



# Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

P.O. Box 5795 CHR, Saipan, MP 96950

Website: <http://commerce.gov.mp/>

OFFICE OF THE INSURANCE COMMISSIONER

Telephone: (670) 664-3000



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

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

## INSURER CERTIFICATION CLEARANCE REQUEST

Project No: \_\_\_\_\_ Bid Date: \_\_\_\_\_

Description of Project: \_\_\_\_\_

\_\_\_\_\_

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

Insurance (Bonding) Company \_\_\_\_\_

Bidder / Contractor Name: \_\_\_\_\_

General Agent (if any) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Contact No.: \_\_\_\_\_ Email address: \_\_\_\_\_

Name of Contact Person(s) \_\_\_\_\_

Name and contact of Person authorized to pick up certification \_\_\_\_\_

Concurrence: Signature of authorized Designated Representative of Insurance Company

Concurrence: Signature of authorized Designated Representative of the Contractor Company

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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 \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
**REMEDI C. MAFNAS**  
Insurance Commissioner