



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

STATEMENT OF COMPLIANCE

Pursuant to the requirements of 4 CMC § 7304(c), Commonwealth Insurance Act of 1983, I, _____, holder of surplus line agent/broker license no. _____, does hereby affirm that _____, a client for surplus line coverage, is unable to procure in any insurance company admitted to do business in the Commonwealth the amount or kind of insurance necessary to protect the property or undertakings of the insurance as described below at rates not less than the minimum rates on the property promulgated by an authorized rating bureau or other bureau or conference whose rates have been accepted by the Insurance Commissioner.

Description of Insurance Sought: (Attach at least three proofs from admitted insurers of client's attempt to solicit coverage.)

AFFIDAVIT

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS)
MUNICIPALITY OF _____) SS.
)

The undersigned, being duly sworn, deposes and says that he or she is the maker of the foregoing statement, and that each of the statements made therein is true of his or her best knowledge.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20__.

(Notary Public)

(S E A L)

My commission expires: _____