Government of the United States Virgin Islands

Office of the Commissioner – Division of Banking, Insurance and Financial Regulation #5049 Kongens Gade, Charlotte Amalie, St. Thomas, V.I. 00802
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APPOINTMENT OF SOLICITOR

| | (Name of Solicitor |) |
|-------------|--|-------------------------------------|
| | | |
| | (Business Address of So | licitor) |
| | (Kind[s] of insurance solicito | will write) |
| | e above Solicitor is hereby authorized to f the following Producer within the | 1 11 |
| (Date | e) | |
| | (Name of Insurance Pro | ducer) |
| Authorized | d Signatory of Producer to appoint/terminate | Signature |
| | (DO NOT WRITE BELOW T | THIS LINE) |
| This docum | nent is hereby approved and filed in the Offic | e of the Commissioner of Insurance: |
| Solicitor's | license number | |
| Cor | mmissioner of Insurance | Date |

STATEMENT OF AGREEMENT TO SERVE AS INSURANCE SOLICITOR

| Pursuant to Title 22, Sec | ction 762, of the V | Virgin Islands Cod | e, I hereby agree to |
|---------------------------------|---------------------|-----------------------|-------------------------|
| serve as an insurance solicitor | for | (Name of License Prod | lucer) |
| of(City) (State) | | | |
| States. I understand that, purs | suant to Title 22, | Section 762, I do | not have the power to |
| cover any kind of insurance for | or which the prod | ucer by whom I ar | n employed is not then |
| licensed. Further, I do not ha | ve the power to b | oind an insurer up | on or with reference to |
| any risk or insurance contract, | or to countersign | insurance contract | s. |
| | | | |
| | | Solicitor | 's Signature |
| | | | |
| Subscribed and sworn to | o before me this _ | day of | , 20 |
| at(City) | (State) | | |
| | | | |
| | | Note | prv Public |