



# Department of Commerce

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
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## OFFICE OF THE INSURANCE COMMISSIONER

### APPLICATION FOR INSURANCE PROVIDER LICENSE

- |                          |                         |                       |
|--------------------------|-------------------------|-----------------------|
| <input type="checkbox"/> | NEW 201__               | LICENSE FEE: \$250.00 |
| <input type="checkbox"/> | EXTENSION/RENEWAL 201__ | PENALTY AMOUNT\$_____ |
| <input type="checkbox"/> | AMENDMENT 201__         | RECEIPT NO. _____     |

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The \_\_\_\_\_  
Company of \_\_\_\_\_, does hereby  
apply for authority to participate as an Insurance Provider for the year ending December  
31, 201 \_\_\_\_, to sell Minimum Liability Insurance in the Commonwealth, in accordance with  
Public Law 11-55.

The Company further states that it will participate in the Assigned Risk Plan and is aware  
of and will comply with the rules and regulations governing that plan.

Name (please print or type) \_\_\_\_\_

Signature: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Date: \_\_\_\_\_

Form IP-01