



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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OFFICE OF THE INSURANCE COMMISSIONER

- NEW 201__ LICENSE FEE \$300.00
- EXTENSION/RENEWAL 201__ PENALTY AMOUNT \$ _____
- AMENDMENT 201__ RECEIPT NO. _____

APPLICATION FOR CERTIFICATE OF AUTHORITY

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The _____
Company of _____, does hereby apply
for authority to transact business for the year ending December 31, 201_____, as
insurer, to sell the following classes of insurance in the Commonwealth:

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

and states that it is so authorized by Articles of Incorporation (or charter) (or Articles of Association) under the laws of its home state of _____
and answers the following questions pertaining to the company:

Date incorporated: _____ or organized: _____
and where: _____ Commenced business: _____
Authorized capital stock: _____ Paid-up capital stock: _____
as of December 31st of preceding year; admitted assets: _____
Liabilities: _____; surplus: _____
Location and Post Office Address of Principal Office: _____

(The Insurance Commissioner must be notified promptly in case of address change)

Tel. No: _____ Fax No: _____

Date of last examination: _____; states where company is presently
authorized to transact business:

By: _____

Name and Title

Date: