



# Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
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**OFFICE OF THE INSURANCE COMMISSIONER**  
Telephone: (670) 664-8018 or 664-8020 Fax: (670) 664-8074

NEW 20\_\_ LICENSE FEE \$ \_\_\_\_\_ LATE FILING PENALTY \$ \_\_\_\_\_  
 EXTENSION/RENEWAL 20\_\_ RECEIPT NO. \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_  
 AMENDMENT 20\_\_ PAYMENT DATE \_\_\_\_\_ PAYMENT DATE \_\_\_\_\_

## APPLICATION FOR CERTIFICATE OF AUTHORITY

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The \_\_\_\_\_ Company of \_\_\_\_\_,  
does hereby apply for authority to transact business for the year ending December 31, 20\_\_\_\_,  
as insurer, to sell the following classes of insurance in the Commonwealth:

Disability (Accident/Health)     Life     Property     Vehicle  
 General Casualty     Marine     Surety

and states that if is so authorized by Articles of Incorporation (or charter) (or Articles of Association) under the laws of its home state of \_\_\_\_\_ and answers the following questions pertaining to the company:

Date incorporated: \_\_\_\_\_ or organized: \_\_\_\_\_ and  
where: \_\_\_\_\_ commenced business: \_\_\_\_\_  
Authorized capital stock: \_\_\_\_\_ Paid-up capital stock: \_\_\_\_\_ as  
of December 31st of preceding year; admitted assets: \_\_\_\_\_ Liabilities:  
\_\_\_\_\_; surplus: \_\_\_\_\_ Location and Post  
Office Address of Principal Office:  
\_\_\_\_\_

(The Insurance Commissioner must be notified promptly in case of address change)

Tel. No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Date of last examination: \_\_\_\_\_; states where company is presently authorized  
to transact business:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

Form I-A

**AGREEMENT AND POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS:

That the \_\_\_\_\_, hereinafter referred to as "company", a corporation (or association) created and organized under the laws of the State of \_\_\_\_\_ and thereby authorized to transact the business of \_\_\_\_\_

Insurance, desiring to transact business within the Commonwealth, pursuant to the laws thereof, does hereby agree that any legal process affecting the said company may be served upon \_\_\_\_\_ (resident agent) for said company, at \_\_\_\_\_, who is hereby specified and authorized to receive and accept service of process for said company and any such service of process shall have the same affect and shall be taken and held to be as if served personally on the company within the Commonwealth.

The said company does hereby further authorize the appointment of the said Insurance Commissioner of the Commonwealth or his designees its true and lawful attorney as required by 4 CMC § 7301(o) of the Commonwealth Insurance Act of 1983 upon whom service of process may be made.

The said company does hereby further consent to being sued by an injured person or his heirs of representatives in a direct action on any policy or liability insurance in accordance with 4 CMC § 7301(e) of the Commonwealth Insurance Act of 1983.

IN THE TESTIMONY WHEREOF, the company in accordance with a resolution of its Board of Directors, duly adopted by the Board on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_, (Certified copy is hereto attached), and to these presents has affixed its corporate seal and caused the same to subscribed and attested to by its President and Secretary at the City of \_\_\_\_\_ in the state of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_ .

(SEAL)

\_\_\_\_\_  
PRESIDENT

ATTEST:

\_\_\_\_\_  
SECRETARY

**AFFIDAVIT OF COMPLIANCE**

Pursuant to the requirements of 4 CMC § 7102, Commonwealth Insurance Act of 1983, the \_\_\_\_\_, an insurer domiciled in the state of \_\_\_\_\_, does hereby make affidavit that no person may transact the business of insurance in the Commonwealth of the Northern Mariana Islands without complying with all application provisions of the aforesaid insurance law.

IN WITNESS WHEREOF, said insurer has caused this instrument to be executed in its name and behalf, by its proper authorized officers this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

By: \_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
\_\_\_\_\_

**APPOINTMENT OF GENERAL AGENT**

AUTHORITY TO APPOINT SUB-AGENTS AND SOLICITORS  
AUTHORITY TO ACCEPT SERVICE OF LEGAL PROCESS  
AUTHORITY TO COUNTERSIGNS POLICIES OF INSURANCE

KNOW ALL MEN BY THESE PRESENTS:

That pursuant to the requirements of the Commonwealth Insurance Act of 1983, the \_\_\_\_\_, and as authorized to do business therein and desiring to carry on the business of insurance in the Commonwealth and as authorized by law (hereinafter called the "Insurer") does hereby:

1) Designate and appoint \_\_\_\_\_ and having \_\_\_\_\_, in the Commonwealth as its General Agent (hereinafter called the "General Agent");

2) Authorize and empower the General Agent to appoint subagents and solicitors pursuant to the requirements of the Commonwealth Insurance Act of 1983, and does hereby grant and give to the General Agent full power and authority to do and perform each and every act or transaction necessary to be done in the premises, as fully and completely as said Insurer might or could do if personally present, and does hereby ratify and confirm all acts that the General Agent may do under and by virtue of these presents;

3) Authorize the General Agent to accept service of any notice or process in any action or proceeding brought or pending in the Commonwealth upon any cause of action arising in or growing out of business transacted in the Commonwealth; such authorization to be valid until such time as it shall be revoked by a notice in writing filed in the office of the Insurance Commissioner;

4) Authorize the General Agent to countersign all policies of insurance effected on risks in the Commonwealth by the Insurer.

IN WITNESS WHEREOF, said Insurer has caused this instrument to be executed in its name and behalf, by its proper authorized officers, this \_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
By: \_\_\_\_\_