OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE

RENEWAL APPLICATION FOR NONRESIDENT INSURANCE LICENSE
(INDIVIDUAL)

1. **LICENSE TYPE:** (Check only one box in categories (a) and (b);Applicant must complete a separate application for each license)

   a) ☐ Agent ☐ Broker ☐ Indep.-Adjuster ☐ Public-Adjuster

   b) ☐ Life & Health ☐ Property & Casualty ☐ Title ☐ Other _____

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

   Last _____ First _____ Middle Name: _____

3. **INDENTIFICATION INFORMATION:**

   S.S.N. _____ Sex: ❒M ❒F

   Email: _____ Website: _____

4. **BUSINESS PHYSICAL ADDRESS:** ❑Address Change from last renewal?

   Street _____ Apt/Suite # _____

   City _____ State _____ Zip Code _____

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

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. Have you been arrested, charged or convicted of a crime since your last renewal? ❒Yes ❒ No
   (If yes, please explain in detail. Attach a separate sheet if necessary.)

8. Have you, since the issuance of your last license, had any professional, vocational or business license denied, suspended, revoked or restricted or a fine imposed by any licensing authority or withdrawn any application for or surrendered any such license to avoid disciplinary action?
❒Yes ❒No *(If yes, please explain in detail. Attach a separate sheet if necessary.)*

9. Are there currently any disciplinary actions pending against you? ❒Yes ❒No
(If yes, please explain in detail. Attach a separate sheet if necessary.)

10. Have you, since the issuance of your last license, been indebted, other than for current accounts, to any insurance company or person for unpaid insurance premiums or return premiums? ❒Yes ❒No
(If yes, please explain in detail. Attach a separate sheet if necessary.)

11. Have you, since the issuance of your last license, been involved in any bankruptcy or receivership proceedings? ❒Yes ❒ No *(If yes, please explain in detail. Attach a separate sheet if necessary.)*

12. NONRESIDENT AGENT/BROKER APPLICANTS: List name(s) of companies licensed in the Virgin Islands 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.)*

Name of Agency on the U.S. Mainland with which you are affiliated:

13. NONRESIDENT BROKER APPLICANTS: List name(s) of companies licensed in the Virgin Islands 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.)*

Name of Agency on the U.S. Mainland with which you are affiliated:

Broker Bond Number:_____ Surety Company _____

14. **ADJUSTER APPLICANTS ONLY:** If you are an Office Manager, list names of adjusters working directly under your supervision:

_____ _____

_____ _____

15. **PUBLIC ADJUSTER APPLICANTS:**

Public Adjuster Bond Number:_____ Surety Company_____

16. **INDEPENDENT ADJUSTER APPLICANTS:** List Companies with which you are affiliated

_____

_____

17. **LIFE AGENT APPLICANTS ONLY: If you are acting 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.*)**

_____

_____

_____

If you are acting as a Variable Contract Agent, are you registered with FINRA? ☐ Yes ☐ No

**If the answer is "YES" to questions 7, 8 9, 10 and 11, please 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.

IMPORTANT NOTICE: 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 7, 8 9, 10 and 11, and any changes in the business operations of the Applicant.

DATE:_____ _____

Signature

_____

Print Name

NOTE: Please enclose the appropriate renewal fee(s) with application on or before December 31st. ***Any application received after January 15th with be assessed a late penalty of $50.00.***

(Make all checks or money orders payable to the ***Government of the Virgin Islands.)***

NONRESIDENT	RENEWAL FEE	BOND
Agent	$350.00	N/A
Broker	$350.00	10,000.00
Adjuster (Independent/Public)	$150.00	5,000.00 (Public Only)

FOR OFFICE USE ONLY

Receipt Number:_____ Date:_____ Amount:_____