



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 Ext 113 or 118



**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: _____

BID BOND	\$ _____	_____
	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 of Person who will pick up certification _____

Concurrence: Signature of Designated Representative _____

Concurrence: Signature of Designated Representative _____

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__

EDWARD M. DELEON GUERRERO
Insurance Commissioner