

**APPLICATION FOR ADMISSION BY AN INSURANCE COMPANY  
DOMESTIC/FOREIGN/ALIEN**

TO THE COMMISSIONER OF THE VIRGIN ISLANDS:

The \_\_\_\_\_  
(NAME OF COMPANY)  
incorporated on \_\_\_\_\_ in:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

*One of the United States of America or Territory of the U.S. other than the Virgin Islands, District of Columbia or Puerto Rico*

(3) \_\_\_\_\_

*-Nation outside of the United States*

for the purpose of transacting \_\_\_\_\_

with a capital of \$ \_\_\_\_\_, and a surplus of \$ \_\_\_\_\_

hereby applies for admission to the Virgin Islands on \_\_\_\_\_ with renewal from year to year, subject to the approval of the Commissioner and to such changes in fees as the legislature may prescribe to be payable, and to the strict observation of all laws or amendments thereto, which may be prescribed by statute for the regulation of the insurance business in the Virgin Islands, and in conformity with the charter and by-laws of said company and the rules of procedure provided by the Insurance Department.

The President, Secretary, and Treasurer herein represent that the company has fully complied with the provisions of its charter and by-laws, in that state of incorporation, that the company is in sound financial condition and that its method of underwriting and conducting business are known and permitted by the insurance officials of the state where incorporated and approved by the directors of the company.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*President*

\_\_\_\_\_  
*Secretary*

\_\_\_\_\_  
*Treasurer*

***Every license expires on December 31<sup>st</sup>  
of each calendar year***

**APPOINTMENT OF AGENT FOR SERVICE OF PROCESS IN ACCORDANCE  
WITH SECTION 218 (B) OF TITLE 22**

~\*~

**KNOW ALL MEN BY THESE PRESENTS**

That the \_\_\_\_\_  
a foreign corporation, incorporated and organized under the laws of the State of \_\_\_\_\_  
\_\_\_\_\_ now authority or having applied for  
authority to do insurance business in the Virgin Islands of the United States, hereby  
appoints \_\_\_\_\_ of \_\_\_\_\_  
*(Name of Agent)* *(City)*  
its true and lawful Attorney in and for the Virgin Islands upon whom all lawful process  
against said insurer may be served in an action or proceeding in the Virgin Islands,  
subject to and in accordance with all the provisions of the Insurance Laws of the Virgin  
Islands in force at the time of such service, which appointment shall remain in full and  
effect until such time as the agent's authority shall have been revoked by a notice in  
writing duly served upon the agent and filed in the Office of the Insurance  
Commissioner of the Virgin Islands.

**IN WITNESS WHEREOF**, The said \_\_\_\_\_  
\_\_\_\_\_ pursuant to authority  
*(Company)*  
given by \_\_\_\_\_  
\_\_\_\_\_

has to these presents affixed its corporate seal, and  
caused the same to be subscribed and attested by  
its \_\_\_\_\_  
*(give titles of authorized officers)*

at the City of \_\_\_\_\_ in the  
State of \_\_\_\_\_ on the \_\_\_\_ day  
of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
*(Company)*  
\_\_\_\_\_  
*(Signature and Titles of Officers)*

**ATTEST:**

\_\_\_\_\_  
*(Signature and Title of Officer)*

**APPOINTMENT OF COMMISSIONER OF INSURANCE AS AGENT  
FOR SERVICE OF PROCESS**

~\*~

**KNOW ALL MEN BY THESE PRESENTS**

That the \_\_\_\_\_  
a foreign corporation, incorporated and organized under the laws of the State of \_\_\_\_\_  
\_\_\_\_\_, now authorized or having applied for  
authority to do an insurance business in the Virgin Islands, hereby appoints the  
Commissioner of Insurance of said Virgin Islands and his successors in office, its true and  
lawfully ATTORNEY, in and for the Virgin Islands, upon whom all lawful process against  
said insurer may be served in any action or proceeding in the Virgin Islands, subject to  
and in accordance with all provisions of the Insurance Laws of said Virgin Islands in force  
at the time of such service, which shall not be terminated so long as there are in effect any  
contracts, or liabilities or duties arising out of contracts, which were issued or delivered by  
such insurer in the said Virgin Islands.

**IN WITNESS WHEREOF**, The said \_\_\_\_\_  
\_\_\_\_\_ in accordance with the  
resolution of its Board of Directors duly passed on the \_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_, a copy of which is filed herewith, has  
to these presents affixed its corporate seal, and caused the same to  
be subscribed and attested by its President and Secretary, at the  
city of \_\_\_\_\_ in the State of  
\_\_\_\_\_  
on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
\_\_\_\_\_  
By \_\_\_\_\_, President

**ATTEST:**

\_\_\_\_\_, Secretary  
STATE OF \_\_\_\_\_  
County of \_\_\_\_\_, To Wit:

I, \_\_\_\_\_, a Notary Public in and for the County  
and State aforesaid, do certify that \_\_\_\_\_ personally  
appeared before me in my said county, and being by me duly sworn, did depose and say,  
that they are respectively the President and the Secretary of the Corporation described in  
writing above, bearing date the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_, authorized by said corporation to execute and acknowledge deeds and  
other writings of said Corporation, and that the seal affixed to said writing is the Corporate  
seal of said Corporation and that said writing was signed by them in behalf of said  
Corporation by its authority duly given. And the said \_\_\_\_\_  
acknowledged the said writing to be the act and deed of said Corporation.

Given under my hand and official seal this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

**Notary Seal:**

**BIOGRAPICAL AFFIDAVIT**

(Print or Type)

Full Name and Address of Company (Do Not Use Group Names.)

In connection with the above-named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) ***IF ANSWER IS "NO" OR "NONE", SO STATE.***

1. Affiant's Full Name (Initials Not Acceptable) \_\_\_\_\_

2. a. Have you ever had your name changed? \_\_\_\_\_

If yes, give the reason for the change. \_\_\_\_\_

b. Other names used at any time. \_\_\_\_\_

3. Affiant's Social Security Number. \_\_\_\_\_

4. Date and Place of Birth. \_\_\_\_\_

5. Affiant's Business Address. \_\_\_\_\_

Business Telephone. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. List your residences for the last ten (10) years starting with your current address, giving:

DATE ADDRESS CITY AND STATE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Please provide details of your education:

College/School Name: DATE DEGREE LOCATION

College: \_\_\_\_\_

Graduate: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

8. List Membership in Professional Societies and Associations. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Present or Proposed Position with the Applicant Company. \_\_\_\_\_  
\_\_\_\_\_

10. List complete employment record (up to and including present jobs, positions, directorates or officerships) for the past twenty (20) years, giving:

DATES	EMPLOYER AND ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Present employer may be contacted. YES NO  
Former employers may be contacted. YES NO

12. (a) Have you ever been in a position, which required a fidelity bond? \_\_\_\_\_  
If any claims were made on the bond, give details \_\_\_\_\_  
\_\_\_\_\_

(b) Have you ever been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked? \_\_\_\_\_ If yes, give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. List any professional, occupational, and vocational licenses issued by any public or governmental licensing agency or regulatory authority, which you presently hold or have held in the past (place and date, license issued, issuer of license, date terminated, reasons for termination). \_\_\_\_\_  
\_\_\_\_\_

14. During the last ten (10) years, have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? \_\_\_\_\_  
If yes, give details. \_\_\_\_\_  
\_\_\_\_\_

15. List any insurers in which you control directly or indirectly or own legally or beneficially 10% or more of the outstanding stock (in voting power). \_\_\_\_\_

\_\_\_\_\_

If any of the stock is pledged or hypothecated in any way, give details. \_\_\_\_\_

16. Will you or members of your immediate family subscribe to or own, beneficially or of record, shares of stock of the applicant insurance company or its affiliates? \_\_\_\_\_

\_\_\_\_\_

If any of the shares of stock are pledged or hypothecated in any way, give details. \_\_\_\_\_

17. Have you ever filed bankruptcy? If yes give details \_\_\_\_\_

18. a. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded

guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud, or charging a violation of any corporate securities statute or any insurance law, or have proceedings of any federal or state regulatory agency? \_\_\_\_\_

If yes, give details. \_\_\_\_\_

\_\_\_\_\_

b. Has any company been so charged, allegedly as a result of any action or conduct on your part? \_\_\_\_\_ If yes, give details. \_\_\_\_\_

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any insurer which, while you occupied any such position or capacity with respect to it, became insolvent or was under supervision or in receivership, rehabilitation, liquidation or conservatorship? \_\_\_\_\_

If yes, give details. \_\_\_\_\_

20. Has the certificate of authority or license to do business of any insurance company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? \_\_\_\_\_ (See Rider A)

If yes, give details. \_\_\_\_\_

\_\_\_\_\_

Dated and signed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_

(Signature of Affiant)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_

Personally known to me, who, being dully sworn, deposes and says that s/he executed the above instrument and that the statements and answers contained therein are true and correct to the best of her/ his knowledge and belief.

Subscribed and sworn to before me this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_

(Notary Public)

(Seal)

My commission expires \_\_\_\_\_

**CONSENT OF AGENT FOR SERVICE OF PROCESS**

~\*\*~

This writing witnesseth that the undersigned of \_\_\_\_\_  
(City)  
Virgin Islands of the United States, having been designated by the \_\_\_\_\_  
(Name of Company)

\_\_\_\_\_

as agent of the said company upon whom services in the Courts of the Virgin Islands, do hereby consent to act as such agent, and that service of process may be made upon me in accordance with Title 22 of the Virgin Islands Code.

**IN WITNESS WHEREOF**, I have hereunto set my signature this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Print Agent's Name)

\_\_\_\_\_  
(Signature of Agent)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

CONTACT PERSON(S) FOR \_\_\_\_\_  
(Please indicate company's name)

1. Company's President: \_\_\_\_\_  
(Print Name)  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail \_\_\_\_\_
2. Contact Person of Premium Tax Quarterly Filings  
Name/Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail \_\_\_\_\_
3. Contact Person - Annual Statement and Audited Financial Report Filing  
Name/Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail \_\_\_\_\_
4. Contact Person of Licensure and related filings  
Name/Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail \_\_\_\_\_
5. Contact Person of Policy forms  
Name/Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail \_\_\_\_\_
6. Contact Person of Consumer Complaints  
Name/Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail: \_\_\_\_\_

7. Contact Person ó Company's Statutory Deposit

Name/Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail \_\_\_\_\_

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

Name (Print)

Signature

_____	_____
_____	_____
_____	_____
_____	_____

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

_____	_____
_____	_____
_____	_____
_____	_____

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

_____	_____
_____	_____

11. Contact Person ó (if applicable) Participation in V.I. Guaranty Fund

Name/Title: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## DEPOSITORY AGREEMENT

THIS AGREEMENT made in triplicate between the Lieutenant Governor of the Virgin Islands as the Commissioner of Insurance (the "Commissioner") and the \_\_\_\_\_ (the "Bank") and the \_\_\_\_\_ (the "Depositor" or "Insurance Company").

WHEREAS Section 207(a) of Title 22 Virgin Islands Code provides that all foreign and alien insurers shall file with the Commissioner of Insurance as a condition of doing business in the U.S. Virgin Islands, and for the protection of policyholders in the U.S. Virgin Islands, the sum of not less than **Five Hundred Thousand Dollars (\$500,000)**, which may be in the form of a financial guarantee bond, certificate of deposit, letter of credit or U.S. Treasury Notes; and

WHEREAS the Depositor, an insurance company, organized under the laws of \_\_\_\_\_ has applied for a certificate of authority to transact the business of insurance upon risks in the U.S. Virgin Islands.

NOW THEREFORE, the parties agree as follows:

1. The Depositor has deposited with the Bank the securities listed and described on Exhibit "A" attached hereto and made a part of this Agreement, which Exhibit shall be amended and kept current during the term hereof so as to record all changes in the list of securities deposited pursuant to this Agreement. The purpose of such deposit is to protect the Depositor's policyholders in the U.S. Virgin Islands, and the deposit shall be held in trust for that purpose and in the manner and under the conditions described in paragraph 2 hereof to satisfy all judgments, decrees, or orders given, made or rendered against the Depositor by any court of the U.S. Virgin Islands for the payment of money.

2. The Bank hereby acknowledges and certifies that it has received from the Depositor for deposit with and safekeeping by the Bank, the securities listed and described on Exhibit "A". The Bank upon written order of the Commissioner, where a judgment or decree has been given, made or rendered against the Depositor by the Court of the U.S. Virgin Islands for payment of money and said judgment, decree or order has become final, and a period of thirty (30) days has elapsed shall turn over to the Commissioner such securities as he shall designate for the purpose of paying to the successful party in the action, suit or proceeding the amount of said judgment, decree or order. Notwithstanding anything contained herein, the Bank shall be obligated to turn over the securities upon the written order of the Commissioner and that the Bank shall in no event be liable to any party hereto, or to any other party whenever it shall act in accordance with any such written order.

3. Withdrawal, substitution or exchange of the securities deposited pursuant to this Agreement may be made only upon the prior order or approval of the Commissioner.

4. The Depositor agrees that it will keep on deposit with the Bank at all times securities of a fair market value of at least \_\_\_\_\_.

5. Any interest or dividends accruing to any securities deposited in accordance with this Agreement shall accrue to that account of the Depositor. If the securities deposited hereunder carry interest coupons, such coupons shall be delivered directly to the Depositor by the Bank in accordance with whatever agreement is entered into by them.

6. The Depositor shall bear all costs, including any legal fees charged by the Bank incident to this agreement, and the Government of the U.S. Virgin Islands, its officers, agents and employees, including the Commissioner, shall in no way be liable for any such costs or fees; provided, however, that this agreement may be terminated by the bank upon thirty (30) days notice to the Commissioner if all such costs and fees are not paid.

7. It is specifically understood and agreed that the Commissioner is authorized to sell the whole or part of the securities deposited hereunder or any substitutes therefor or additions thereto at any broker's board or at public or private sale, at his option, without advertisement or notice to the Depositor and to use the proceeds thereof for the purposes of effectuating the objectives of this Agreement.

8. The term of this Agreement shall commence on the effective date of the initial Certificate of Authority issued to the Insurance Company, and shall continue in force and effect until the conditions for release or withdrawal of the securities deposited or filed have been satisfied or met in accordance with Sections 207(c) and 709 of Title 22 Virgin Islands Code.

IN WITNESS WHEREOF the parties have executed this Agreement on the dates indicated opposite their names.

Dated: \_\_\_\_\_

Government of the U.S. Virgin Islands

Witnesses:  
\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_  
Lieutenant Governor  
Commissioner of Insurance

Before me, the undersigned Notary, personally appeared \_\_\_\_\_ on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same for the purpose therein contained.

IN WITNESS WHEREOF I have hereunto affixed my hand and official seal.

\_\_\_\_\_  
Notary Public

---

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Bank)

Witnesses:

By: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

Before me, the undersigned Notary, personally appeared \_\_\_\_\_  
on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ who acknowledged himself/herself to be the  
\_\_\_\_\_ of \_\_\_\_\_, a corporation, and that  
he/she as such \_\_\_\_\_ being authorized so to do, executed the  
within instruments for the purposes therein contained by signing the name of the  
corporation by himself/herself as \_\_\_\_\_.

IN WITNESS WHEREOF I have hereunto affixed my hand and official seal.

\_\_\_\_\_  
Notary Public

---

Dated: \_\_\_\_\_

\_\_\_\_\_  
(Insurance Company)

Witnesses:

By: \_\_\_\_\_

Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss:

Before me, the undersigned Notary, personally appeared \_\_\_\_\_  
on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ who acknowledged himself/herself to be the  
\_\_\_\_\_ of \_\_\_\_\_, a corporation, and that  
he/she as such \_\_\_\_\_ being authorized so to do, executed the

within instruments for the purposes therein contained by signing the name of the corporation by himself/herself as \_\_\_\_\_.

IN WITNESS WHEREOF I have hereunto affixed my hand and official seal.

\_\_\_\_\_  
Notary Public

**OFFICE OF THE COMMISSIONER  
DIVISION OF BANKING AND INSURANCE  
UNITED STATES VIRGIN ISLANDS**

MANAGEMENT INFORMATION FORM

COMPANY NAME: \_\_\_\_\_

Names and Titles of the Officers:

Name

Titles: (Officers)

Names and Titles of the Directors:

Name

Titles: (Directors)

# REQUIREMENTS FOR CERTIFICATE OF AUTHORITY

## DOCUMENTS TO BE FILED

- A. Application for Admission
- B. Certified Copy of Charter or Certificate of Incorporation/  
Articles of Incorporation and Amendments
- C. Certified Copy of By-Laws and Amendments
- D. Certificate of Compliance from Insurance Department of  
State or Country of Domicile
- E. Resolution adopted by the Board of Directors of the Company,  
pursuant to Section 218, Title 22 of the Virgin Islands Code,  
consenting that:  
  

**Service of process upon the Commissioner in any action or proceeding  
against the company, brought or pending in the Virgin Islands upon any  
cause of action arising in or growing out of business transacted in the  
Virgin Islands, shall be valid service upon the company, and the consent  
shall be irrevocable, so long as a policy of insurance of such company  
shall remain in force in the Virgin Islands or any loss remains unpaid  
therein.**
- F. Statement of the Company's Financial Condition, Management  
and Affairs (Most recent quarterly statement acceptable)
- G. Executed Surety Bond or Certificate of Deposit evidencing  
statutory deposit in the following amounts  
  

<b>TITLE INSURERS</b>	<b>\$100,000.00</b>
<b>ALL OTHER INSURERS</b>	<b>\$500,000.00</b>
- H. Appointment of Agent/ Statement of Agreement to Serve as  
Insurance Agent
- I. Biographical Affidavits
- J. Management Information Form

- K. Appointment of Agent for Service of Process/ Consent of Agent for Service of Process
- L. Applicable Policy Forms and Rate Manuals

**I. Capital and Surplus Requirements, pursuant to Title 22 of the Virgin Islands Code, Section 451:**

	Minimum Capital Required	Minimum Surplus Initially Required
1. Life Insurance	\$1,000,000	\$500,000
2. Disability Insurance:	1,000,000	250,000
(A) Life & disability Insurance	1,250,000	750,000
3. Property Insurance	2,000,000	950,000
4. Marine & Trans. Ins.	2,500,000	1,250,000
5. Casualty Insurance:		
(A) Vehicle only	2,000,000	1,000,000
(B) General casualty	3,000,000	1,500,000
6. Surety Insurance:		
(A) Surety	1,000,000	4,000,000
(B) Bail bonds only	500,000	250,000
7. Title insurance:		
In accordance with the provisions of Chapter 49 of Title 22		
8. All Insurance, except life & title insurance	4,500,000	2,500,000

**II. PRELIMINARY EXAMINATION**  
**(Title 22 V.I.C. Section 206(3))**

Pursuant to Title 22 of the Virgin Islands Code, Section 206(3):

**An insurer shall submit to a personal examination of its affairs by the Commissioner. The examination shall include a background of the business dealings of the insure, the insurer's organizers, principals, Board of Directors and corporate officers. The Commissioner may waive the examination if there is filed with him a certified copy of an examination made within one year immediately preceding the insurer's application for a license to do business in the Virgin Islands by a state insurance department or other insurance certification authority.**

**III. FILING FEES**

- |                              |   |            |
|------------------------------|---|------------|
| <input type="checkbox"/> 1.  | Application for Admission   | \$25.00    |
| <input type="checkbox"/> 2.  | Charter Documents   | \$150.00   |
| <input type="checkbox"/> 3.  | Certificate of Compliance   | \$25.00    |
| <input type="checkbox"/> 4.  | Initial Certificate of Authority  | \$1,100.00 |
| <input type="checkbox"/> 5.  | Appointment of Agent/ Statement<br>of Agreement to Serve as Insurance Agent             | \$25.00    |
| <input type="checkbox"/> 6.  | Biographical Affidavits   | \$25.00    |
| <input type="checkbox"/> 7.  | Management Information Form   | \$25.00    |
| <input type="checkbox"/> 8.  | Examination Report  | \$25.00    |
| <input type="checkbox"/> 9.  | Statement of Company's Financial<br>Condition   | \$25.00    |
| <input type="checkbox"/> 10. | Appointment of Agent for Service of<br>Process/ Consent of Agent for Service of Process | \$25.00    |
| <input type="checkbox"/> 11. | Resolution Authorizing Appointment<br>of Commissioner as Agent for Service Process      | \$25.00    |

- |                              |  |          |
|------------------------------|--|----------|
| <input type="checkbox"/> 12. | Policy Form(s)/ Application(s) and other related documents | \$20.00  |
| <input type="checkbox"/> 13. | Non-Refundable Processing Fee                              | \$300.00 |

# SURETY BOND

**KNOW ALL MEN BY THESE PRESENTS,** That the undersigned \_\_\_\_\_ as principal, of \_\_\_\_\_ and the undersigned \_\_\_\_\_, as surety, are held and firmly bound unto the Commissioner of Insurance, Government of the Virgin Islands of the United States, and his successors in office, as oblige, in the full and just sum of \_\_\_\_\_ to which payment we bind ourselves and our respective successors and assigns jointly and severally by these presents.

**WHEREAS,** the laws of the Government of the Virgin Islands of the United States (Section 207, Title 22 of the Virgin Islands Code) require all foreign insurance companies to file with the Insurance Commissioner of the Virgin Islands, if he deems it advisable for the protection of policyholders in the Virgin Islands, a good and sufficient surety bond in a sum not less than Five Hundred Thousand (\$500,000.00) Dollars.

**AND WHEREAS,** the \_\_\_\_\_ aforesaid, desires to transact business within the Territory of the Virgin Islands of the United States and has been informed by the Commissioner of Insurance, Government of the Virgin Islands of the United States, that he requires a bond in the amount of \_\_\_\_\_ and does by this instrument furnish and file said bond.

**NOW, THEREFORE,** the condition of the above bond is such that if the principal shall answer to the amount of the bond for all judgments, decrees or orders given, made or rendered against the principal by any court of the Virgin Islands of the United States for the payment of money, then this bond to be void and of no effect; otherwise, to remain in full force and effect.

**PROVIDED, HOWEVER,** that the surety shall have the right to terminate its suretyship under this obligation by serving written notice of its election to do so upon the Commissioner of Insurance of the Government of the Virgin Islands of the United States, not less than ninety (90) days prior to the date on which the then existing certificate of authority of the principal is to expire. Surety shall, however, remain liable hereunder for all judgments, decrees or orders given, made or rendered against the principal, based on obligations incurred during the period of suretyship.

**IN WITNESS WHEREOF,** the said principal and said surety have set their hands and affixed their seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Principal:**

\_\_\_\_\_

**Attest:**

\_\_\_\_\_  
**Secretary**

By \_\_\_\_\_  
**(Officer)**

