Government of the Unites States Virgin Islands
Office of the Commissioner – 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

APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY CERTIFICATE OF LICENSURE or PERMIT

1. Name of Company _____
(Please indicate Company's full legal name)

Company's President_____

E-Mail:_____ Telephone No._____

Company's FEIN No._____ NAIC No._____

State of Incorporation_____ Date of Incorporation_____

Business Address _____

_____

Telephone No._____ Fax No._____

Statutory Home Office Address _____

_____

Telephone No._____ Fax No._____

Main Administrative Office Address _____

_____

Telephone No._____ Fax No._____

Mailing Address: _____

_____

2. Domicile Type: □Domestic □Foreign □Alien

3. Company Type: □Life □Health □Property □Casualty □Title □Surety □All Lines
□ Other _____

In addition to company type, please list types of insurance e.g. auto, home, renters, health (group or individual), long-term care, life (whole, term or universal), travel, liability, medical malpractice, commercial, marine and credit:

_____
_____
_____
_____

4. Organization Type: □Association □Corporation □Mutual □Non-profit
□ Other _____

5. Contact Person for Premium Tax Quarterly Filings

Name/Title: _____

Mailing Address: _____

_____

Telephone No. _____Fax No._____

E-Mail _____

6. Contact Person for Annual Statement and Audited Financial Report Filing

Name/Title: _____

Mailing Address: _____

_____

Telephone No._____ Fax No._____

E-Mail_____

7. Contact Person for Licensure and related filings

Name/Title: _____

Mailing Address: _____

_____

Telephone No. _____Fax No._____

E-Mail_____

8. Contact Person for Policy Forms

Name/Title: _____

Mailing Address: _____

_____

Telephone No. _____ Fax No._____

E-Mail_____

9. Contact Person for Consumer Complaints

Name/Title: _____

Mailing Address: _____

_____

Telephone No. _____Fax No._____

E-Mail:_____

10. Contact Person – Company's Statutory Deposit

Name/Title: _____

Mailing Address:_____

_____

Telephone No. _____Fax No._____

E-Mail_____

11. Authorized Signatory to Appoint and Terminate Agents in the U.S. Virgin Islands

Print Name	Signature
_____	_____
_____	_____
_____	_____

12. List Name of Agent(s)/Agency currently representing Company in the U.S. Virgin Islands for marketing of products:

_____ _____
_____ _____

13. General Agent resident in the U.S. Virgin Islands to appoint subagents:

_____ _____
_____ _____

14. Contact Person for company's participation in V.I. Guaranty Fund (if applicable):

Name/Title:_____

Mailing Address:_____

_____

Telephone No. _____ Fax No._____

E-Mail:_____

IMPORTANT NOTICE: The Company must promptly notify the Division of Banking, Insurance and Financial Regulation of any changes in the information reported on this application.

PERSON COMPLETING THIS APPLICATION:

Name_____ Date_____
(Please Print)

Signature _____

Relationship to Company _____

Email:_____ Telephone;_____