ORIGINAL INSURANCE APPLICATION
FOR RESIDENT OR NON-RESIDENT INSURANCE LICENSE
(INDIVIDUAL)

1. **LICENSE TYPE:** Check box that applies for each category. Applicant must complete a separate application for each license type.

   a) ❒ **Resident** ❒ **Non-Resident**

   b) ❒**Agent** ❒**Broker** ❒**Independent-Adjuster** ❒**Public-Adjuster** ❒**Solicitor** ❒**Surplus Line Broker** ***(residents only)*** ❒**General Agent** ***(residents only)*** ❒**General Manager** ***(residents only)***

   c) ❒**Life** ❒ **Health** ❒**Property** ❒ **Casualty** ❒**Title** ❒**Annuities** ❒**Disability** ❒**Surety** ❒**Variable Annuities** ❒**Variable Contracts** ❒**Variable Life**

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

   Last _____ First _____ Middle Name: _____

3. **IDENTIFICATION INFORMATION:**

   S.S.N. _____ Sex: ❒M ❒F _____

   Date of Birth: _____ Place of Birth: _____
   MM/DD/YYYY City, State

4. **BUSINESS ADDRESS:** ***(P.O. Box not acceptable)*** ❑Address Change from last renewal?

   Street _____ Apt/Suite # _____

   City _____ State _____ Zip Code _____

   Business Phone No: ( ) - _____ - _____ Fax Phone No: ( ) - _____ - _____

   Email: _____ Website: _____

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. **Do you intend to use a fictitious (DBA) name to transact insurance business?** ❒Yes ❒No

   If yes, please list name _____

8. Are you now or have you ever used any name other than shown in (2) or (7)? ❒Yes ❒No If yes, list names, dates, and reasons used.

Name	Date	Reason

9. RESIDENT OR NON-RESIDENT LIFE AGENT APPLICANTS ONLY: ❒ N/A

a) If you intend to act 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 intend to act as a Variable Contract Agent, are you registered with NASD? ❒Yes ❒No *(Provide evidence of same.*

10. GENERAL AGENT OR GENERAL MANAGER APPLICANTS (residents only): ❒ N/A

List the names of the authorized companies which you will 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.)*

11. RESIDENT OR NON-RESIDENT AGENT APPLICANTS: ❒ N/A

a) List names of the authorized companies licensed in the Virgin Islands through which you will 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.)*

b) Name of the Agency on the U.S. Mainland or the U.S. Virgin Islands through which you are affiliated

_____

12. RESIDENT OR NON-RESIDENT BROKER APPLICANTS: ❒ N/A

a) List names of authorized companies through which business will be 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) Name of the Agency on the U.S. Mainland or the U.S. Virgin Islands through which you are affiliated.

_____

c) Broker Bond Number _____ Expiration Date _____

Surety Company _____

13. SOLICITOR APPLICANTS: ❒ N/A

Provide the name of the Agent and/or Agency with which you are appointed.

_____

***14.* SURPLUS LINE BROKER APPLICANTS ONLY: ❒ N/A**

a) List the names of all "unauthorized insurers" or "surplus lines carries" 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 applicant: *(You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.)*

Eligible Unauthorized Insurers in the Virgin Islands

b) Broker Bond Number _____ Expiration Date _____

Surety Company _____

15. RESIDENT ADJUSTER APPLICANTS ONLY: ❒ N/A

If you are an Office Manager, list names of adjusters working directly under your supervision:

_____ _____

_____ _____

16. RESIDENT OR NON-RESIDENT INDEPENDENT ADJUSTER APPLICANTS: ❒ N/A

List Companies with which you are affiliated:

_____

_____

17. RESIDENT OR NON-RESIDENT PUBLIC ADJUSTER APPLICANTS: ❒ N/A

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

18. ALL APPLICANTS: If you hold or have ever held an insurance license, complete the following: ❒ N/A

Type of License	State	Resident Nonresident	Date License Held	
			From	To

19. ALL APPLICANTS: List your places of residents for the past five years.

From (MM/YYYY)	**To** (MM/ YYYY)	**Street**	**City**	**State**	**Postal Code**

20. ALL APPLICANTS: List your occupation (employment) for the past five years to current:

From (MM/YYYY)	**To** (MM/YYYY)	**Employer Name Address**	**Duties Performed**

21. a) Have you 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 fully on a separate sheet)*

b) Are there currently any disciplinary actions pending against you?

❒Yes ❒No *(If yes, please explain fully on a separate sheet)*

22. Have you ever been arrested, charged or conviction of a crime? ❒Yes ❒No
If yes, attach a detailed statement, signed by you, of the events which led to the charges including the dates and places. If the matter was heard in court, attach copies Certified by the Court, of the Criminal Complaint and the Sentencing Order showing the final judgment.)

23. Have you been indebted, other than current accounts, to any insurance company or person for unpaid insurance premiums or return premiums? ❒Yes ❒No *(If yes, please explain fully on a separate sheet)*

24. Have you, the past ten years, ever been involved any bankruptcy or receivership proceedings? ❒Yes ❒No *(If yes, please explain fully on a separate sheet)*

IMPORTANT NOTICES:

Failure to fully answer all questions on application and non-submission of the required documents will result in the application being returned to applicant. Additionally, 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 (21), (22), (23), and (24) any changes in the business operations of the Applicant.

If the answer is "YES" to questions (21), (22), (23), and (24) 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.

APPLICANT'S CERTIFICATION:

I certify under penalty of perjury that I have read the foregoing application and know the contents thereof and that each statement therein made is true and correct. I understand that any false statement may subject my application to denial and may subject my license(s) to suspension or revocation. Further, I authorize disclosure to the insurance commissioner of all financial institutions' records of any fiduciary accounts for the duration of this license.

Date _____ _____
Signature

_____
Print Name

The following items are needed for licensure:

Identification (Gov't issued, i.e.: Driver's license, Passport, Voter's Registration Card, etc. ----------	**Resident & Non-resident**
Tax Clearance Letter ----------	**Resident only**
License or Letter of Certification from State of domicile	**Non-resident only**
Broker's Bond ----------	**Resident & Non-resident**
Surplus Lines' Bond ----------	**Resident only**
Public Adjuster's Bond ----------	**Resident & Non-resident**
Three Letters of Recommendation----------	**Resident only**
Written Examination----------	**Resident only**
Original License Fee----------	**Resident & Non-resident**
Appointment Forms & Fee----------	**Resident & Non-resident**

RESIDENT	**ORIGINAL FEE**	**BOND**
Solicitor	$300.00	N/A
Agent	$300.00	N/A
Appointment Fee (Agent/Solicitor)	$ 25.00	N/A
General Agent	$600.00	N/A
Resident Broker	$400.00	10,000.00
Surplus Line Broker	$400.00	10,000.00
Adjuster (Independent/Public)	$300.00	5,000.00 (Public Only)

NON-RESIDENT	**ORIGINAL FEE**	**BOND**
Agent	$600.00	N/A
Broker	$800.00	10,000.00
Adjuster (independent/Public)	$300.00	5,000.00 (Public Only)
Appointment Fee (Agents)	$ 25.00	N/A

All checks and money orders must be made payable to *Government of the U.S. Virgin Islands.*

FOR OFFICE USE ONLY

Receipt Number: _____ Date: _____ Amount: $_____

(REV: 09/2013)

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

Appointment of Agent

Pursuant to Title 22, Section 753, of the Virgin Islands code, the undersigned insurance company hereby applies for authorization for:

_____

(Name of Agent/Agency)

_____

(*Business Address of Agent/Agency. Post Office Box not accepted*)

_____

(*Kinds of Insurance Agent/Agency will write*)

The above agent is hereby authorized to solicit, accept applications, write, issue, deliver and place policies or contracts of direct insurance upon risks located within the Virgin Islands, effective _____ 20___ and expiring on _____ 20___.

_____

(Please print full legal name of Insurance Company)

_____

(To be signed by an authorized signatory designated to appoint and/or terminate agents in the United States Virgin Islands)

_____

(*Print Name*)

_____

(DO NOT WRITE BELOW THIS LINE)

This document is hereby approved and filed in the Office of the Commissioner of Insurance,

_____ _____

Commissioner of Insurance ***Date***

STATEMENT OF AGREEMENT TO SERVE AS INSURANCE AGENT

Pursuant to Title 22, Section 753, of the Virgin Islands Code, I hereby agree to serve as agent for_____of
(Please print full legal name of Insurance Company)

_____ in and for the Virgin Islands of the
(Company's State of Domicile address)

United States, and further agree that I will not rebate any part of the premium or commission or offer any valuable consideration as an inducement to take insurance other than that clearly expressed in the policy.

Further, I shall keep at my address as shown on my license, during all business hours a complete record of all transactions to include applications for and policies of insurance placed by or through me pursuant to Title 22, Section 784, of the Virgin Islands Code, and will not sign any policies in blank to be issued outside my office.

_____
Signature of Agent/Agency's Authorized Signatory

_____

Subscribed and sworn to before me this _____day of _____,

20_____at_____

_____
(Notary Public)