

### Managing General Agent (MGA) Application and Instructions

All fees are NONREFUNDABLE pursuant to 3 AAC 31.010.

Applications not completed within four months from the dated filed will be considered withdrawn and a new application and application fees will be required pursuant to AS 21.27.040(f).

This application is for obtaining **ONLY** an INDIVIDUAL or **FIRM** Managing General Agent license. If you determine that license authority other than for this class is required, contact the Division for instructions and the correct application.

Each applicant is responsible for acting in compliance with Alaska laws. **The compliance officer is responsible for renewing the firm license pursuant to AS 21.27.380.**

The Division recommends you obtain a copy of the Alaska Statutes and regulations at <http://www.legis.state.ak.us/basis/statutes.asp#21.03.010> and <http://www.legis.state.ak.us/basis/aac.asp#3.21>.

YOU MAY NOT BE REQUIRED TO BE LICENSED IN ALASKA AS AN MGA IF:

- (1) either
  - (A) the person is a United States manager of the United States branch of an alien admitted insurer; or
  - (B) the person's compensation is not based on the volume of premium written; AND
- (2) the person
  - (A) is a wholly-owned subsidiary of the admitted insurer;
  - (B) wholly owns the admitted insurer;
  - (C) is a wholly-owned subsidiary of the insurance holding company subject to AS 21.22 that owns or controls the admitted insurer.

OR

- you are licensed as an MGA in your domicile state;
- you are appointed as an MGA only for non-Alaska domiciled insurers;
- your domicile state's MGA laws are substantially similar to Alaska's; and
- your domicile state is accredited by the National Association of Insurance Commissioners.

If your understanding of Alaska Statutes leads you to believe you are exempt from licensure, identify the statute provisions that apply, specify your duties or the firm's duties in a written statement to the division and complete and submit the MGA License Exemption Form 08-260 for the division's determination.

### FORM FILING REQUIREMENTS FOR MANAGING GENERAL AGENTS

#### RESIDENT

- Application Form 08-226
- Application Fee plus the Fingerprint Card Evaluation fee of \$48.25
- One Fingerprint Card\*
- Examination Results: Limited Lines Managing General Agent Exam (valid for one year from examination date)
- Copy of the contract you have with each insurer you represent as an MGA

#### NONRESIDENT

- Application Form 08-226
- Application Fee
- Copy of the contract you have with each insurer you represent as an MGA

\*If you are currently licensed in Alaska, the fingerprint card and fingerprint card evaluation fee is not required.

**Once licensed by the State of Alaska, you are required to notify the division within 30 days of any of the following occurrences:**

- Change in compliance officer
- Change in place of business
- Change in name as reflected on license
- Change of electronic (e-mail) address
- Change in residence
- Change in telephone number
- Change in mailing address
- Disciplinary action by another state or jurisdiction or criminal prosecution

Answers to Frequently Asked Questions (FAQs) are available at  
<http://commerce.alaska.gov/dnn/Portals/7/pub/Licensing/faq.pdf>.

## FEES PER LICENSE

### RESIDENT APPLICANTS

**One Fingerprint card to be submitted – the fingerprint card processing fee of \$48.25 must be included with the application fees.**

Fingerprint card and fee is not required if currently Alaska licensed.

	INDIVIDUAL	OR	FIRM
	<u>RESIDENT</u>	OR	<u>NONRESIDENT</u>
<b>Managing General Agent</b> (Any or all line(s))	\$75		\$75
<b>Designated Responsible Producer</b> (Compliance Officer)	\$75		\$75

### COMPLIANCE OFFICER INFORMATION

Designated responsible person (Compliance Officer) must submit an individual application with all requirements.

Designated Compliance Officer is responsible for the actions of the firm and all representatives of the firm.

### FIRMS

A firm license will be effective for two years from original date of license issuance. All sections of the application must be completed.

### INDIVIDUALS

Individual applicants must complete all sections of this application except 5 and 6.

If the individual licensee's birth year is an odd number, the license will renew on the last day of the licensee's birth month. If the individual licensee's birth year is an even number, the license will renew on the last day of the licensee's birth month.

### RENEWAL INFORMATION

A renewal notice will be mailed approximately 90 days prior to the expiration of the license. A renewal notice will be emailed to all licensees.

STATE OF ALASKA  
 DEPARTMENT OF COMMERCE, COMMUNITY,  
 AND ECONOMIC DEVELOPMENT  
 DIVISION OF INSURANCE  
 333 WILLOUGHBY AVENUE, 9TH FLOOR  
 P.O. BOX 110805, JUNEAU, ALASKA 99811-0805  
 (907) 465-2515  
 FAX NUMBER: (907) 465-2816  
[www.insurance.alaska.gov](http://www.insurance.alaska.gov)

Division use only
Batch # _____ \$ _____

**APPLICATION FOR MANAGING GENERAL AGENT INSURANCE LICENSE**

<b>1</b>	NAME OF APPLICANT														
<b>2</b>	<b>DBA/Trade Name (if applicable) Alaska Statute (AS) 21.27.010(d) states "a licensee may not use a fictitious or alias unless the licensee's legal name and fictitious or alias are on the license."</b> a) List any assumed fictitious, alias, maiden or trade names which you have used in the past. b) List any trade names under which you are currently doing business or intend to do business. _____														
<b>3</b>	If applicable, NASD Firm Central Registration Depository (CRD) Number														
	Business Physical Address					City			State		Zip or Foreign Country				
	Business Phone Number			Business Fax Number			Business Web Site Address			Business E-mail Address					
	Applicant's Mailing Address				P.O. Box		City			State		Zip or Foreign Country			
<b>4</b>	Check line(s) of authority for which you are applying. Check the last column if you have been previously licensed in Alaska: <b>Lines of Authority</b> <b>A</b> – All Lines (L, H, P, C) <b>L</b> – Life <b>H</b> – Health <b>V</b> – Variable Life/Variable Annuity* <b>P</b> – Property <b>C</b> – Casualty <b>PL</b> – Personal Lines    * <b>You must complete #3 above</b> <b>Limited Lines</b> <b>S</b> – Surety <b>M</b> – Motor Vehicle <b>T</b> – Travel <b>Credit</b> – Credit <b>Crop</b> – CROP <b>O</b> – Other														
	<b>Lines of Authority</b>											<b>Alaska Licensed?</b>			
	A	L	H	V	P	C	PL	Credit	M	Crop	T	S	O	YES	NO
<b>5</b>	<b>COMPLETE QUESTIONS 5-7, FOR FIRMS ONLY</b>														
	<b>Legal Business Type</b> <b>C</b> – Corporation <b>P</b> – Partnership <b>S</b> – Sole Proprietorship <b>LLC</b> – Limited Liability Corporation <b>LLP</b> – Limited Liability Partnership														
	<b>Legal Business Type</b>				<b>Incorporation/Formation Date</b>				<b>FEIN</b>		<b>State of Domicile</b>		<b>Country of Domicile</b>		
	C	P	S	LLC	LLP	month____day____year____									
<b>6</b>	<b>OWNERS, PARTNERS, OFFICERS, AND DIRECTORS</b>														
	Identify all owners with 10% interest or voting interest, partners, officers, and directors of the business entity, or members or managers of a limited liability company:														
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								
	Name _____			Title _____			SSN _____								

**Designated/Responsible Licensee**

**7**

Identify the Designated/Responsible Licensee (must complete all of Part II)

Name \_\_\_\_\_ SSN \_\_\_\_\_ National Producer License \_\_\_\_\_  Application Attached

**8**

**PART II**

**COMPLETE FOR THE COMPLIANCE OFFICER TO BE LISTED ON THE FIRM LICENSE OR FOR AN INDIVIDUAL APPLICANT.**

Social Security Number		If applicable, NASD Individual Central Registration Depository (CRD) Number		Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Last Name JR./Sr. etc.		First Name		Middle Name	
				Date of Birth month ____ day ____ year ____	
Residence/Home Address (Physical Street)		P.O. Box	City		State
					Zip Code
				Foreign Country Code	
Home Phone No.	Home E-mail Address	Gender (circle one) Male Female		Are you a citizen of the United States (check one) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (Residents only: If No, you must supply proof of eligibility to work in the U.S.)	
Applicant's Mailing Address		P.O. Box	City		State
					Zip Code
				Foreign Country Code	
Business Website			E-mail Address		

**9**

**EDUCATION**

**Education and Training received after high school**

**A.** List all college education and training. A "major" means at least 24 semester hours of college course work, at least 16 of which are upper division level, in the areas of emphasis.

College, University, Graduate School Name and Location of School	Dates Attended	Major or Subjects Taken	Degree Year	Did You Graduate	Office Use Only
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	From: To:			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**B.** List here any professional or occupational certificates, or registrations and vocational licenses issued by any private organizations or governmental licensing agency or regulatory authority, which you presently hold or have held in the past.

TITLE	ISSUING ORGANIZATION	DATE OBTAINED

<b>10 EMPLOYMENT HISTORY</b>				
Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education. Attach an additional document if necessary.				
		From	To	
		Month	Year	Month Year
Name				Position Held
City	State			
Name				
City	State			
Name				
City	State			
Name				
City	State			
Name				
City	State			
Name				
City	State			
<b>11</b> Will a fiduciary account be maintained? <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, please explain in detail, how you will be in compliance with AS 21.27.620(a)(4)(C). Please indicate location of the fiduciary account(s) and the fiduciary account number(s). Bank _____ Account Number _____ City _____ State _____ Zip Code _____				
<b>12</b> Present employer may be contacted. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain _____ Former employers may be contacted. <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> a. Have you ever been in a position which required a fidelity bond? <input type="checkbox"/> Yes <input type="checkbox"/> No If any claims were made against the bond, give details: _____ _____ b. Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give detail: _____				
<b>14</b> List any insurers, reinsurer, agents, brokers, or reinsurance intermediaries in which you are a partner or control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). _____ _____ If any of the stock is pledged or hypothecated in any way, give details: _____ _____ If you determine that you are a controlling insurance producer, you must comply with AS 21.27.				
<b>15</b> List any group, association or other organization of insurers which engages in joint underwriting or joint reinsurance with which you are affiliated and identify the companies that are members. _____ _____				
<b>16</b> Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurance related organization which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details: _____				

## BACKGROUND INFORMATION

Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

- 1a. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of a misdemeanor, had a judgment withheld or deferred or is the business entity or any owner, partner, officer or director of the business entity, or member or manager currently charged with, committing a misdemeanor? Yes \_\_\_ No \_\_\_

You may exclude the following misdemeanor convictions or pending misdemeanor charges: traffic citations, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license.

You may also exclude juvenile adjudications (offenses where you were adjudicated delinquent in juvenile court.)

- 1b. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever been convicted of a felony, had judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company currently charged with committing a felony? Yes \_\_\_ No \_\_\_

You may exclude juvenile adjudications (offenses where you were adjudicated delinquent in a juvenile court.)

If you have a felony conviction involving dishonesty or breach of trust, have you applied for written consent to engage in the business of insurance in your home state as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was consent granted? (Attach copy of 1033 consent approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

- 1c. Has the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, ever been convicted of a military offense, had a judgment withheld or deferred, or is the business entity or any owner, partner, officer or director of the business entity or member or manager of a limited liability company, currently charged with committing a military offense? Yes \_\_\_ No \_\_\_

**NOTE:** For Questions 1a, 1b, and 1c "**Convicted**" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes to any of these questions, you must attach to this application:

- a) a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the charging document,
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director of the business entity, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

## BACKGROUND INFORMATION (Continued)

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- c) a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct?

Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse?

N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes:

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application?

Yes \_\_\_ No \_\_\_

**APPLICANT CERTIFICATION AND ATTESTATION**

1. I hereby certify under penalty of perjury, that all of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, I hereby designate the Director of Insurance to be its agent for service of process regarding all insurance matters and agree that service upon the Alaska Director of Insurance is of the same legal force and validity as personal service upon the firm or myself.
3. I further certify that I grant permission to the Director of Insurance for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I certify I a) do not have a current child support obligation, or b) I have a child support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the State of Alaska to give any information it may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Alaska and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the Alaska insurance laws and regulations.
7. No representatives acting on behalf of this firm have been convicted of any felony involving dishonesty or breach of trust (18 USC 1033).
8. For non-resident license applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested for the non-resident state.
9. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I'm/we're applying, certified copies of any documents attached to this application or requested by the jurisdiction.

**Must be signed and dated by applicant.**

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Signature

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Type or Printed Name

---

Month/Day/Year



**PART III**

This section must be completed by each insurer appointing you as a Managing General Agent, filed with a copy of the agency contract. If the MGA is domiciled in Alaska or the insurer is domiciled in a state **NOT** accredited with the National Association of Insurance Commissioners, the contract must be filed and approved by the director at least 30 days prior to the MGA transacting business in this state.

<b>1</b>	Name of Insurer: _____ NAIC group and company number: _____
<b>2</b>	Name and address of Managing General Agent to whom authority is delegated: _____ _____
<b>3</b>	For what classes of business has authority been extended? _____ _____
<b>4</b>	Term of Contract? Beginning Date: _____ Ending Date: _____
<b>5</b>	<p>Is the managing general agent authorized to:</p> <ul style="list-style-type: none"> <li>• Manage all or part of the insurance business of an insurer, including the managing of a separate division, department, or underwriting office? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Act as an agent for an insurer, (whether known as a managing general agent, manager, or other similar term) who, with or without the authority, separately or together with affiliates, produces, directly or indirectly, and underwrites an amount of gross direct written premium <b>equal to or more than five percent</b> of the policyholders surplus as reported in the last annual statement of the insurer in any one quarter or year together with the following activity related to the business produced? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Adjust or pay claims <b>over \$10,000</b> a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Negotiate reinsurance on behalf of the insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Appoint subagents? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>
<b>6</b>	<p><b>NONRESIDENT ONLY</b></p> <p>Does the contract termination clause comply with the 30-day notice to the director requirement in AS 21.27.620(a)(4)(M)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain _____</p>
<b>7</b>	<p>Does the contract specify the following: (Indicate where in the contract the provision can be found to the right of the question.)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Establish of the responsibilities of each party for a particular function and the division of responsibilities. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Termination of the contract for cause upon written notice, sent certified mail, and the right to suspend the underwriting authority during any dispute for cause of termination. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Remission of all money due, detailing transactions at least monthly. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Compliance with all applicable fiduciary account statutes and regulations. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Use of the fiduciary account for all payments on behalf of the insurer. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Separate records will be maintained for the insurer, and the insurer having the right to audit and copy all accounts and records related to the insurer's business. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Statement that the contract may not be assigned in whole or in part. _____</p>

<p><b>8</b></p>	<p>If the Managing General Agent has underwriting authority, complete all questions in number 8 (indicate where in the contract the provision can be found to the right of the question). If not, proceed to question 9.</p> <p>Does the contract specify:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No the MGA's maximum annual premium volume. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No the rating system and basis of the rates to be charged. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No the types of risks that may be written. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No the maximum limits of liability. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No the applicable exclusions. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No the territorial limitations. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No the policy cancellation provisions. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No the maximum policy term. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No that the insurer shall have the right to cancel or not renew a policy of insurance subject to applicable state law. _____</p>
<p><b>9</b></p>	<p>If the Managing General Agent has authority to settle claims on behalf of the insurer, complete all questions in number 9 (indicate where in the contract to the right of the question). If not, proceed to question 10.</p> <p>Does the contract specify the Managing General Agent's:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Written settlement authority which may be terminated for cause upon written notice, sent certified mail, and the right to suspend settlement authority during any dispute for cause of termination. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Require claims to be reported to the insurer within 30 days. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Specify that claim files are the property of both the insurer and Managing General Agent except upon an order of liquidation of the insurer the claims files become the sole property of the insurer or the insurer's estate, the Managing General Agent shall have reasonable access to and the right to copy the files on a timely basis. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Limitation on retaining estimated claim payments and allocated loss adjustment expenses (not more than four months). _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Require that a copy of the claim file be sent upon insurer request or when claim exceeds an amount set by the director or the insurer, whichever is less, involves a coverage dispute, may exceed the Managing General Agent's claim authority, is open for more than six months, involves extra contractual allegations, or is closed by payment in excess of an amount set by the director or an amount set by the insurer, whichever is less. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Compliance with the unfair claims settlement statutes and regulations. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Transmission of electronic data at least monthly if electronic claims files are in existence. _____</p>
<p><b>10</b></p>	<p>If the contract has a provision for sharing interim profits, complete all of question 10 (indicate where in the contract to the right of the question). If not, proceed to question number 11.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Does the Managing General Agent have authority to determine the amount of the interim profits by: establishing loss reserves; controlling claims payments or any other manner. _____</p> <p>If yes, does the contract specify that the interim profits will not be paid until:</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No One year after they are earned for property insurance business and five years after they are earned in casualty business. _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Profits are independently verified in accordance with Alaska Statute 21.27.620. _____</p>
<p><b>11</b></p>	<p>How often is an on-site audit of the Managing General Agent conducted? _____</p> <p>Copy of the last audit report enclosed <input type="checkbox"/></p> <p>When was the last on-site audit completed? _____</p>