



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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Website: www.commerce.gov.mp

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

NEW 20__ LICENSE FEE \$ _____ LATE FILING PENALTY \$ _____
 EXTENSION/RENEWAL 20__ RECEIPT NO. _____ RECEIPT NO. _____
 AMENDMENT 20__ PAYMENT DATE _____ PAYMENT DATE _____

APPLICATION FOR CERTIFICATE OF AUTHORITY

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The _____ Company of _____,
does hereby apply for authority to transact business for the year ending December 31, 20__,
as insurer, to sell the following classes of insurance in the Commonwealth:

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

and states that if is so authorized by Articles of Incorporation (or charter) (or Articles of Association) under the laws of its home state of _____ and answers the following questions pertaining to the company:

Date incorporated: _____ or organized: _____ and
where: _____ commenced business: _____
Authorized capital stock: _____ Paid-up capital stock: _____ as
of December 31st of preceding year; admitted assets: _____ Liabilities:
_____; surplus: _____ Location and Post
Office Address of Principal Office:

(The Insurance Commissioner must be notified promptly in case of address change)

Tel. No: _____ Fax No: _____

Date of last examination: _____; states where company is presently authorized
to transact business:

By: _____

Name and Title

Date

Form I-A