



REQUIREMENTS FOR PRODUCER CODE

Enclosed are the materials that will enable you to apply for a Maryland Automobile Insurance Fund/Maryland Auto Producer Code. These forms include:

- Application for Authority to Transact Maryland Automobile Insurance Business - MDAuto 64014 (1/2017)
- Producer Bond Requirements - MDAuto 64015A (7/2015)
- Maryland Automobile Insurance Fund Producer's Bond - MDAuto 64015 (7/2015)
- Employee/Retainee Addendum Form - MDAuto 64014A (1/2017)

Maryland law requires all Maryland Auto agents to have a valid appointment with at least one property and casualty insurance company. Maryland Auto does not appoint Producers.

Please complete all items of the Application for Authority to transact Maryland Automobile Insurance Fund Business. If you are a corporation, complete this form on behalf of the corporation. This form must have the original signature of applicant.

Maryland Auto's bond requirements are explained in the Producer Bond Requirements form referenced above. Maryland Auto requires the **original bond with seal**.

A separate Employee/Retainee Addendum must be completed by each employee or retained person, including officers and directors of corporations; who solicit, negotiate or accept insurance business from the public. Please include photocopies of each licensed person's current Maryland agent license, including those of the corporate entity.

New Producers and each licensed employee must complete Maryland Auto's Online Training Program. The course is located on our Producer Portal. The Producer Services team will email instructions for accessing and completing the training program upon receipt of the new producer application packet.

For timely processing, all forms must be completed, signed, and emailed with required documentation to ProducerServices@MarylandAuto.net. Or you may mail to **Maryland Auto Insurance, Producer Services, 1215 East Fort Avenue, Suite 300, Baltimore, MD 21230**. If you have questions concerning these materials or the bonding requirements, contact Producer Services at our producer-dedicated phone number, 800-445-1117 or by email.

Application Checklist

- Signed Application
- Copy of current MD Producer' License
- Original Bond
- Employee/Retainee Addendum(s)

**APPLICATION FOR AUTHORITY TO TRANSACT
MARYLAND AUTOMOBILE INSURANCE FUND BUSINESS**

1. AGENCY NAME:

LEGAL NAME: _____

Name on license and bond must read the same as filed with the Maryland Insurance Administration.

DBA/AKA NAME: _____

TYPE: INDIVIDUAL CORPORATION PARTNERSHIP LIMITED LIABILITY COMPANY
Please show individual, trade or corporate name on file with the M.I.A. Please attach copy of the approved **Trade Name Certificate**, if applicable.

2. STREET ADDRESS OF MAIN OFFICE:

NUMBER & STREET: _____

CITY/STATE/ZIP: _____

3. MAILING ADDRESS (IF DIFFERENT):

4. CONTACT INFORMATION:

NUMBER & STREET: _____

PHONE: _____

CITY/STATE/ZIP: _____

FAX: _____

E-MAIL: _____

5. ADDRESS, PHONE AND FAX OF ALL BRANCH OFFICES:

Each office location requires a separate application/producer code. If additional space is required, attach a separate page.

6. TAX IDENTIFICATION NUMBER: _____ **TYPE:** FEDERAL EMPLOYER SSN

7. AGENCY PRINCIPAL INFORMATION:

NAME: _____ **TITLE:** _____

SSN: _____ **DOB:** _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE: _____

LANGUAGES SPOKEN: _____

8. IF APPLICANT IS A CORPORATION OR PARTNERSHIP, PROVIDE THE FOLLOWING INFORMATION FOR ALL OFFICERS OR PARTNERS:

NAME	TITLE	SSN	DOB	% OWNERSHIP	LANGUAGES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

9. MARYLAND PRODUCER'S LICENSE NUMBER: _____ (MUST ATTACH PHOTOCOPY)

For corporations, attach copies of both principal owner and corporate licenses.

NEW PRODUCERS MUST COMPLETE MARYLAND AUTO'S ONLINE TRAINING PROGRAM. The Producer Services team will email instructions for accessing and completing the course upon receipt of application.

10. BONDS: Complete appropriate section and send original to Maryland Auto.

A. PRODUCER'S BOND

Provide the following information from the bond naming Maryland Automobile Insurance Fund/Maryland Auto as obligee (Beneficiary) and attach original Bond.

COMPANY NAME: _____

BOND NUMBER: _____ **EFFECTIVE DATE:** _____

OR

B. EMPLOYED AGENT CERTIFICATION

Provide the name of the guarantor providing the Certification in Lieu of Surety Bond. Letter of authorization for the blanked coverage is acceptable.

GUARANTOR: _____ **EFFECTIVE DATE:** _____

11. MD PROPERTY AND CASUALTY INSURANCE COMPANIES REPRESENTED:

COMPANY NAME:

COMPANY NAME:

If additional space is required, attach a separate page.

12. HAVE YOU PREVIOUSLY WRITTEN FOR MARYLAND AUTOMOBILE INSURANCE FUND/MARYLAND AUTO? YES NO

IF YES, INDICATE CAPACITY AND AGENCY DETAILS: PRODUCER EMPLOYEE

COMPANY NAME:

LAST ACTIVE DATE:

MD AUTO PRODUCER CODE:

13. DO YOU EMPLOY OR OTHERWISE RETAIN ONE OR MORE LICENSED PERSONS TO SOLICIT, NEGOTIATE OR ACCEPT INSURANCE APPLICATIONS FROM THE PUBLIC? YES NO

If the answer is YES, complete a separate **Employee/Retainee Addendum Form for each such person**. All required information must be provided and Addendum must be signed and dated by both the Principal and the employee. A copy of the employee/retainee's Certificate of Qualification showing authorization to write automobile or property and casualty insurance must be attached. Each licensed employee must attend Maryland Auto's Private Passenger Training seminar.

14. CERTIFICATION

I certify that the above information is true and correct.

I certify that in the event the Applicant is authorized to act as a Maryland Automobile Insurance Fund/Maryland Auto producer, the Applicant will comply with all statutes, regulations and rules applicable to placing business with Maryland Auto. The Applicant further agrees to indemnify and hold Maryland Auto harmless for any and all acts by Applicant or its employees, retainees, officers or other persons which are contrary to statutes, regulations and/or rules applicable to placing business with Maryland Auto.

The Applicant agrees that it will at all times maintain current and up-to-date Maryland Auto Private Passenger and Commercial Automobile Rate, Rule and Form Manuals and Producer Guide. The Applicant agrees that it and all of its employees/retainees will at all times maintain license qualification from the Maryland Insurance Administration for automobile or property and casualty insurance.

The Applicant acknowledges and agrees that it will not hold itself out as being, nor will it act as, an agent of Maryland Auto and understands, that any representations made, whether written or oral, may not be binding on Maryland Auto.

Notice to Applicants: As a part of our screening process an investigative consumer report may be obtained including information regarding your financial, regulatory compliance, and employment background. All information obtained will be kept confidential by Maryland Auto in the ordinary course of business and is not generally available for public disclosure. Upon your written request we will furnish in writing a description of the nature and scope of the investigation requested.

APPLICANT SIGNATURE: _____

DATE: _____



MARYLAND AUTOMOBILE INSURANCE FUND

1215 EAST FORT AVENUE, SUITE 300

BALTIMORE, MD 21230

P: 800 492 7120

MyMarylandAuto.com

BOND REQUIREMENTS

Section 20-511 of the Insurance Article, Annotated Code of Maryland, addresses the requirements which states:

That every producer must file a Maryland Automobile Insurance Fund surety bond in the amount of \$10,000 naming the Fund as obligee (beneficiary). The bond must be issued on a Maryland Automobile Insurance Fund Bond form by a surety company authorized to write business in the State of Maryland.

The bond is a guarantee that the producer will account for and pay overall monies received by the producer in accordance with the applicable provisions of the statute and the binding rules of the Fund. The form contains a cancellation feature under which the Surety may terminate the bond subject to 30 days written notice to the Fund and a copy thereof to the principal (producer).

In lieu of a Maryland Automobile Insurance Fund Bond, a producer appointed as an exclusive agent by an insurer can satisfy the Fund's bond requirement under a Certification in Lieu of Surety Bond issued by the appointing insurer who, in effect, agrees to provide surety on behalf of the exclusive agent. Such surety coverage must be in the amount of \$10,000, on the Fund's Certification in Lieu of Surety Bond form and executed by a duly authorized representative of the insurer.

Authority to write business on behalf of the Fund is contingent upon filing with the Fund evidence of surety and maintaining such surety continuously during the period that the producer is authorized to write business on behalf of the Fund. Failure to maintain surety will cause the producer's authority to be terminated.

Maryland Auto requires the original bond containing the seal.

**MARYLAND AUTOMOBILE INSURANCE FUND
PRODUCER'S BOND**

Bond Number: _____ Date: _____

KNOW ALL MEN BY THESE PRESENTS, THAT

_____ of _____

State of _____ (herein after called "Principal"), as Principal who has applied to the Maryland Automobile Insurance Fund (herein after called "Maryland Auto") for appointment as a Producer, and is required by Section 20-511 of the Insurance Article, Annotated Code of Maryland to give a bond in the penalty below and conditions as hereinafter set forth; and _____ with its principal offices located at _____ a corporation authorized to do surety business in the State of Maryland (hereinafter called "Surety") as Surety; ARE HELD AND FIRMLY BOUND unto Maryland Auto in the full and just sum of TEN THOUSAND AND 00/100TH (\$10,000) DOLLARS; the payment of which sum well and truly to be made, the Principal and Surety hereby bind themselves, their respective heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

PROVIDED, HOWEVER, THAT THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, that if the Principal, in the conduct of his business as Producer for Maryland Auto, will account for and pay over to the person entitled all moneys belonging to the entitled person which may come into the hands of said Principal, as such Producer, in accordance with the provisions of this Subtitle and the Binding Rules of Maryland Auto, then this obligation shall be void, otherwise to remain in full force and effect.

AND FURTHER PROVIDED, that the Surety may, without prejudice to any liability accrued prior to such cancellation, cancel such bond upon thirty (30) days written notice filed with Maryland Auto and a copy thereof mailed to the Principal.

Signed, sealed and dated this _____ day of _____ of 20____

As Witness:

_____ By: _____
(Principal)

Test as to Surety and its Corporate Seal: _____
(Surety)

_____ By: _____
(Attorney-in-Fact)

(NOTICE TO SURETY COMPANIES: Be sure a concurrently dated Power of Attorney is attached to this bond.)

EMPLOYEE CODE:
(Maryland Auto use only)

**APPLICATION FOR AUTHORITY TO TRANSACT
MARYLAND AUTOMOBILE INSURANCE FUND BUSINESS
EMPLOYEE/RETAINÉE ADDENDUM**

1. NAME OF MARYLAND AUTO PRODUCER WITH WHICH YOU WISH TO ASSOCIATE:

MARYLAND AUTO PRODUCER CODE: _____

2. INFORMATION FOR EMPLOYEE/RETAINÉE OF MARYLAND AUTO PRODUCER:

NAME: _____ TITLE: _____

S.S.N.: _____ D.O.B.: _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE: _____

OTHER LANGUAGES SPOKEN: _____

3. MARYLAND PRODUCER'S LICENSE NUMBER: _____ Attach photocopy.

4. EMPLOYEE/RETAINÉE'S PRIMARY BUSINESS ADDRESS::

5. CONTACT INFORMATION AT PRIMARY BUSINESS ADDRESS:

PHONE: _____ FAX: _____

E-MAIL: _____

6. LIST ALL INSURANCE COMPANIES REPRESENTED:

(If additional space is required, attach a separate sheet.)

COMPANY NAME

COMPANY NAME

7. HAVE YOU PREVIOUSLY WRITTEN FOR MARYLAND AUTOMOBILE INSURANCE FUND/ MARYLAND AUTO? YES NO

IF YES, INDICATE CAPACITY AND AGENCY DETAILS: PRODUCER EMPLOYEE

COMPANY NAME:

LAST ACTIVE DATE:

MD AUTO PRODUCER CODE:

NEW PRODUCERS MUST COMPLETE MARYLAND AUTO'S ONLINE TRAINING PROGRAM. The Producer Services team will email instructions for accessing and completing the course upon receipt of application.

EMPLOYEE/RETAINÉE'S CERTIFICATION

I hereby certify that the above information is true and correct. Notice to Applicants: As part of our screening process, an investigative consumer report may be obtained including information regarding your financial, regulatory compliance and employment background. All information obtained will be kept confidential by Maryland Auto in the ordinary course of business and is not generally available for public disclosure. Upon your written request, we will furnish in writing a description of the nature and scope of the investigation requested.

SIGNATURE OF EMPLOYEE/RETAINÉE: _____ DATE: _____

PRINCIPAL'S CERTIFICATION

I hereby certify that the Producer shown above employs or has retained the individual named in this application, and request the Maryland Auto authorize this individual to transact Maryland Auto business on behalf of the producer. The Maryland Auto producer will indemnify and hold Maryland Auto harmless for any and all violations of applicable statutes, regulations and/or rules by said individual employee/retainée.

SIGNATURE OF PRINCIPAL: _____ DATE: _____