TO BE COMPLETED BY STATE INSURANCE DEPARTMENTS

NARAB (EX) WORKING GROUP RECIPROCITY CHECKLIST

A. 1. Are there any requirements or submissions imposed upon a non-resident producer seeking licensure in your state other than:

   a. The person must be currently licensed as a resident and in good standing in his or her home state;
   b. The person has submitted the proper request for licensure and has paid the required fees;
   c. The person has submitted or transmitted to the insurance commissioner the application for licensure that the person submitted to his or her home state or, in lieu of the same, a completed Uniform Application; and
   d. The person’s home state awards non-resident producer licenses to residents of your state on the same basis?

   No, these are the only requirements/submissions XXX or

   Yes, there are additional requirements/submissions ______

   If you answered “yes” to the above question please explain the additional requirements/submissions and provide the authority in your statutes or regulations for imposing such requirements/submissions. (Please use separate page(s) if necessary.)

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Does your state impose any additional requirements or submissions other than the four listed in A.1 upon a non-resident business entity seeking licensure?

   Yes _____ or No XXX____

   If yes, please explain the additional requirements/submissions applicable to business entities and provide the authority in your statutes or regulations for imposing such requirements/submissions. (Please use separate page(s) if necessary.)

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
B. Do you have the legal authority to waive any requirements other than the four requirements stated in A.1 above relating to the licensing of a non-resident producer if the non-resident producer’s home state grants licenses to producers from your state on the same basis (see Sec. 16, PLMA)?

Yes _____ or No _XXX___
Citation (if applicable): _______________________________________________________________________

C. 1. In your state, will a non-resident license be granted for at least the same scope of authority as the non-resident producer applicant’s home state license?

   Yes _XXX___ or No ____
   Citation (if applicable): _______________________________________________________________________

2. Does your state require a non-resident applicant seeking a variable life license to also obtain a life license from your state?

   Yes _XXX___ or No ____
   Citation (if applicable): _______________________________________________________________________

   If yes, will you waive this requirement? Am reviewing this requirement with our legal department.
   Citation (if applicable): _______________________________________________________________________

D. In your state, is a non-resident producer’s continuing education requirement met if the non-resident producer fulfills his or her home state continuing education requirement and the home state also grants such reciprocity?

   Yes _XXX___ or No ____
   Citation (if applicable): _______________________________________________________________________

E. For each “yes” answer to any of the following questions, please indicate whether you can and will waive the requirement in order to achieve non-resident producer licensing reciprocity.

   In your state:

   1. Is an appointment required prior to or concurrent with licensure?

      Yes _____ or No _XXX___
      Citation (if applicable): _______________________________________________________________________
      Please explain: _____________________________________________________________________________

      If yes, will you waive this requirement? ______________________________________________________
      Citation (if applicable): _______________________________________________________________________

   ____________________________________________________________________________________________
2. Are there any bond, E & O, deposit, tax clearance or trust account requirements for non-resident applicants or producers?

Yes _____ or No ___XXX___  
Citation(s) (if applicable): ________________________________
Please explain: ________________________________

If yes, will you waive this requirement? ________________________________
Citation(s) (if applicable): ________________________________

3. Are non-resident surplus lines applicants or producers required to post a bond?

Yes _____ or No ___XXX___  
Citation (if applicable): ________________________________
Please explain: ________________________________

If yes, will you waive this requirement? ________________________________
Citation (if applicable): ________________________________

4. a. Are non-resident surplus lines applicants or producers required to obtain an underlying general lines or P&C license from your state as a condition to surplus lines licensure?

Yes _____ or No ___XXX___  (If No, you may proceed to E.5.)
Citation (if applicable): ________________________________

b. Does your state have a diligent search requirement?

Yes ___XXX___ or No _____
Citation (if applicable): __59A-14-3.C__________________________

c. Is the surplus lines producer required to perform the diligent search of the admitted market in your state?

Yes ___XXX___, No _____ or Sometimes _____
Citation (if applicable): __59A-14-11.A__________________________

If “Sometimes,” please explain the circumstances under which the surplus lines producer is or is not required to perform the diligent search.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
d. If the surplus lines producer is not required to perform or is not otherwise performing the diligent search, will you waive the requirement to obtain an underlying general lines or P&C license from your state?

N/A

Yes _____ or No _____

Citation (if applicable): ____________________________________________________________

5. Are there any training, education, prior experience requirements or minimum age requirements for non-resident applicants or producers?

Yes _____ or No __XXX__

Citation(s) (if applicable): _________________________________________________________

Please explain: __________________________________________________________________

If yes, will you waive such requirement(s)? ______________________________

Citation(s) (if applicable): _________________________________________________________

6. Are there any provisions allowing only resident producers to sell or solicit insurance or bonds for state business, special funds or entities or state funded projects?

Yes _____ or No __XXX__

Citation(s) (if applicable): _________________________________________________________

Please explain: __________________________________________________________________

If yes, will you waive such restriction(s) for non-resident producers? ________________

Citation(s) (if applicable): _________________________________________________________

F. Are there any post-licensing or other regulatory requirements on any non-resident producer that limit or condition the non-resident producer’s activities because of such producer’s residence or place of operations, or that otherwise subject the non-resident producer to different or discriminatory regulatory requirements than those imposed upon residents?

Yes _____ or No __XXX__

If yes, please list the post-licensing/other regulatory requirement(s):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Citation(s) (if applicable): _________________________________________________________

If yes, will you waive any of the requirements listed above?

Yes _____ or No _____

Citation(s) (if applicable): _________________________________________________________
CERTIFICATION

I hereby certify that I am familiar with the laws, decisions, rules, regulations and other state action having the effect of law in my jurisdiction and upon review of the same affirm that the responses to the above and foregoing are true and correct. Moreover, I hereby further certify that I have the authority to waive those producer licensing requirements as indicated hereinabove and agree to waive said requirements in order to meet the reciprocity standard for non-resident producer licensing as set forth in the Gramm-Leach-Bliley Act.

Date: __May 12, 2014________________ ____Lorinda Martinez____________________
(Signature)
Title: ___Bureau Chief________________________

This document is not intended to reflect any position statement of the NAIC, but has been prepared solely to assist the NARAB Working Group in its review of continuing compliance with the reciprocity provisions of the Gramm-Leach-Bliley Act.