



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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OFFICE OF THE INSURANCE COMMISSIONER

APPLICATION FOR INSURANCE PROVIDER LICENSE

- | | | |
|--------------------------|-------------------------|-----------------------|
| <input type="checkbox"/> | NEW 201__ | LICENSE FEE: \$250.00 |
| <input type="checkbox"/> | EXTENSION/RENEWAL 201__ | PENALTY AMOUNT\$_____ |
| <input type="checkbox"/> | AMENDMENT 201__ | RECEIPT NO. _____ |

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The _____
Company of _____, does hereby
apply for authority to participate as an Insurance Provider for the year ending December
31, 201 ____, to sell Minimum Liability Insurance in the Commonwealth, in accordance with
Public Law 11-55.

The Company further states that it will participate in the Assigned Risk Plan and is aware
of and will comply with the rules and regulations governing that plan.

Name (please print or type) _____

Signature: _____

Title/Position: _____

Date: _____

Form IP-01