



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
 Website: <http://www.commerce.gov.mp/>
OFFICE OF THE INSURANCE COMMISSIONER

FOR OFFICIAL USE ONLY:
LOG: _____

CONCURRED BY & DATE

Note: Please TYPE OR PRINT clearly. Incomplete certification requests will be returned. Certification will be processed within five (5) working days from the date received.

INSURER CERTIFICATION CLEARANCE REQUEST

Project No: _____ **Bid Date:** _____

Description of Project: _____

BID BOND	\$ _____	AMOUNT	_____	CONTRACT PERIOD	_____
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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 _____

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INSURER CERTIFICATION CLEARANCE

The Office of the Insurance Commissioner certifies that the **Insurance Company** stated above is financially capable of providing surety (bid bond) coverage as part of the bid submission for the **Bidder/Contractor** above.

Certified this _____ day of _____, 201__

SIXTO K. IGISOMAR
Insurance Commissioner