

**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:

- Disability (Accident/Health)
- Marine
- Vehicle
- General Casualty
- Property
- Life
- 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 \_\_\_\_\_ , 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 \_\_\_\_\_ , 201 \_\_\_\_\_ .

\_\_\_\_\_  
(General Agent of Insurer)

\_\_\_\_\_  
(Signature of General Agent)

\_\_\_\_\_  
(Name of Insurance Company)