



Texas Department of Insurance

**TPA/Premium Finance Section Mail Code 107- TPA-PF**

P. O. Box 149104, Austin, Texas 78714-9104

**512-322-3412 or 512-322-3555 telephones • 512-322-4380 fax • www.tdi.state.tx.us**

**APPLICATION FOR A LIMITED CERTIFICATE OF AUTHORITY**

**To Do Business As A Third Party Administrator In Texas (TPA FORM 8)**

**(This application is to be used by licensed third party administrators (TPA) to obtain a limited certificate of authority to administer multi-jurisdictional impaired insurance company estates in Texas.)**

In compliance with Article 21.07-6, Texas Insurance Code and 28 TAC § 7.1616, the following required documents are submitted:

- A. Name Application (FIN012)
- B. Assumed Name Certificate, TPA Form 1A (LHL078) required if the incorporated name is similar to other licensed administrators.
- C. A copy of licenses or certificates of authority held by the applicant to do business as a TPA from at least two (2) states or provinces of Canada. A statement of good standing for each state or province must be attached.
- D. A narrative description of the TPA and its services, facilities, personnel and its ability to perform the duties required under the contract.
- E. The name and description of the multi-jurisdictional impaired insurance company and the policies for which the limited certificate of authority is sought.
- F. A copy of letter of intent, draft contract or executed contract between the TPA and the contracting entity for the administration. A copy of the executed contract is required if not available when this application is submitted.
- G. A copy of the fidelity bond obtained in accordance with §7.1616, Section (d) (8).
- H. Designation of the following person (or entity) domiciled in Texas to serve as Statutory Agent for service of process:

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

- I. Licensing fee of \$500.00 made payable to the Texas Department of Insurance.

Name of Entity: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Telephone No: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_

I know of no reason under the provisions of the Texas Insurance Code why the above named applicant is not entitled to a Limited Certificate of Authority.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Authorized Officer)