



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

<input type="checkbox"/> NEW 20__	LICENSE FEE \$ _____	LATE FILING PENALTY \$ _____
<input type="checkbox"/> EXTENSION/RENEWAL 20__	RECEIPT NO. _____	RECEIPT NO. _____
<input type="checkbox"/> AMENDMENT 20__	PAYMENT DATE _____	PAYMENT DATE _____

APPLICATION FOR INSURANCE PROVIDER LICENSE

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The _____ Company
of _____, does hereby apply for authority to
participate as an Insurance Provider for the year ending December 31, 20__, to sell Minimum
Liability Insurance in the Commonwealth, in accordance with Public Law 11-55.

The Company further states that it will participate in the Assigned Risk Plan and is aware of and
will comply with the rules and regulations governing that plan.

Name (please print or type) _____

Signature: _____

Title/Position: _____

Date: _____

Form IP-01