Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
P.O. Box 5795 CHRB, Saipan, MP 96950
Telephone: (670) 664-3000 Fax: (670) 664-3067
Website: http://commerce.gov.mp/
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 ________

<u>APPLICATION FOR INSURANCE LICENSE</u>

(☐ General Agent, ☐ Sub-Agent, ☐ Broker, ☐ Adjuster or ☐ Surplus Lines)

The undersigned hereby applies for a ______________________________ license authorizing the transaction of the business of insurance in the Commonwealth of the Northern Mariana Islands, including the following classes of insurance:

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

Company Sponsor: ____
Name of Insurance Carrier

1. NAME OF APPLICANT: ____

2. BUSINESS MAILING ADDRESS: ____

3. BUSINESS PHYSICAL ADDRESS: ____
   Tel No(s).: ______________________________ Fax No.: ________________
   Email: ______________________________Contact Person________________

4. APPLICANT'S FORM OF ORGANIZATION IS: (* *provide copies of pertinent documents*)
   _____ Proprietorship _____Partnership _____ Corporation
   _____ Limited Liability Company _____ Other

5. Do you use any other name than the one stated in question No. 1, in the conduct of business?
   __________ Yes __________ No

6. If the answer to question No. 5 is YES, give the name(s) of your business:
   ____
   ____

7. Is the license to be issued in the name of your business or in your personal name?
   <u>Please print the name as it would appear on the license.</u>

   ____

8. If the applicant is a partnership or an association, give the name of all partners or members thereof; if a corporation, list the names and addresses of all officers of the corporation: (If more space is needed, attach a separate sheet.)

____
Name Title Address

____
Name Title Address

____
Name Title Address

9. If the applicant is a partnership, an association or a corporation, list the names of all individuals who are to be authorized to act under this license.

____
____

10. Is the person listed under item No. 9, a resident of the Commonwealth? _______ Yes _______ No

11. If the answer to item No. 10 is NO, give address of permanent resident of each:

____
____

12. Have you or any person listed under item No. 8 or No. 9, ever been denied or had an insurance license revoked? _____ Yes _____ No If, answer YES, a detailed letter of explanation must accompany this application.

13. Have you or any person listed under item No. 8 or No. 9, ever been convicted of a felony? _____ Yes _____ No If, answer is YES, a detailed letter of explanation must accompany this application.

14. Are you, and each person listed under item No. 8 or No. 9, familiar with the insurance laws of the Commonwealth and do you agree to conduct business in accordance therewith and do you understand that if you required to take an examination, there will be several questions on the laws that you must answer satisfactorily? _____ Yes _____ No

15. Is applicant, or any person listed under item No. 8 or No. 9, engaged in any other business, either full-time or part-time? _____ Yes ______ No If answer is YES, what is the nature of the other business?

____
____
____

16. Give any previous insurance business experience: _____________________________________
____
____

17. The applicant hereby certifies that the principal use of the license applied for is not to effect insurance on the applicant's own life, property or risks, or the life, property or risks of employees or members of employees or members of applicant's family.

18. <u>If application is for a Broker's license</u>, this application must be signed below by two persons licensed as General Agents (from separate companies) in the Commonwealth. List all companies in which you broker for: (If more space is needed, attach a separate sheet.)

____
____
____

I, ____________________________________, OF _______________________________________CERTIFY
Name of General Agent Company
THAT I HAVE KNOWN THE UNDERSIGNED FOR __________________ YEARS AND TESTIFY THAT HE/SHE IS PERSON OF GOOD MORAL CHARACTER AND INTEGRITY.

____
Signature of General Agent

I, ____________________________________, OF _______________________________________CERTIFY
Name of General Agent Company
THAT I HAVE KNOWN THE UNDERSIGNED FOR __________________ YEARS AND TESTIFY THAT HE/SHE IS PERSON OF GOOD MORAL CHARACTER AND INTEGRITY.

____
Signature of General Agent

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS)
) SS:
)

AFFIDAVIT

The undersigned, being duly sworn, deposes and says that he is the person named in the foregoing application, that he knows the contents thereof, and that each of the statements made, and answers to the questions herein, are true of his own knowledge.

____
Signature of Applicant

____
Date