



**HAWAII
INSURANCE
DIVISION**

**Notice of
New
MGA Appointment**

APPOINTER Full and exact name as shown on License:	
HI License No.	HI Entity ID
APPOINTEE Full and exact name as shown on License:	
HI License No.	HI Entity ID

SELECT CLASS(ES) OF INSURANCE		
<input type="checkbox"/> Life ¹	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety
<input type="checkbox"/> Accident and Health or Sickness	<input type="checkbox"/> Marine	<input type="checkbox"/> Vehicle
<input type="checkbox"/> Variable Life and Variable Annuities	<input type="checkbox"/> Property	<input type="checkbox"/> Personal Lines
<input type="checkbox"/> Title		

STATEMENT OF DUTIES MGA TO PERFORM ON BEHALF OF THE INSURER

For INSURER → MANAGING GENERAL AGENT appointment only Refer to HRS §431:9C-104(e)

To be completed by the insurer Attach separate sheet if more space is needed

Signature of Appointer¹ Print Name and Title of Signer Date Signed

Signature of Appointee¹ Print Name and Title of Signer Date Signed

¹For individual licensee, the individual must sign. For agency, the Designated Representative named on the license must sign.

For insurer, anyone authorized to sign on behalf of the company.

* Submit one complete and signed form per appointment. An incomplete form will be rejected and returned to appointer.

* To confirm that this appointment was approved please see our website, <http://insurance.hawaii.gov>.

Hawaii Insurance Division, 335 Merchant Street -- Room 213, Honolulu, Hawaii 96813		
Website: http://insurance.hawaii.gov	FOR MORE INFO	phone: 808-586-2788
E-mail: InsLic@dcca.hawaii.gov		fax: 808-587-6714

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