OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE

COMPANY REGISTRATION FORM
NONRESIDENT INDEPENDENT ADJUSTER

1. **Company Name: _____**

   E.I.N. _____

2. **Physical Address in state of Domicile:**

   Street _____ Apt/Suite # _____

   City _____ State _____ Zip Code _____

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

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

   City _____ State _____ Zip Code _____

3. **Physical Address while residing in the Virgin Islands: License Number _____**

   Street _____ Apt/Suite # _____

   City _____ State _____ Zip Code _____

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

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

   City _____ State _____ Zip Code _____

4. **Name of Person's working on behalf of Company while in the Virgin Islands**:

   Name:_____ Telephone Number _____

   Name:_____ Telephone Number _____

BY SIGNATURE HERETO I hereby certify that the information provided in this application is true and correct.

Date:_____ Company's Name:_____

By:_____
Title:_____

Subscribed and Sworn to before me this _____ day of _____, 20___.

_____
Notary Public
Commission Expires:_____
Commission Number:_____

NOTE: *Please attach a copy of the Company's adjusting license from state of domicile along with a list of all adjusters working under the company's license.*