



Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

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Telephone: (670) 664-3064/8020 Fax: (670) 664-3067/8074

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
_____	_____	_____	_____

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__

MARK O. RABULIMAN
Insurance Commissioner