



# Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
Caller Box 10007 CK, Saipan, MP 96950  
Telephone: (670) 664-3064/3000 Fax: (670) 664-3067  
Email: [commerce@pticom.com](mailto:commerce@pticom.com)  
Website: [www.commerce.gov.mp/](http://www.commerce.gov.mp/)

## OFFICE OF THE INSURANCE COMMISSIONER

- NEW \* 201\_\_ LICENSE FEE \$\_\_\_\_\_ RECEIPT NO. \_\_\_\_\_
- EXTENSION/RENEWAL 201\_\_ PENALTY AMOUNT\$\_\_\_\_\_ RECEIPT NO. \_\_\_\_\_
- AMENDMENT 201\_\_

### 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)       Marine       Vehicle
- General Casualty       Property       Surety       Life

Company Sponsor: \_\_\_\_\_  
Name of Insurance Carrier

1. NAME OF APPLICANT: \_\_\_\_\_
2. RESIDENCE ADDRESS: \_\_\_\_\_
3. BUSINESS ADDRESS: \_\_\_\_\_  
Tel No(s): \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Email: \_\_\_\_\_

4. APPLICANT'S FORM OF ORGANIZATION IS: ( \* *provide copies of pertinent documents*)  
\_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation  
\_\_\_\_\_ LLC \_\_\_\_\_ 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 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