



# 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:** \_\_\_\_\_

\_\_\_\_\_

<b>BID BOND</b>	<b>\$</b>	<b>AMOUNT (DO NOT LEAVE BLANK)</b>	<b>CONTRACT PERIOD</b>
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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 \_\_\_\_\_

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