



LOUISIANA DEPARTMENT OF INSURANCE
JAMES J. DONELON
COMMISSIONER

**INSTRUCTIONS FOR
APPLICATION VERIFYING ELLIGIBILITY
AS SURPLUS LINES INSURER
IN THE STATE OF LOUISIANA**

GENERAL INSTRUCTIONS

This packet is designed to assist the individual preparing this application in complying with our requirements and procedures. The forms and procedures of the application process are designed to facilitate our review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth in this packet.

All communication should be directed to:

Louisiana Department of Insurance
Company Licensing Division
P.O. Box 94214
Baton Rouge, LA 70804-9214
Phone: (225) 219-4318
Fax: (225) 342-3078
E-Mail Address: tstubbs@ldi.state.la.us

While our Department will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us.

- 1) The Department of Insurance accepts electronic submission of the application via email. An application submitted in this manner must be submitted to companyapps@ldi.state.la.us to assure receipt and prompt processing by this Department. After submission of the application electronically the payment of the fees must be submitted hard copy to address above. All payments must be made payable to the Louisiana Department of Insurance.
- 2) If the application is submitted hard copy, all submittals in association with this application must reach us via the United States Postal Service or a carrier with interstate business. Hand delivery is not acceptable and any information arriving in this manner will be returned without review. In addition, all correspondence must be sent to the attention of the Company Licensing Division to assure prompt receipt and handling.
- 3) Submit only a fully completed application. Submittal of a partially completed application will cause processing delays and may result in disapproval.
- 4) **Do not alter** the forms contained in this packet. If you feel the requirements do not apply to your company, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about the forms.

- 5) All original items submitted become the property of the Louisiana Department of Insurance and will not be returned.
- 6) All certified documents required in the application must be dated within six (6) months of submittal of the application. If an application is submitted hard copy rather than electronically all certifications must be original.
- 7) All entries in the application forms must be typed or printed. Illegible entries or responses will be considered incomplete and may result in the disapproval of the application.
- 8) When designating a contact person for the application process, please remember that our staff will communicate only with that individual. The application process is considered confidential and will not be discussed with any person other than the named contact person. We must be notified in writing of any change in the contact person.
- 9) We must be notified of any changes in the company or the information submitted in association with this application which occur while the application is under review. This includes changes in officers and directors; changes in address or domicile; and financial statements and examination reports which become available after submission. Failure to notify us of such changes may result in disapproval of the application.
- 10) It is the responsibility of the applicant to insure that none of the responses and submittals in association with this application conflict with the information filed with the domiciliary state. Conflicting information will result in the disapproval of the application.



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**APPLICATION VERIFYING ELLIGIBILITY
AS SURPLUS LINES INSURER
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General Information (Type or Print)	
COMPANY NAME: _____	
NAIC NO.: _____	FEIN NO.: _____
APPLICATION CONTACT NAME: _____	
CONTACT TITLE: _____	
CONTACT PHONE: _____	
CONTACT FACSIMILE: _____	
CONTACT EMAIL ADDRESS: _____	
CONTACT MAILING ADDRESS: _____	

FEES	
Review Fees	\$ 1,050.00
Total Amount This Check	\$ 1,050.00

SECTION 2– EXHIBITS

EXHIBIT A (FOREIGN APPLICANTS ONLY) – Copy of the most recent annual statement of the applicant certified by the proper official of the domiciliary state. If the most recent financial statement has been filed with the National Association of Insurance Commissioner, the applicant may incorporate that filing by reference in lieu of submission of a hard copy.

EXHIBIT B (FOREIGN APPLICANTS ONLY) – Copy of quarterly statements for all quarters subsequent to the most recent annual statement. If the most recent financial statement has been filed with the National Association of Insurance Commissioner, the applicant may incorporate that filing by reference in lieu of submission of a hard copy.

EXHIBIT C (FOREIGN APPLICANTS ONLY) – Certificate of Compliance for the applicant issued by the domiciliary state which clearly indicates the line or lines of insurance which the applicant is authorized to write in that state.

EXHIBIT D (ALIEN APPLICANTS ONLY) - A copy of the letter from the International Insurers Division of the National Association of Insurance Commissioners advising the company that they have been placed on the list of approved unauthorized insurers maintained by that office.

EXHIBIT E (ALL APPLICANTS) - A plan of operation which briefly describes the types of business and products which the company intends to write in Louisiana on a surplus lines basis.

SECTION 3 – ADDRESS AND CONTACT INFORMATION

DOMICILE ADDRESS: Below give the domiciliary address of the applicant.		
Address:		
City:	State:	Zip:

MAILING ADDRESS: Below give the mailing address of the applicant.		
Address:		
City:	State:	Zip:

ADMINISTRATIVE OFFICE ADDRESS: Below give the physical address of the main administrative office of the applicant.		
Address:		
City:	State:	Zip:

PRIMARY CONTACT: Below give the name, address, phone number and email address for the primary contact person with whom this Department should communicate after completion of the application process.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

COMPLAINT CONTACT: Below give the name, address, phone number and email address for the contact person to whom consumer complaints should be directed.		
Name:		
Address:		
City:	State:	Zip:
Phone Number:	Email Address:	

**SECTION 3 – ADDRESS AND CONTACT INFORMATION -
Continued**

CONTACT PHONE NUMBERS Below give the appropriate phone number for the indicated function. If the applicant has designated numbers for specific functions, include that information below.	
FUNCTION	PHONE NUMBER
General Consumer Inquiries	
Claims	
Other (explain) _____	
Other (explain) _____	

WEB ADDRESS: If the applicant maintains a web site, give the URL or World Wide Web address of the site.

ATTESTATION

STATE OF _____

COUNTY OR PARISH OF _____

BEFORE ME, the undersigned authority, personally appeared _____
and _____ who, after being duly sworn, did depose and say they
have personal knowledge of the information submitted with this application and that all information contained
in this application and all attachments thereto are complete, true and correct.

They do further attest that all of the following statements are true and correct:

- 1) If the applicant is domiciled in the United States in a state other than Louisiana:
 - a. The applicant currently possesses a minimum capital and surplus of at least \$15,000,000.00
 - b. The applicant is currently licensed in its domiciliary state to write the line or lines of insurance which the applicant will be writing in Louisiana with no restrictions or limitations on the Certificate of Authority of the company in its domiciliary state.
- 2) If the applicant is domiciled outside of the United States, The applicant is currently listed as an approved unauthorized insurer by the International Insurers Division of the National Association of Insurance Commissioners.

Signature of Witness

Signature of Applicant Representative

Printed Name of Witness

Printed Name and Title of Applicant Representative

Signature of Witness

Signature of Applicant Representative

Printed Name of Witness

Printed Name and Title of Applicant Representative

SWORN TO and subscribed before me this _____ day of _____, 20 ____.

Signature of Notary Public

Printed Name of Notary Public

My Commission Expires _____