



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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OFFICE OF THE INSURANCE COMMISSIONER

- NEW * 201__ LICENSE FEE \$_____ RECEIPT NO. _____
- EXTENSION/RENEWAL 201__ PENALTY AMOUNT\$_____ RECEIPT NO. _____
- AMENDMENT 201__

APPLICATION FOR INSURANCE LICENSE

(General Agent, Sub-Agent, Broker, Adjuster or Surplus Lines)

The undersigned hereby applies for a _____ license authorizing the transaction of the business of insurance in the Commonwealth of the Northern Mariana Islands, including the following classes of insurance:

- Disability (Accident/Health) Marine Vehicle
- General Casualty Property Surety Life

Company Sponsor: _____
Name of Insurance Carrier

1. NAME OF APPLICANT: _____
2. RESIDENCE ADDRESS: _____
3. BUSINESS ADDRESS: _____
Tel No(s): _____ Fax No.: _____
Email: _____

4. APPLICANT'S FORM OF ORGANIZATION IS: (* provide copies of pertinent documents)

Proprietorship Partnership Corporation

LLC Other

5. Do you use any other name than the one stated in question No. 1, in the conduct of business?
_____ Yes _____ No

6. If the answer to question No. 5 is YES, give the name of your business: _____

7. Is the license to be issued in the name of your business or in your personal name? Please print the name as it would appear on the license.

8. If the applicant is a partnership or an association, give the name of all partners or members thereof; if a corporation, list the names and addresses of all officers of the corporation: (If more space is needed, attach a separate sheet.)

Name	Title	Address

9. If the applicant is a partnership, an association or a corporation, list the names of all individuals who are to be authorized to act under this license.

10. Is the person listed under item No. 9, a resident of the Commonwealth? _____ Yes
_____ No

11. If the answer to item No. 10 is NO, give address of permanent resident of each:

12. Have you or any person listed under item No. 8 or No. 9, ever been denied or had an insurance license revoked? _____ Yes _____ No If, answer YES, a detailed letter of explanation must accompany this application.

13. Have you or any person listed under item No. 8 or No. 9, ever been convicted of a felony? _____ Yes _____ No If, answer is YES, a detailed letter of explanation must accompany this application.

14. Are you, and each person listed under item No. 8 or No. 9, familiar with the insurance laws of the Commonwealth and do you agree to conduct business in accordance therewith and do you understand that if you required to take an examination, there will be several questions on the laws that you must answer satisfactorily? _____ Yes _____ No

15. Is applicant, or any person listed under item No. 8 or No. 9, engaged in any other business, either full-time or part-time? _____ Yes _____ No If answer is YES, what is the nature of the other business?

16. Give any previous insurance business experience: _____

17. The applicant hereby certifies that the principal use of the license applied for is not to effect insurance on the applicant's own life, property or risks, or the life, property or risks of employees or members of employees or members of applicant's family.
18. If application is for a Broker's license, this application must be signed below by two persons licensed as General Agents (from separate companies) in the Commonwealth. List all companies in which you broker for: (If more space is needed, attach a separate sheet.)

I, _____, OF _____ CERTIFY
Name of General Agent Company
 THAT I HAVE KNOWN THE UNDERSIGNED FOR _____ YEARS AND TESTIFY
 THAT HE/SHE IS PERSON OF GOOD MORAL CHARACTER AND INTEGRITY.

 Signature of General Agent

I, _____, OF _____ CERTIFY
Name of General Agent Company
 THAT I HAVE KNOWN THE UNDERSIGNED FOR _____ YEARS AND TESTIFY
 THAT HE/SHE IS PERSON OF GOOD MORAL CHARACTER AND INTEGRITY.

 Signature of General Agent

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS)
) SS:
)

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he is the person named in the foregoing application, that he knows the contents thereof, and that each of the statements made, and answers to the questions herein, are true of his own knowledge.

 Signature of Applicant

 Date

APPOINTMENT OF SUBAGENT

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The undersigned _____
hereby appoints _____
whose address is _____

to act in the Commonwealth as its Solicitor for the following classes of Insurance:

- Disability (Accident/Health)
- Marine
- Vehicle
- General Casualty
- Property
- Life
- Surety

If Sub-agent is a natural person(s) note here the name and the Commonwealth Insurance License No. of the natural person(s) authorized to transact under this appointment:

Further, the undersigned _____ hereby:

1. Certifies that this appointment shall remain in effect until written notice of termination is received by the Insurance Commissioner or said Sub-agent's license to transact insurance business in the Commonwealth is revoked or is not renewed.

2. Authorizes said Subagent to appoint solicitors in accordance with 4 CMC § 7303(a)(4) and 4 CMC § 7303(d) of the Commonwealth Insurance Act of 1983.
3. Certifies that I have known the appointee for _____ , and that I have investigated his character and reputation and recommend appointee as being worthy of a Subagent's License.
4. Certifies that I have examined appointee and found that he has sufficient knowledge of insurance and the Insurance Laws of the Commonwealth to properly act as a Subagent.

Dated at _____ , Commonwealth of the Northern Mariana Islands this _____ day of _____ , 201 _____ .

(General Agent of Insurer)

(Signature of General Agent)

(Name of Insurance Company)