/20c200-6.pdf>.

NE - The licensing process is different for new company formations vs. conversions from an traditional insurer to a DSLI. Applicants are required to file an NAIC UCAA Corporate Amendment, as well as provide additional information pursuant to a state specific checklist, including an attestation that the insurer does not have any outstanding admitted policies/liabilities.

National Treatment and Coordination (E) Working Group
Company Licensing Proposal Form

<p align="right">DATE: <u>02/24/22</u></p> <p>CONTACT PERSON: <u>Jane Barr</u></p> <p>TELEPHONE: <u>816-783-8413</u></p> <p>EMAIL ADDRESS: <u>jbarr@naic.org</u></p> <p>ON BEHALF OF: <u>National Treatment & Coordination WG</u></p> <p>NAME: _____</p> <p>TITLE: _____</p> <p>AFFILIATION: _____</p> <p>ADDRESS: _____</p>	<p align="center"><u>FOR NAIC USE ONLY</u></p> <p>Agenda Item # <u>2022-01</u></p> <p>Year <u>2022</u></p> <p align="center"><u>DISPOSITION</u></p> <p>[<input type="checkbox"/>] ADOPTED _____</p> <p>[<input type="checkbox"/>] REJECTED _____</p> <p>[<input type="checkbox"/>] DEFERRED TO _____</p> <p>[<input type="checkbox"/>] REFERRED TO OTHER NAIC GROUP _____</p> <p>[<input type="checkbox"/>] EXPOSED _____</p> <p>[<input type="checkbox"/>] OTHER (SPECIFY) _____</p>
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IDENTIFICATION OF SOURCE AND FORM(S)/INSTRUCTIONS TO BE CHANGED

[x] UCAA Forms [] UCAA Instructions [] Enhancement to the Electronic Application Process
 [] Company Licensing Best Practices HB

Forms:

[] Form 1 – Checklist [] Form 2 - Application [] Form 3 – Lines of Business
 [] Form 6- Certificate of Compliance [] Form 7 – Certificate of Deposit [] Form 8 - Questionnaire
 [] Form 8C- Corporate Amendment Questionnaire [x] Form 11-Biographical Affidavit [] Form 12-Uniform
 Consent to Service of Process [] Form 13- ProForma [] Form 14- Change of Address/Contact Notification
 [] Form 15 – Affidavit of Lost C of A [] Form 16 – Voluntary Dissolution [] Form 17 – Statement of Withdrawal

DESCRIPTION OF CHANGE(S)

Addendum pages were removed from the Biographical Affidavit (Form 11). No changes were made to the revision date of Form 11.

Addendum templates were created for Employment History, Education, General and Blank. These templates were developed as Form 11b.

FAQs have been updated to reflect the addendum pages.

REASON OR JUSTIFICATION FOR CHANGE **

The templates were developed to provide a more uniform approach to provide carry over information from the biographical affidavit. These templates are optional and would only need to be utilized if there is not enough space on the biographical affidavit.

Any changes to the addendum pages will have an impact on the background reports including the Best Practices and Guidelines.

Additional Staff Comments:

** This section must be completed on all forms.

Revised 01-2019

Applicant Company Name: _____ Attachment 6
 NAIC No.: _____ FEIN: _____

The Education Addendum pages are used for additional responses carried over from the biographical affidavit question 5. Responses must be completed in the format provided below. The Education Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Graduate Studies	
College/University	
City/State	
Dates Attended (MM/YY)	
Degree Obtained	

Affiant Signature: _____ Date: _____

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Other Training: Name	
City/State	
Dates Attended (MM/YY)	
Degree/Certification Obtained	

Affiant Signature: _____ Date: _____

The Employment Addendum pages are used for additional responses carried over from the biographical affidavit question 8. Responses must be completed in the format provided below. The Employment Addendum pages must be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

List complete employment record for the past twenty (20) years, whether compensated or otherwise (up to and including present jobs, positions, partnerships, owner of an entity, administrator, manager, operator, directorates or officerships). Please list the most recent first. Attach additional pages if the space provided is insufficient. It is only necessary to provide telephone numbers and supervisory information for the past ten (10) years. Additional information may be required during the third-party verification process for international employers.

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
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City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
Country	
Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Beginning Date/Ending Date	
Employer's Name	
Address	
City, State/Province & Postal Code	
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Offices/Positions Held (If more than one position held list all.)	
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Offices/Positions Held (If more than one position held list all.)	
Type of Business	
Supervisor Contact	

Affiant Signature: _____ Date: _____

Applicant Company Name: _____ Attachment 6
NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Question # and Question:
Response:

Question # and Question:
Response:

Question # and Question:
Response:

Question # and Question:
Response:

Affiant Signature: _____ Date: _____

Question # and Question:
Response:

Question # and Question:
Response:

Question # and Question:
Response:

Question # and Question:
Response:

Affiant Signature: _____ Date: _____

Question # and Question:
Response:

Question # and Question:
Response:

Question # and Question:
Response:

Question # and Question:
Response:

Affiant Signature: _____ Date: _____

Question # and Question:
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Question # and Question:
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Affiant Signature: _____ Date: _____

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Question # and Question:
Response:

Question # and Question:
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Affiant Signature: _____ Date: _____

Question # and Question:
Response:

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Response:

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Question # and Question:
Response:

Affiant Signature: _____ Date: _____

Applicant Company Name: _____ Attachment 6

NAIC No.: _____ FEIN: _____

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Applicant Company Name: _____ Attachment 6

NAIC No.: _____ FEIN: _____

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Applicant Company Name: _____ Attachment 6

NAIC No.: _____ FEIN: _____

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Applicant Company Name: _____ Attachment 6
NAIC No.: _____ FEIN: _____

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Applicant Company Name: _____ Attachment 6
NAIC No.: _____ FEIN: _____

Addendum pages are used for additional responses carried over from the biographical affidavit questions. Responses must be labeled and signed by the affiant. Attachments included as addendum's must also be signed by the affiant. Refer to the FAQ's on the UCAA webpage for additional questions.

Affiant Signature: _____ Date: _____

**Uniform Certificate of Authority Application (UCAA)
 BIOGRAPHICAL AFFIDAVIT**

To the extent permitted by law, this affidavit will be kept confidential by the state insurance regulatory authority. The affiant may be required to provide additional information during the third-party verification process if they have attended a foreign school or lived and worked internationally.

Specify Purpose for Completion:

Form A: _____ **UCAA Type:** _____ **Other:** _____

Full name, address and telephone number of the present or proposed entity under which this biographical statement is being required (Do Not Use Group Names).

Applicant Company Name: _____

Address: _____ City: _____

State/Province: _____ Postal Code: _____ Phone: _____

In connection with the above-named entity, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NO" OR "NONE," SO STATE. ALL FIELDS MUST HAVE A RESPONSE. INCOMPLETE FORMS COULD DELAY THE APPLICATION PROCESS or RESULT IN REJECTION OF THE APPLICATION.

1. Affiant's Full Name (Initials Not Acceptable): First: _____ Middle: _____ Last: _____

2. a. Are you a citizen of the United States?

Yes No

b. Are you a citizen of any other country?

Yes No

If yes, what country? _____

3. Affiant's occupation or profession: _____

4. Affiant's business address: _____

Business telephone: _____ Business Email: _____

5. Education and training:

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Graduate Studies</u>	<u>College/University</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree Obtained</u>
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<u>Other Training: Name</u>	<u>City/State</u>	<u>Dates Attended (MM/YY)</u>	<u>Degree/Certification Obtained</u>
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Note: If affiant attended a foreign school, please provide full address and telephone number of the college/university. If applicable, provide the foreign student Identification Number and/or attach foreign diploma or certificate of attendance to the Biographical Affidavit Personal Supplemental Information.

**DISCLOSURE AND AUTHORIZATION CONCERNING BACKGROUND REPORTS
 (California)**

This Disclosure and Authorization is provided to you in connection with a pending application of _____ [company name] (“Company”) for licensure or a permit to organize (“Application”) with a department of insurance in one or more states within the United States. Company desires to procure a consumer or investigative consumer report (or both) (“Background Reports”) regarding your background for review by any department of insurance in such states where Company is currently pursuing an Application, because you are either functioning as, or are seeking to function as, an officer, member of the board of directors or other management representative (“Affiant”) of Company or of any business entities affiliated with Company (“Term of Affiliation”) for which a Background Report is required by a department of insurance reviewing any Application. Background Reports will be obtained through _____ [name of CRA, address] (“CRA”). Background Reports requested pursuant to your authorization below may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The purpose of such Background Reports will be to evaluate the Application and your background as it pertains thereto. To the extent required by law, the Background Reports procured under this Disclosure and Authorization will be maintained as confidential.

You may request more information about the nature and scope of Background Reports produced by any consumer reporting agency (“CRA”) by submitting a written request to Company. You should submit any such written request for more information, to _____ [company’s designated person, position, or department, address and phone].

Attached for your information is a “Summary of Your Rights Under the Fair Credit Reporting Act.” You will be provided with a copy of any Background Report procured by Company if you check the box below.

- By checking this box, I request a copy of any Background Report from any CRA retained by Company, at no extra charge.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the CRA listed above. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the CRA in person or by mail; you may also receive a summary of the file by telephone. The CRA is required to have personnel available to explain your file to you and the CRA must explain to you any coded information appearing in your file. If you appear in person, you may be accompanied by one other person of your choosing, provided that person furnishes proper identification.

AUTHORIZATION: I am currently an Affiant of Company as defined above. I have read and understand the above Disclosure and by my signature below, I consent to the release of Background Reports to a department of insurance in any state where Company files or intends to file an Application, and to the Company, for purposes of investigating and reviewing such Application and my status as an Affiant. I authorize all third parties who are asked to provide information concerning me to cooperate fully by providing the requested information to CRA retained by Company for purposes of the foregoing Background Reports, except records that have been erased or expunged in accordance with law.

I understand that I may revoke this Authorization at any time by delivering a written revocation to Company and that Company will, in that event, forward such revocation promptly to any CRA that either prepared or is preparing Background Reports under this Disclosure and Authorization. In no event, however, will this authorization remain in effect beyond six (6) months following the date of my signature below.

A true copy of this Disclosure and Authorization shall be valid and have the same force and effect as the signed original.

 (Printed Full Name and Residence Address)

 (Signature)

 (Date)

State of: _____ County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, 20__ by _____, and: who is personally known to me, or who produced the following identification: _____.

[SEAL]

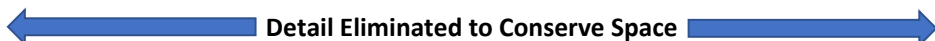
 Notary Public

 Printed Notary Name

 My Commission Expires

Revised 12/08/2020

Frequently Asked Questions:



~~It is important that the~~ formatting of the NAIC biographical affidavit, [addendum templates](#) and accompanying cover letter ~~should NOT be~~ altered, for lengthy or detailed responses refer to Question 22 below.

Formatted: Underline



Q5: Can the Applicant Company use the same biographical affidavit previously submitted by an affiliate within the same group for a new UCAA application filing?

A5: Yes, if the [NAIC biographical affidavit group cover letter](#) is submitted with biographical affidavits for officer/director changes and for expansion and corporate amendment applications. The [affidavit and addendum templates can reused for companies listed on the NAIC biographical affidavit group cover letter](#) and are under the same group code if the affiant and notary signatures on the biographical affidavit and [addendum templates must be](#) within 6 months of the date of submission and no information on the affidavit ~~or addendum templates has~~ have been altered, amended or changed for any reason. ~~the affidavit can be reused for companies listed on the NAIC biographical affidavit group cover letter and are under the same group code.~~ Only the NAIC forms can be submitted, individual company cover letters will not be accepted. Refer to the [Fingerprint and Biographical Affidavit Requirements chart](#) for state specific requirements.

Q6: Can a biographical affidavit, [addendum templates](#) and third-party background report more than six months old be used in a new application?

A6: No, ~~biographical affidavits, addendum templates~~ and background ~~checks-reports~~ more than six (6) months old are not acceptable. ~~and a~~ newly completed biographical affidavit [and addendum templates \(if needed\)](#) with a current date must be submitted. [A new background report would be required for the newly completed affidavit.](#) Biographical affidavits signed within six months of the application submission date may be used for new applications for the same Applicant Company and/or affiliated companies that are under the same group code accompanied with a group cover letter.



Completing the Biographical Affidavit

Q20: Is it acceptable to leave a question or item blank if I don't know the answer, or if the question or item does not apply, or that the answer is none?

A20: No, you must answer **each** and **every** question or item. If the answer is no~~ne~~ or none, state "No" or "None". By not responding to each question or item, the various State Insurance Departments may request an updated affidavit regarding the missing question or item. A deficient or incomplete biographical affidavit submitted for a Background Report could result in a delay of the application review process.

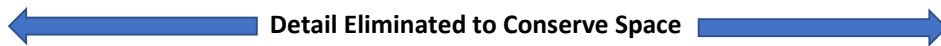


Q22: The form does not allow enough space to respond to the questions or items. What should I do?

A22: Addendum pages are [available as Form 11b included within the biographical affidavit](#) and are to be used for additional responses carried over from the affidavit. [There are four addendum templates:](#)

[Employment History, Education, General and Blank](#). Cross-reference and label your responses to the biographical affidavit question or item number [when utilizing the General or Blank addendum templates](#). Addendum pages should be signed by the affiant. [Addendum pages are not required to be submitted with the affidavit if they are not utilized, or are blank, they should not be signed and submitted with the biographical affidavit.](#)

Biographical Affidavit Questions:



Item 5

Q32: I do not recall the exact dates that I attended college. Can I just guess?

A32: No, because if you guess and are wrong, when the state department of insurance or independent third-party vendor completing the background report, verifies the information and submits their findings to the State Insurance Departments, a discrepancy will be noted. You may be required by the various State Insurance Departments to submit a notarized affidavit explaining the discrepancy; an unnecessary request had you researched the matter before guessing. [If there is not enough space to list all colleges/universities attended on the affidavit, you may add the additional schools to the addendum Form 11b – Education.](#)