



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 _____

APPLICATION FOR INSURANCE LICENSE

(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? Please print the name as it would appear on the license.

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

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. If application is for a Broker's license, 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

APPOINTMENT OF SUBAGENT

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The undersigned _____

hereby appoints _____

whose address is _____

to act in the Commonwealth as its Solicitor for the following classes of Insurance:

- | | | | |
|---|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Disability (Accident/Health) | <input type="checkbox"/> Life | <input type="checkbox"/> Property | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> General Casualty | <input type="checkbox"/> Marine | <input type="checkbox"/> Surety | |

If Sub-agent is a natural person(s) note here the name and the Commonwealth Insurance License No. of the natural person(s) authorized to transact under this appointment:

Further, the undersigned _____ hereby:

1. Certifies that this appointment shall remain in effect until written notice of termination is received by the Insurance Commissioner or said Sub-agent's license to transact insurance business in the Commonwealth is revoked or is not renewed.

2. Authorizes said Subagent to appoint solicitors in accordance with 4 CMC § 7303(a)(4) and 4 CMC § 7303(d) of the Commonwealth Insurance Act of 1983.

3. Certifies that I have known the appointee for _____ years , and that I have investigated his character and reputation and recommend appointee as being worthy of a Subagent’s License.

4. Certifies that I have examined appointee and found that he has sufficient knowledge of insurance and the Insurance Laws of the Commonwealth to properly act as a Subagent.

Dated at _____ , Commonwealth of the Northern Mariana Islands this _____ day of _____ , 20 _____ .

(General Agent of Insurer)

(Signature of General Agent)

(Name of Insurance Company)