

**OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE**

**ORIGINAL APPLICATION FOR INSURANCE LICENSE
(INDIVIDUAL)**

1. **LICENSE TYPE:** *[Check only one box in categories (a) and (b); Applicant must complete a separate application for each license]*

- a) Agent Broker Indep.-Adjuster Public-Adjuster Surplus Line Broker Solicitor General Agent
b) Life & Health Property & Casualty Title All Lines Other _____
c) Resident Non-Resident

2. **NAME OF APPLICANT:** Mr. Mrs. Ms. Miss

Last _____ First _____ Middle Name: _____

3. **IDENTIFICATION INFORMATION:**

S.S.N. _____ Sex: M F

Date of Birth: _____ Place of Birth: _____
MM/DD/YYYY City, State

Email: _____ Website: _____

4. **BUSINESS ADDRESS:** (P.O. Box not acceptable) Address Change from last renewal?

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Business Phone No: () - _____ - _____ Fax Phone No: () - _____ - _____

5. **RESIDENCE ADDRESS:** (P.O. Box not acceptable) Address Change from last renewal?

Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Home Phone No: () - _____ - _____

6. **MAILING ADDRESS:** Business Residence Address Change from last renewal?

Street/P.O. Box _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

7. **Do you intend to use a fictitious (DBA) name to transact insurance business?** Yes No

If yes, list such name:

Name of Business (dba)

8. Are you now or have you ever used any name other than shown in (2) or (7)? Yes No
 (If yes, list names, dates, and reasons used.)

Name	Date	Reason

9. LIFE AGENT APPLICANTS ONLY:

a) If you intend to act as a Variable Contract Agent, are you registered with the Division of Banking and Insurance?
 Yes No (If yes, provide your BD-A registration number. If no, state the reason why you have not registered.)

b) If you intend to act as a Variable Contract Agent, are you registered with NASD? Yes No (Provide evidence of same.)

10. RESIDENT AGENT APPLICANTS: List names of authorized companies which you will represent and from which you have received or will receive an appointment. (You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.)

Name of Company(ies) licensed in the VI that you will represent.

11. RESIDENT BROKER APPLICANTS: List names of authorized companies through which business will be placed.
 (You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.)

Name of licensed company(ies) in the VI.

Broker Bond Number: _____ Surety Company: _____

12. SOLICITOR APPLICANTS: Provide the name of the Agent or Agency with which you are appointed.

13. NON-RESIDENT AGENT AND BROKER APPLICANTS ONLY: List name(s) of authorized companies that you will be representing or through which business will be placed. *(You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.)*

Name of agency with which you are affiliated with:

14. NON-RESIDENT BROKER APPLICANTS ONLY:

Broker Bond Number: _____ **Surety Company:** _____

15. SURPLUS LINE BROKER APPLICANTS ONLY: List the names of all “unauthorized insurers” or “surplus lines carries” that are eligible to conduct surplus lines business in the Virgin Islands with which arrangements have been made to accept or which are considering the acceptance of surplus lines business offered by applicant: *(You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.)*

Eligible Unauthorized Insurers in the Virgin Islands

Broker Bond Number: _____ **Surety Company:** _____

16. ADJUSTER APPLICANTS ONLY: If you are an Office Manager, list names of adjusters working directly under your supervision:

Public Adjuster Bond Number: _____ **Surety Company:** _____

17. INDEPENDENT ADJUSTER APPLICANTS: List Companies with which you are affiliated

18. IF YOU NOW HOLD OR HAVE EVER HELD AN INSURANCE LICENSE, COMPLETE THE FOLLOWING:

Type of License	State	Resident Nonresident	Date License Held	
			From	To

19. LIST YOUR PLACES OF RESIDENCE FOR THE PAST FIVE YEARS:

From (MM/YYYY)	To (MM/ YYYY)	Street	City	State	Postal Code

20. LIST YOUR OCCUPATION (EMPLOYMENT) FOR THE PAST FIVE YEARS TO CURRENT DATE:

From (MM/YYYY)	To (MM/YYYY)	Employer Name Address	Duties Performed

21. HAVE YOU EVER HAD ANY PROFESSIONAL, VOCATIONAL OR BUSINESS LICENSE DENIED, SUSPENDED, REVOKED OR RESTRICTED OR A FINE IMPOSED BY ANY PUBLIC AUTHORITY, OR WITHDRAWN ANY APPLICATION FOR OR SURRENDERED ANY SUCH LICENSE TO AVOID DISCIPLINARY ACTION? Yes No *(If yes, please explain fully on a separate sheet)*

22. ARE THERE CURRENTLY ANY DISCIPLINARY ACTIONS PENDING AGAINST YOU?
Yes No *(If yes, please explain fully on a separate sheet)*

23. HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME? Yes No

(If yes, attach a detailed statement, signed by you, of the events which led to the charges including the dates and places. If the matter was heard in court, attach copies Certified by the Court, of the Criminal Complaint and the Sentencing Order showing the final judgment.)

24. HAVE YOU BEEN INDEBTED, OTHER THAN FOR CURRENT ACCOUNTS, TO ANY INSURANCE COMPANY OR PERSON FOR UNPAID INSURANCE PREMIUMS OR RETURN PREMIUMS? Yes No *(If yes, please explain fully on a separate sheet)*

25. HAVE YOU, IN THE PAST TEN YEARS, EVER BEEN INVOLVED IN ANY BANKRUPTCY OR RECEIVERSHIP PROCEEDINGS? Yes No *(If yes, please explain fully on a separate sheet)*

****If the answer is "YES" to questions (21), (22), (23) (24) and (25), please attach a notarized statement detailing the events which led to the charges, claim or complaint including the dates and jurisdiction in which the charges, claim or complaint was filed. If the matter was heard in a court, attach copies, CERTIFIED BY THE COURT, of the Claim or Criminal Complaint and the final order or judgment. If the matter was heard by an administrative agency, attach copies of the claim or complaint and a document evidencing final disposition of the matter.**

IMPORTANT NOTICES: Failure to fully answer all questions on application will result in the application being returned to applicant. Additionally, applicant must promptly notify the Division of Banking and Insurance of any changes in the information reported on this application including, but not limited to, the information reported in questions 21, 22, 23, 24 and 25 and any changes in the business operations of the Applicant.

The following items are needed for licensure:

- 1) Broker's Bond *
- 2) Surplus Lines' Bond *
- 3) Public Adjuster's Bond *
- 4) Three Letters of Recommendation**
- 5) Written Examination**
- 6) Original License Fee
- 7) Appointment Forms***
- 8) Appointment Fee****
- 9) Identification (Gov't issued, i.e.: Driver's license, Passport, Vote's Registration Card, etc.)

- *Brokers, Public Adjusters and Surplus Lines Brokers only
- ** Non-Resident Adjusters and All Residents only
- ***FOR Agents, Solicitors and General Agent only
- ****For Agent and Solicitors only

RESIDENT	ORIGINAL FEE	BOND
Solicitor	\$300.00	N/A
Agent	\$300.00	N/A
Appointment Fee (Agent/Solicitor)	\$ 25.00	N/A
General Agent	\$600.00	N/A
Resident Broker	\$400.00	10,000.00
Surplus Line Broker	\$400.00	10,000.00
Adjuster (Independent/Public)	\$300.00	5,000.00 (Public Only)
NON-RESIDENT	ORIGINAL FEE	BOND
Agent	\$600.00	N/A
Broker	\$800.00	10,000.00
Adjuster (independent/Public)	\$300.00	5,000.00 (Public Only)

(All checks and money orders must be made payable to **Government of the U.S. Virgin Islands.**)

APPLICANT'S CERTIFICATION:

I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made is true and correct. I understand that any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, I authorize disclosure to the insurance commissioner of all financial institutions' records of any fiduciary accounts for the duration of this license.

Date _____

Signature

Print Name

FOR OFFICE USE ONLY

Receipt Number: _____ Date: _____ Amount: \$ _____

(REV: 10/07)