Commonwealth of the Northern Mariana Islands
DEPARTMENT OF COMMERCE
Office of the Insurance Commissioner

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OFFICE OF THE INSURANCE COMMISSIONER

CONFIDENTIAL

FOR OFFICIAL USE ONLY:

LOG: _____

_____
CONCURRED BY & DATE

NOTE: **Certification will be processed within FIVE (5) working days from the date received. The Office of the Insurance Commissioner certifies only that the insurer is authorized and in good standing. It does not approve the bond or determine project-specific compliance.**
Please TYPE OR PRINT clearly. Incomplete certification requests will be returned.

INSURER CERTIFICATION CLEARANCE REQUEST

Project No: _____ **Bid Date:** _____

Description of Project: _____

_____

_____

BID BOND **$** _____ _____ _____
AMOUNT (DO NOT LEAVE BLANK) **PERCENTAGE OF BOND** **CONTRACT PERIOD**

Project Funding Source *(to be completed by the Division of Procurement Services)*:
☐ Local ☐ Federal ☐ Local and Federal ☐ Other

_____
Insurance (Bonding) Company

_____
General Agent (if any)

_____
Contact No.:

_____
Name of Contact Person(s)

_____
Concurrence: Signature of authorized Designated Representative of Insurance Company

_____
Bidder / Contractor Name:

_____
Mailing Address:

_____ _____
Contact No.: **Email address:**

_____
Name and contact of Person authorized to pick up certification

_____
Concurrence: Signature of authorized Designated Representative of the Contractor Company

_____
THROUGH:
Maryann Borja-Arriola
Insurance Administrator

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____.

_____
REMEDIO C. MAFNAS
Insurance Commissioner