

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

**RENEWAL 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 _____

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

Last _____ First _____ Middle Name: _____

3. **IDENTIFICATION INFORMATION:**

S.S.N. _____ Sex: M F

Email: _____ Website: _____

4. **BUSINESS PHYSICAL ADDRESS:** 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. Have you been arrested, charged or convicted of a crime since your last renewal? Yes No
(If yes, please explain in detail. Attach a separate sheet if necessary.)

8. Have you, since the issuance of your last license, had any professional, vocational or business license denied, suspended, revoked or restricted or a fine imposed by any licensing authority or withdrawn any application for or surrendered any such license to avoid disciplinary action?

Yes No (If yes, please explain in detail. Attach a separate sheet if necessary.)

9. Are there currently any disciplinary actions pending against you? Yes No

(If yes, please explain in detail. Attach a separate sheet if necessary.)

10. Have you, since the issuance of your last license, 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 in detail. Attach a separate sheet if necessary.)

11. Have you, since the issuance of your last license, been involved in any bankruptcy or receivership proceedings? Yes

No (If yes, please explain in detail. Attach a separate sheet if necessary.)

12. **AGENT/GENERAL AGENT APPLICANT(S) ONLY:** List name(s) of authorized companies you represent and from which you have received 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 Agency in the U.S. Virgin Islands with which you are affiliated:

13. **BROKER APPLICANTS ONLY:** List name(s) of admitted company or companies through which business is 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 in the U.S. Virgin Islands with which you are affiliated:

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

14. SURPLUS LINE BROKER APPLICANTS ONLY: List the name(s) of all “unauthorized insurers” or “surplus lines carriers” 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 the applicant. *(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 in the U.S. Virgin Islands with which you are affiliated:

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

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

16. PUBLIC ADJUSTER APPLICANTS:

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

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

18. LIFE AGENT APPLICANTS ONLY:

a) If you are acting 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 are acting as a Variable Contract Agent, are you registered with FINRA? Yes No

****If the answer is "YES" to questions 7, 8 9, 10 and 11, 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 NOTICE: 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 7, 8 9, 10 and 11, and any changes in the business operations of the Applicant.

Note: Please enclose the appropriate renewal fee(s) with application on or before December 31st. Any application received after January 15, 2007 will be assessed a late penalties of \$50.00.

(Make check or money order payable to *Government of the U.S. Virgin Islands.*)

DATE: _____

Signature: _____

RESIDENT

RENEWAL FEE

BOND

Agent	\$100.00	N/A
Broker	\$200.00	\$10,000.00
Surplus Line Broker	\$400.00	\$10,000.00
Adjuster (Independent/Public)	\$150.00	\$ 5,000.00 (Public Only)
Solicitor	\$100.00	N/A
General Agent	\$350.00	N/A

FOR OFFICE USE ONLY

Receipt Number: _____

Date: _____

Amount: _____

(REV: 10/07)