TERRITORY OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE
****

APPLICATION FOR RENEWAL OF CERTIFICATE OF AUTHORITY

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

Physical Address _____

_____

Mailing Address: _____

_____

Telephone No. _____ Fax No. _____

2. Company's FEIN Number _____

3. Type of Company: □Domestic □Foreign □Alien

4. Lines of Insurance: □ Life □ Health □ Property □ Casualty □ Title □ All Lines
□ 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

Name (Print)	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 and Insurance of any changes in the information reported on this application.

PERSON COMPLETING THIS APPLICATION:

Name_____ Date_____
(Please Print)

Signature _____

Relationship to Company _____