

**Utah Insurance Department
Unauthorized (Surplus Lines) Insurer**

FOREIGN SURPLUS LINES APPLICATION CHECKLIST

The following items need to be provided, please keep in same order as listed.

1. Submit the completed the Surplus Lines Insurer Application Checklist.
2. Payment of \$1,075 fee (\$1,000 application and \$75 e-commerce) to the Utah Insurance Department.
3. Submit a letter addressed to the Commissioner requesting to be on the list.
4. Complete the Utah Insurance Department Unauthorized (Surplus Lines) Insurer Application Information Form.
5. Submit documentation establishing satisfactory evidence of good reputation and financial integrity. The following are required:
 - a. Most recent financial examination by the company's state of domicile.
 - b. NAIC UCAA Biographical Affidavits of the company's directors and key officers.
 - c. Certification that no states have taken regulatory action against the company. If regulatory action has been taken, a letter of explanation must be provided.
6. A certified copy of the company's current annual statement that was filed with the insurance regulatory authority in the state of domicile.
7. Evidence of compliance with the Risk-Based Capital Requirements of the National Association of Insurance Commissioners or capital and surplus of at least \$15,000,000, whichever is greater.
8. A Certificate of Compliance from state of domicile.

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APPLICATION INFORMATION FORM

Application Fee - \$1,000: _____ E-Commerce Fee - \$75: _____

Date Organized: _____ State or Country of Domicile: _____

Company NAIC Number (if applicable): _____ Group Number: _____

FEIN Number: _____

Type of Company: Stock _____ Mutual _____ Reciprocal _____ Other _____

Company Name: _____

Is the Company a subsidiary? No ___ Yes ___ If yes, list the parent company:

List states and countries in which the company is an admitted, licensed Insurer:

List states in which the company is a recognized surplus lines Insurer:

List authorized reinsurer(s):

Indicate the lines of Insurance the company is authorized to write in its state or country of domicile:

Disability ___ Property ___ Surety ___ Liability ___ Vehicle Liability ___ Marine & Trans ___

Workers Comp ___ Bail Bonds ___ Mortgage Guaranty ___

Professional Liability (**exc.** Medical Malpractice) ___ Professional Liability (**inc.** Medical Malpractice) ___

Other _____

Provide a detailed list of the types of insurance products you propose to write as a surplus lines Insurer in Utah, and your plan of operation for Utah. Explain why each of these products is more appropriate in the surplus lines market rather than the admitted market. **Attach the list to this form.**

Is the company an underwriting Insurer for any Risk Purchasing Groups organized under the Risk Retention Act of 1986? No ___ Yes ___ If yes, list the name(s) of the Risk Purchasing Group(s):

Company Contact/Address Information

At minimum, include:

Contact Name, Address (Statutory Home Office must have physical, not P.O.), Email, and Phone.

Statutory Home Office Address

Contact Name (Mandatory) _____ Title (Optional) _____

Street (Mandatory) _____

City _____

State _____ Country _____ Zip _____

Phone Number _____ Toll-Free _____ Fax _____

Email (Mandatory) _____

Mailing Address

Contact Name (Mandatory) _____ Title (Optional) _____

Street _____

P.O. Box _____

City _____

State _____ Country _____ Zip _____

Phone Number _____ Toll-Free _____ Fax _____

Email (Mandatory) _____

Annual Statement Address

Contact Name (Mandatory) _____ Title (Optional) _____

Street _____

P.O. Box _____

City _____

State _____ Country _____ Zip _____

Phone Number _____ Toll-Free _____ Fax _____

Email (Mandatory) _____

Billing Renewal Address

Contact Name (Mandatory) _____ Title (Optional) _____
Street _____
P.O. Box _____
City _____
State _____ Country _____ Zip _____
Phone Number _____ Toll-Free _____ Fax _____
Email (Mandatory) _____

Business Location (Administrative Office) Address

Contact Name (Mandatory) _____ Title (Optional) _____
Street _____
P.O. Box _____
City _____
State _____ Country _____ Zip _____
Phone Number _____ Toll-Free _____ Fax _____
Email (Mandatory) _____

Company Agent Search (for Producer Appointment Action Notices) Address

Contact Name (Mandatory) _____ Title (Optional) _____
Street _____
P.O. Box _____
City _____
State _____ Country _____ Zip _____
Phone Number _____ Toll-Free _____ Fax _____
Email (Mandatory) _____

Company Renewal Address

Contact Name (Mandatory) _____ Title (Optional) _____
Street _____
P.O. Box _____
City _____
State _____ Country _____ Zip _____
Phone Number _____ Toll-Free _____ Fax _____
Email (Mandatory) _____

Complaints/Compliance Address

Contact Name (Mandatory) _____ Title (Optional) _____
Street _____
P.O. Box _____
City _____
State _____ Country _____ Zip _____
Phone Number _____ Toll-Free _____ Fax _____
Email (Mandatory) _____

Fraud Assessment Address

Contact Name (Mandatory) _____ Title (Optional) _____
Street _____
P.O. Box _____
City _____
State _____ Country _____ Zip _____
Phone Number _____ Toll-Free _____ Fax _____
Email (Mandatory) _____

Licensing (for agency offices) Address

Contact Name (Mandatory) _____ Title (Optional) _____
Street _____
P.O. Box _____
City _____
State _____ Country _____ Zip _____
Phone Number _____ Toll-Free _____ Fax _____
Email (Mandatory) _____

Service of Process: Submit Form 12 — https://www.naic.org/documents/industry_ucaa_form12.pdf —
with application.

THE APPLICANT IS RESPONSIBLE TO ASSURE ALL INFORMATION INCLUDING CHECKLIST IS PROVIDED AND REMAINS CURRENT WHILE THE APPLICATION IS UNDER REVIEW.

Signed at _____ this _____ day of _____, _____

By (Printed Name) _____

Title _____

Signature _____

To submit, you may mail check with application to:

Utah Insurance Department
Attn: Dava Ann Neal
4315 S. 2700 W., Suite 2300
Taylorsville, UT 84129

Or submit the application via email to dneal@utah.gov and company-renewals@utah.gov

When submitting just the check via mail, use a cover sheet indicating that the application for *(name of Company)* was sent via email, so we can be sure to post the check to the right account.

Any questions, please contact Dava Ann Neal at (801) 957-9252 or via email at dneal@utah.gov.



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4315 S. 2700 W., Suite 2300
Taylorsville, UT 84129