

**TERRITORY OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE**

APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY

1. Name of Company _____
(Please indicate company's full legal name)

Physical Address _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

2. Company's FEIN Number _____

3. Type of Company: Domestic Foreign Alien

4. Lines of Insurance: Life Health Property Casualty Title All Lines
 Other _____

5. Contact Person for Premium Tax Quarterly Filings

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

6. Contact Person for Annual Statement and Audited Financial Report Filing

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

7. Contact Person for Licensure and related filings

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

8. Contact Person for Policy Forms

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

9. Contact Person for Consumer Complaints

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail: _____

10. Contact Person – Company's Statutory Deposit

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail _____

11. Authorized Signatory to Appoint and Terminate Agents in the U.S. Virgin Islands

Name (Print)

Signature

_____	_____
_____	_____
_____	_____

12. List Name of Agent(s)/Agency currently representing Company in the U.S. Virgin Islands for marketing of products

_____	_____
_____	_____
_____	_____

13. General Agent resident in the U.S. Virgin Islands to appoint subagents

_____	_____
_____	_____

14. Contact Person for company's participation in V.I. Guaranty Fund (if applicable)

Name/Title: _____

Mailing Address: _____

Telephone No. _____ Fax No. _____

E-Mail: _____

IMPORTANT NOTICE: The company must promptly notify the Division of Banking and Insurance of any changes in the information reported on this application.

PERSON COMPLETING THIS APPLICATION:

Name _____ Date _____
(Please Print)

Signature _____

Relationship to Company _____