



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
 Website: www.commerce.gov.mp/

OFFICE OF THE INSURANCE COMMISSIONER

- | | |
|--|-----------------------------|
| <input type="checkbox"/> NEW 201__ | LICENSE FEE \$ <u>50.00</u> |
| <input type="checkbox"/> EXTENSION/RENEWAL 201__ | PENALTY AMOUNT\$ _____ |
| <input type="checkbox"/> AMENDMENT 201__ | RECEIPT NO. _____ |

APPLICATION FOR SOLICITOR'S LICENSE

The undersigned hereby applies for a Solicitor's License for the following classes of Insurance:

- | | | |
|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Disability (Accident/Health) | <input type="checkbox"/> Marine | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> General Casualty | <input type="checkbox"/> Property | <input type="checkbox"/> Surety |
| | | <input type="checkbox"/> Life |

1. Name of Applicant: _____
2. Residence Address: _____
3. Business* or Mailing Address: _____
 Tel No(s): _____ Fax No.: _____
 Email: _____

(* provide copies of pertinent documents)

_____ Proprietorship _____ Partnership _____ Corporation
 _____ LLC _____ Other

4. Are you a permanent resident of the Commonwealth? _____
5. Will your time be devoted exclusively to the insurance business? _____
6. If NO, what portion of your time will be devoted to insurance? _____
7. Give the following information with regard to your previous insurance experience, if any:

Date		Employer	Address of Employer	General Agent or Subagent	Class of Insurance
From	To				

8. Have you ever been denied or had an insurance license revoked? YES NO
If answer is YES, a detailed letter or explanation must accompany application.
9. Have you ever been convicted of a felony? YES NO
If answer is YES, a detailed letter of explanation must accompany application.
10. Are you familiar with the provisions of the contract(s) of insurance to be negotiated? _____
11. What instruction in insurance have you had?

12. What instruction in insurance do you expect to receive?

13. Are you familiar with the Insurance Laws of the Commonwealth and do you agree to your business in accordance therewith and do you understand that if you are required to take an examination, there will be several questions on the laws that you must answer satisfactorily? YES NO
14. 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 applicant's family.

AFFIDAVIT

Commonwealth of the Northern)
Mariana Islands) SS:
Municipality of _____)

The undersigned, being duly sworn, deposes and says that he/she is the person named in the foregoing application, that he/she knows the contents thereof, and that each of the statements made, and answers to the questions therein, are true of his/her own knowledge.

(Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____ ,
201 ____ .

(Notary Public)

(SEAL)

My commission expires: _____