

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

**RENEWAL APPLICATION FOR INSURANCE LICENSE
(ORGANIZATION)**

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

a) Agent Broker Independent Adjuster Public-Adjuster Surplus Line Broker General Agent

b) Life & Health Property & Casualty Title All Lines Other _____

2. NAME OF ORGANIZATION:

E.I.N.: _____

Email: _____ Website: _____

3. PRINCIPAL BUSINESS ADDRESS: Address Change from last renewal?

a) **PHYSICAL:** Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Telephone number () - _____ - _____ Fax number () - _____ - _____

b) **MAILING:** Street/P.O. Box _____ Office/Suite# _____

City _____ State _____ Zip Code _____

4. AGENT/GENERAL AGENT APPLICANT(S) ONLY: List name(s) of admitted company or companies which the organization represents and from which it has 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.)

5. BROKER APPLICANTS ONLY:

a) List name(s) of admitted companies with which business has been placed.

(You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.)

b) Broker Bond Number: _____ Surety Company: _____

6. SURPLUS LINES BROKER:

a) List the names of all “unauthorized insurers” or “surplus lines carriers” with which surplus lines business is conducted. (*Note: surplus lines business must be placed only with unauthorized insurers which have been deemed by the Commissioner of Insurance to be eligible to engage in surplus lines business in the Territory.*)

b) Broker Bond Number: _____ Surety Company: _____

7. INDEPENDENT ADJUSTER APPLICANTS: List Companies with which you are affiliated
(*You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.*)

8. PUBLIC ADJUSTER APPLICANTS:

Public Adjuster Bond Number: _____ Surety Company _____

9. Pursuant to Title 22, Section 754(b), Virgin Islands Code, list the names of each individual authorized to exercise the powers conferred by the license applied for:

NAME: LAST FIRST M.I.

10. Has the organization or have any of its members, managers, partners, principals, directors, officers or shareholders owning a 10% or more interest in the organization, or any person identified in question number 9 above 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 in detail*) (*Attach a separate sheet if needed.*):

11. Are there currently any disciplinary actions pending against the organization or any of its members, managers, partners, principals, directors, officers or shareholders owning a 10% or more interest in the organization, or any person identified in question number 9?

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

12. Has any of the organization's members, managers, partners, principals, directors, officers or shareholders owning a 10% or more interest in the organization or any person identified in question number 9 ever been arrested, charged or convicted of a crime? Yes No (If yes, please explain in detail) (Attach a separate sheet if needed.):

13. Has the organization or have any of its members, managers, partners, principals, directors, officers, or any shareholders owning a 10% or more interest in the organization, or any person identified in question number 9, been involved in any bankruptcy or receivership proceedings within the past ten years? Yes No (If yes, please explain in detail) (Attach a separate sheet if needed.):

14. Has the organization or any of its members, managers, partners, principals, directors, officers, or any shareholders owning a 10% or more interest in the organization, or any person identified in question number 9, been indebted, other than for current accounts, to any insurance company or person for unpaid insurance premium? Yes No (If yes, please explain in detail) (Attach a separate sheet if needed.):

****If the answer is "YES" to questions (10), (11), (12), (13) and (14), please attach a statement, signed by a person authorized by the organization, 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 (10), (11), (12), (13) and (14) and any changes in the business operations of the Applicant.

Date: _____ Name of Organization: _____

By: _____

Print Name

Signature

Title

NOTE: Please enclose the appropriate renewal fee(s) with application on or before December 31st. Make check or money order payable to **Government of the U.S. Virgin Islands**. Failure to fully answer all questions on application will result in the application being returned to applicant.

Any application received after January 15, 2007 will be assessed a late penalty of \$50.00.

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)