

# APPLICATION FOR BROKER'S OR ADJUSTER'S LICENSE

License No.: \_\_\_\_\_  
 O/R No.: \_\_\_\_\_  
 New/Renewal: \_\_\_\_\_  
 SSN/TIN: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

The undersigned hereby applies for a \_\_\_\_\_ License authorizing the transaction of the business of insurance in Guam of the following classes of insurance:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fire                      | <input type="checkbox"/> Fidelity & Surety      | <input type="checkbox"/> Life          |
| <input type="checkbox"/> Motor Vehicle             | <input type="checkbox"/> Title                  | <input type="checkbox"/> Marine        |
| <input type="checkbox"/> Accident, Health          | <input type="checkbox"/> Workmen's Compensation | <input type="checkbox"/> Miscellaneous |
| <input type="checkbox"/> Property Damage Liability |   |  |

1. Name of Applicant: \_\_\_\_\_ Age: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

3. Business Address: \_\_\_\_\_

4. Applicant's form of organization is: \_\_\_\_\_  
*(proprietorship, partnership, corporation)*

5. Do you use any other name than the one set forth to answer question No. 1 in the conduct of your business?  Yes  No

6. If the answer to question No. 5 is Yes, give the name of your business:  
 \_\_\_\_\_

7. If the answer to question No. 5 is Yes, have you complied with 18 GCA §26101?  Yes  No

8. Is the license to be issued in the name of your business or in your personal name?  
 \_\_\_\_\_

9. If the applicant is a partnership or association, give the name of all members thereof; if a corporation, the names and address of all officers of the corporation:

<i>Name</i>	<i>Title</i>	<i>Address</i>
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<i>Name</i>	<i>Title</i>	<i>Address</i>
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10. If applicant is a partnership, association or corporation, list the names of all individuals who are to be authorized to act under this license.

\_\_\_\_\_  
*(Name and applicable class or classes of insurance for each individual)*

\_\_\_\_\_  
*(All so listed must qualify)*

