

# MARYLAND INSURANCE ADMINISTRATION FORM FOR ASSOCIATION / RESPONSIBLE INDIVIDUAL DESIGNATION

- **DO NOT REMIT ANY PAYMENT WITH THIS NOTICE.** There is no charge for association processing.
- This form should be completed by the employer requesting that another licensed individual or firm be associated to it. Licensees should associate other licensees for the purposes of (a) identifying employer/ employee relationships and (b) for allowing the associated licensee to trade under the associating licensee's name.
- A licensed firm can associate licensed individuals or other licensed firms. A licensed individual can associate licensed firms or other licensed individuals.
- When a licensed firm is being associated with another licensee, only the firm itself is associated. All the licensed individuals who work for the firm must be associated individually.
- **Submit form to: [producerlicensing.mia@maryland.gov](mailto:producerlicensing.mia@maryland.gov) or fax to 410-468-2399** Maryland Insurance Administration, 200 Saint Paul Place, Suite 2700, Baltimore, MD 21202

## 1. ASSOCIATING LICENSEE INFORMATION

1A. ASSOCIATING LICENSEE NAME: \_\_\_\_\_

1B. NATIONAL PRODUCER NUMBER (NPN): \_\_\_\_\_

1C. ASSOCIATING LICENSEE FEIN / SSN: \_\_\_\_\_

Note: You must provide either an FEIN or an Alien ID for a Business Entity.

1D. ALIEN ID: \_\_\_\_\_

1E. ASSOCIATING LICENSEE INFORMATION: \_\_\_\_\_  
License Number

**NOTE – Effective 10/13/2006 licensed insurance producer agencies, with the exception of agencies with the Title authority, are no longer required to report the insurance producers associated with it to the MIA. However, licensed insurance agencies must still report designated producer(s). (Please review our website: [www.insurance.maryland.gov](http://www.insurance.maryland.gov) for the 10/13/2006 Notice regarding changes to reporting insurance producers).**

## 2. ASSOCIATED LICENSEE INFORMATION

**REQUEST TYPE SELECTION:** Select ONE request option by placing an "X" next to the appropriate request type.

NEW ASSOCIATION _____	ASSOCIATION CANCELLATION _____
NEW RESPONSIBLE INDIVIDUAL DESIGNATION _____	RESPONSIBLE INDIVIDUAL DESIGNATION CANCELLATION _____

2A. ASSOCIATED LICENSEE NAME : \_\_\_\_\_

2B. NATIONAL PRODUCER NUMBER (NPN): \_\_\_\_\_

2C. ASSOCIATED LICENSEE FEIN / SSN: \_\_\_\_\_

Note: You must provide either an FEIN or an Alien ID for a Business Entity.

2D. ALIEN ID: \_\_\_\_\_

2E. ASSOCIATED LICENSEE INFORMATION: \_\_\_\_\_  
License Number

2F. IF ASSOCIATED IS AN INDIVIDUAL, WILL THIS INDIVIDUAL BE A DESIGNATED RESPONSIBLE PRODUCER FOR THE EMPLOYER?

	Yes		No
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**LINE (S) OF AUTHORITY: When adding or cancelling a responsible individual for a licensed firm, select the line of insurance for which he/she will, or will no longer, be responsible by placing an "X" in the appropriate box (es) below.**

	Variable Life/Variable Annuity
	Life
	Health
	Property
	Casualty
	Personal Lines
	Credit Products
	Surplus Lines Broker
	Other Limited Line – Self Storage
	Other Limited Line - Title
	Other Limited Line - Travel
	Nonresident License Limited Line (please specify) _____

Signature of Authorized Requester: \_\_\_\_\_

Full Name of Authorized Requester: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_