



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan, MP 96950
Telephone: (670) 664-3000 Fax: (670) 664-3067
Website: <http://commerce.gov.mp/>

OFFICE OF THE INSURANCE COMMISSIONER
Telephone: (670) 664-8018 or 664-8020 Fax: (670) 664-8074

FOR OFFICIAL USE ONLY:
LOG: _____
CONCURRED BY & DATE _____

Note: Please TYPE OR PRINT clearly. Incomplete certification requests will be returned.
Certification will be processed within five (5) working days from the date received.

INSURER CERTIFICATION CLEARANCE REQUEST

Project No: _____ **Bid Date:** _____
Description of Project: _____

BID BOND	\$	AMOUNT (DO NOT LEAVE BLANK)	CONTRACT PERIOD
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Insurance (Bonding) Company _____

Bidder / Contractor Name: _____

General Agent (if any) _____

Mailing Address: _____

Contact No.: _____

Contact No.: _____

Fax No: _____

Name of Contact Person(s) _____

Name of Person who will pick up certification _____

Concurrence: Signature of Designated Representative _____

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INSURER CERTIFICATION CLEARANCE

The Office of the Insurance Commissioner certifies that the Insurance Company stated above is
IN COMPLIANCE WITH THE CNMI'S INSURANCE CODE.

Certified this _____ day of _____, 201__

MARK O. RABULIMAN
Insurance Commissioner