

## IMPORTANT NOTICE

**To:** All Insurance Companies Authorized to Conduct Business in Connecticut  
**From:** Thomas B. Leonardi, Insurance Commissioner  
**Re:** Notification of Managing General Agent Agreement pursuant to CGS 38a-90

**CGS 38a-90d. Duties of the insurer...(f) Within thirty days of entering into or termination of a contract with a managing general agent, the insurer shall provide written notification of such appointment or termination to the commissioner. Notices of appointment of a managing general agent shall include a statement of duties which the applicant is expected to perform on behalf of the insurer, the lines of insurance for which the applicant is authorized to act and any other information the commissioner may require.**

Effective immediately, in lieu of providing Managing General Agent Agreements to the Insurance Department's Licensing Division, please provide all information requested below, for each Managing General Agent Agreement (Contract) in effect in Connecticut, currently (whether Agreement previously submitted or not); and, on an ongoing basis, submit this information each time you appoint or terminate a Managing General Agent or terminate a Managing General Agent Agreement (Contract). The Contract must be available to Insurance Department Field Examiners, when auditing your Company's records.

The Company certifies that it has been provided with evidence of current licensure of such Producer, and has submitted an appointment for such Producer to act on its behalf in Connecticut.

**COMPANY INFORMATION**

Company Name & NAIC #: \_\_\_\_\_

**PRODUCER INFORMATION**

Connecticut Insurance Producer License Number: \_\_\_\_\_

Name of Producer: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

Lines of Authority: \_\_\_\_\_

MGA Agreement Commencement Date: \_\_\_\_\_ MGA Agreement Termination Date: \_\_\_\_\_

**“Statement of Duties” pursuant to CGS 38a-90d:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed by (Name & Title):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

You are required to complete and submit this form, within 30 days of MGA Agreement, or cancellation of such Agreement, electronically to [cid.licensing@ct.gov](mailto:cid.licensing@ct.gov) or by US Mail to:

STATE OF CONNECTICUT  
INSURANCE DEPT – LICENSING DIVISION  
PO BOX 816  
HARTFORD, CT 06142-0816

Revised: December 30, 2015