



# Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

P.O. Box 5795 CHR, Saipan, MP 96950

Telephone: (670) 664-3000 Fax: (670) 664-3067

Website: <http://commerce.gov.mp/>

**OFFICE OF THE INSURANCE COMMISSIONER**

Telephone: (670) 664-3000 Ext 113 or 118 Fax: (670) 664-8074

FOR OFFICIAL USE ONLY:
LOG: _____
CONCURRED BY & DATE _____

**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.

## INSURER CERTIFICATION CLEARANCE REQUEST

**Project No:** \_\_\_\_\_ **Bid Date:** \_\_\_\_\_

**Description of Project:** \_\_\_\_\_

<b>BID BOND</b>	\$ _____	_____
	AMOUNT (DO NOT LEAVE BLANK)	CONTRACT PERIOD

Insurance (Bonding) Company \_\_\_\_\_

Bidder / Contractor Name: \_\_\_\_\_

General Agent (if any) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Fax No: \_\_\_\_\_

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\_\_

\_\_\_\_\_  
**MARK O. RABAULIMAN**  
**Insurance Commissioner**