

Government of the United States Virgin Islands
Office of the Commissioner of Insurance
Division of Banking, Insurance and Financial Regulation
#5049 Kongens Gade, Charlotte Amalie, St. Thomas, V.I. 00802
TEL-340-774-7166 FAX 340-774-5590



**ORIGINAL APPLICATION FOR
THIRD PARTY ADMINISTRATOR**
Please Print or Type

Please check the appropriate box: A Sole Proprietor A corporation A General Partnership
 A Limited Partnership Other _____

If a Corporation or Partnership, attach a list of all current officers of the corporation or partners of the Partnership, Social Security Number and Date of Birth must be included for each person listed.

GENERAL INFORMATION

1. Legal Name of Applicant: _____

2. E.I.N.: _____ S.S.N.: _____

3. Insurance Company(ies) Affiliation:

4. Business Physical Address: Street _____ Office/Suite # _____

City _____ State _____ Zip Code _____

Telephone Number ()- _____ - _____ Fax Number ()- _____ - _____

Email: _____ Website: _____

5. Mailing Address:

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

City _____ State _____ Zip Code _____

Telephone Number ()- _____ - _____ Fax Number ()- _____ - _____

6. Will the organization use a fictitious (DBA) name to transact business? Yes No

If yes, please indicate such name: _____

LICENSURE ACTIVITIES AND LINES OF BUSINESS

7. Check each section below as it relates to the applicant's activities for residents of the Virgin Islands. Check All Those That Apply:

- Collect charges or premiums for any plans
- Life Insurance Coverage
- Adjusts or settles claims for any plans
- Health Insurance Coverage
- Annuities

Please provide a thorough description of activities:

BACKGROUND INFORMATION

8. (a) Does the applicant or the two signing officers below now hold or have ever held an agent's or broker's license in the U.S. Virgin Islands?
 Yes No

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

(b) Has the applicant or either of the two signing officers below ever been penalized or fined, had a license refused, suspended or revoked by the insurance department of this state or any other state or country? Yes No *(If yes, please explain in detail. Attach a separate sheet if needed.):*

9. Has the applicant or either of the two signing officers below ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending any such charges? (For these purposes, misdemeanor does not include minor traffic violations.) Yes No

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

FINANCIAL RESPONSIBILITY AND SECURITY INFORMATION

10. All licensed administrators are required to maintain an errors and omissions insurance policy. In the space below, please list the details regarding your coverage and attach a copy of the policy declarations page to this application.

Policy Number _____ Issuing Company _____

Amount of Coverage _____ Policy Expiration _____

11. (a) All Licensed Administrators are required to maintain financial responsibility in the form of a Fidelity Bond or a clean irrevocable and unconditional and ever-green letter of credit in an amount set forth in the attached checklist. In the space below, please list the details regarding your financial requirements and attach a copy of the bond declarations page or letter of credit agreement to this application.

Policy/LOC Number _____ Issuing Company/Bank _____

Amount of Coverage/LOC _____ Policy Expiration _____

Average Amount of Funds Held by the Applicant: _____ (For All Plans)

(Total of Last 12 months divided by 12 equals average) Date of Year End: _____

(b) All licensed Administrators are required to maintain special fiduciary accounts depending on the purpose for which the money collected by the Administrator will be used. These accounts must be held in a financial institution located in the Territory. In the designated space below, please list the details regarding the type of fiduciary account(s) maintained by the Administrator and attach a copy of proof that such accounts have been established.

ACCOUNT #1

Name of Financial Institution _____

Type of Account TPATFA CASA

Account Number _____

Purpose of Account _____

ACCOUNT #2 (IF APPLICABLE)

Name of Financial Institution _____

Type of Account TPATFA CASA

Account Number _____

Purpose of Account _____

****Applicant is under a continuing obligation to notify the division of any changes in the information provided in or with this application**

CERTIFICATION

I _____ certify that I am authorized to file this certification on behalf of the
(Name and Title)

applicant; that the information set forth herein is true to the best of my knowledge, belief and information; and that the Commissioner of Insurance may rely on the information set forth in the application in determining whether to grant a license.

I further certify that _____ will comply with the insurance laws of the Virgin Islands and
(Name of Applicant)

all other applicable rules and regulations.

Signature of Officer or Director

Full Legal Name (Type or Print)

Title

Date

State of _____

County of _____

Personally, appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this ____ day of _____ 20__.

Seal

(Notary Public)

My Commission Expires _____