OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE

ORIGINAL INSURANCE APPLICATION
FOR RESIDENT OR NON-RESIDENT LICENSE IN THE VIRGIN ISLANDS
(ORGANIZATION)

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**
   - **d)** **SBS Number** _____

2. NAME OF ORGANIZATION:

_____

E.I.N.: _____

3.PRINCIPAL BUSINESS ADDRESS:

a) PHYSICAL: Street _____ Apt/Suite # _____

City _____ State _____ Zip Code _____

Telephone number ( ) - _____ - _____ Fax number ( ) - _____ - _____

Email: _____ Website: _____

b) MAILING: Street/P.O. Box _____Office/Suite# _____

City _____ State _____ Zip Code _____

4. **Will the organization use a fictitious (DBA) name to transact business?** ❒Yes ❒No
   If yes, please indicate such name:

_____

5. **Has the organization submitted to the Division of Banking and Insurance, with the last year, an application for which a license has not been issued?**
   ❒Yes ❒No If yes, list name under which the application was made, date filed, and license type requested:

_____

_____

6. If the Organization hold or has ever held an insurance license, complete the following: ❒ N/A
(Attach a separate sheet if necessary)

Type of License & License Number	State	Resident or Nonresident	Date License Held	
			From	To

7. GENERAL AGENT OR GENERAL MANAGER APPLICANTS (residents only): ❒ N/A
List names of 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.

_____

_____

_____

8. RESIDENT OR NON-RESIDENTAGENT APPLICANTS: ❒ N/A
a) List the names of the authorized companies licensed in the Virgin Islands which you will represent and from which you have received or will 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 the Agency on the U.S. Mainland or the U.S. Virgin Islands through which you are affiliated:

_____

9. SURPLUS LINES BROKER APPLICANTS: ❒ N/A
a) List the names of all "unauthorized insurers" or "surplus lines carriers" with which surplus lines business is conducted. *(**Note**: surplus lines business must be placed only with unauthorized insurers which have been deemed by the Commissioner of Insurance to be eligible to engage in surplus lines business in the Territory.)*

_____

_____

_____

b) Broker Bond Number: _____ Expiration Date _____

Surety Company: _____

10. RESIDENT OR NONRESIDENT BROKER APPLICANTS: ❒ N/A

List all Jurisdictions in which the organization is or has been licensed to do business:

STATE	TYPE OF LICENSE	DATE FROM	DATE TO

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

a) List name(s) of authorized companies which the organization represents or through which business is being placed. You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable

_____ _____

_____ _____

_____ _____

Broker Bond Number: _____ Expiration Date: _____

Surety Company _____

c) 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 INDEPENDENT ADJUSTER APPLICANTS: : ❒ N/A

List Companies with which you are affiliated You must list the full and exact legal name of each company. Abbreviated names or the names of parent companies are not acceptable.

_____ _____

_____ _____

_____ _____

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

Public Adjuster Bond Number: _____ Expiration Date: _____

Surety Company _____

14. List each person who will be authorized to transact insurance business under the license applied for and his/her relationship to the organization. Relationship to the organization must be that of an EMPLOYEE, OFFICER, or PARTNER, as appropriate to the organization type. An Individual license is required for each person named, and a separate application form must be completed and submitted by such person.

NAME LAST FIRST MI	RELATIONSHIP TO ORGANIZATION

15. CORPORATE APPLICANTS ONLY: : ❒ N/A

Complete the following and attach a copy of the Articles of Incorporation: *(Attach a separate sheet if more space is needed)*

a) Corporate # _____

Date Incorporated _____

State in which incorporated _____ Attach relevant corporate documents

b) List each Officer, Director, and Stockholder who owns 10% or more of the corporation's stock:

NAME LAST FIRST MI	RESIDENCE	SOCAIL SECURITY #	% Ownership
President			
Vice President			
Treasurer			
Director			
Director			
Director			
Stockholder			

16. PARTNERSHIP APPLICANT ONLY: List name and address of all partners and attach the partnership agreement, if any. If no agreement, so state. *(Attach a separate sheet if more space is needed.)*

NAME LAST FIRST MI	RESIDENCE	SOCAIL SECURITY #	% Ownership

17. LIMITED LIABILITY COMPANIES ONLY: Complete the following and attach a copy of the Articles of Organization: *(Attach a separate sheet if more space is needed)*

a) LLC # _____

Date Incorporated _____

State in which incorporated _____ (Attach relevant corporate documents)

c) List each Officer, Director, and Stockholder who owns 10% or more of the corporation's stock:

NAME LAST FIRST MI	RESIDENCE	SOCAIL SECURITY #	% Ownership

18. Is there any person within the organization, other than named in questions (14, 15, 16 and 17), who directs the affairs of the organization ❒Yes ❒No

If yes, list name, residence address, and social security number of such person(s):

NAME LAST FIRST MI	RESIDENCE	SOCAIL SECURITY #	% Ownership

19. Has the organization or have any of its members, managers, partners, principals, directors, officers or shareholders owning a 10% or more interest in the organization, or any person identified in question 17 above 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, explain in detail. Attach a separate sheet if needed.

_____

_____

_____

20. **Are there currently any disciplinary actions pending against the organization or any of its members, managers, partners, principals, directors, officers or shareholders owning a 10% or more interest in the organization, or any person identified in question number 17?** ❒Yes ❒No If yes, explain in detail. Attach a separate sheet if needed.*:*

21. **Has any of the organization's members, managers, partners, principals, directors, officers or shareholders owning a 10% or more interest in the organization or any person identified in question number 17 ever been arrested, charged or convicted of a crime?** ❒Yes ❒No If yes, explain in detail. Attach a separate sheet if needed.*:*

22. **Has the organization or have any of its members, managers, partners, principals, directors, officers, or any shareholders owning a 10% or more interest in the organization, or any person identified in question number 17, been involved in any bankruptcy or receivership proceedings within the past ten years?** ❒Yes ❒No If yes, explain in detail. Attach a separate sheet if needed.

23. **Has the organization or any of its members, managers, partners, principals, directors, officers, or any shareholders owning a 10% or more interest in the organization, or any person identified in question number 17, been indebted, other than for current accounts, to any insurance company or person for unpaid insurance premium?** ❒Yes ❒No If yes, explain in detail. Attach a separate sheet if needed.

IMPORTANT NOTICES:

Failure to fully answer all questions on the 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 (19),(20), (21) (22) and (23) and any changes in the business operations of the Applicant.

If the answer is "YES" to questions (19), (20), (21) (22) and (23), please attach a statement, signed by a person authorized by the organization, 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.

CERTIFICATION OF AUTHORIZED SIGNATORY:

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 this application to denial and may subject the license(s) applied for 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: _____ Name of Organization: _____

By: _____ _____

Print Name Title

_____

Signature

The following items are required for licensure for All Agents, Brokers, Public Adjusters and Surplus Lines Brokers:

1) Broker's Bond
2) Surplus Lines' Bond
3) Public Adjuster's Bond
4) Licensing Fee
5) Tax Clearance Letter
6) License or Letter of Certification from State of Domicile (non-residents)
7) Articles of By-Laws
8) Appointment of Agent (Agent, Solicitors, General Agent and General Managers)

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

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

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)

FOR OFFICE USE ONLY

Receipt Number: _____ Date: _____ Amount: $_____

(REV: 09/2012)