## APPLICATION FOR BROKER'S OR ADJUSTER'S LICENSE

		 	O/R No.: New/Renewal: SSN/TIN: DOB:	J'				
trans	The undersigned hereby applied action of the business of insurance	es for ain Guam of the following classes o	Licer	nse authorizing the				
( )		) Fidelity & Surety	( )	Life				
( )	Motor Vehicle (	) Title	( )	Marine				
( )	Accident, Health (	) Workmen's Compensation	( )	Miscellaneous				
( )	Property Damage Liability							
1.	Name of Applicant:		Age:					
2.								
3.	Business Address:							
4.	Applicant's form of organization is:							
<ul><li>5.</li><li>6.</li></ul>	(proprietorship, partnership, corporation)  Do you use any other name than the one set forth to answer question No. 1 in the conduct of your business?  () Yes () No  If the answer to question No. 5 is Yes, give the name of your business:							
7.	If the answer to question No. 5 is	s 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 corporation, the names and add		thereof; if a					
	Name	Title	Addres	SS				
	Name	Title	Addres	SS .				
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 clas	ses of insurance for each individual)						
	(All so listed must qualify)							

11. 12.	Is applicant, or each person listed under item No. 10 a resident of Guam? ( ) Yes ( ) No  If answer to item No. 11 is No, give address of permanent residence of each.							
12.			idress of permanent re	siderice of each.	<u>.</u> <u></u>			
13.	Have you or any person listed under item No. 9 or No. 10 ever been denied or had an insurance licensed revoked? ( ) Yes ( ) No. If answer is Yes, letter of explanation, in detail, must accompany application.							
14.	Have you or any person listed under item No. 9 or No. 10 ever been convicted of a felony?  ( ) Yes ( ) No. If answer is Yes, a letter of explanation, in detail, must accompany application.							
15.	Are you, and each person under item No. 9, or No. 10, familiar with the Insurance Laws of Guam and do you agree to conduct your business in accordance therewith and do you understand that if you are required to take an examination there will be several questions on the laws that you must answer satisfactorily? ( ) Yes ( ) No							
16.	Is applicant, or any person listed under item No. 9 or No. 10, engaged in any other business, either full-time or part-time? ( ) Yes ( ) No. If Yes, what is the nature of the other business?							
17.	Give the f	ollowing information with re	gard to your previous ir	nsurance experience, if an	y:			
FROM	TO	EMPLOYER	ADDRESS OF EMPLOYER	GENERAL AGENT, SUBAGENT OR SOLICITOR	CLASS OR CLASSES OF INSURANCE			
		· · · · · · · · · · · · · · · · · · ·		., ., ., ., ., ., ., ., ., ., ., ., ., .				
18.	insurance	cant hereby certifies that on the applicant's own life of applicant's family.						
Guam,	USA	)						
City of		) ss · ·		•				
•			AFFIDAVIT					
that he	she knows	being duly sworn, deposes an the contents thereof, and that knowledge.	d says that he/she is the	e person named in the foreg made, and answers to the q	poing application, juestions therein,			
			-	(Signature of Applicant)				
Subsc	ribed and sworn to before me this		day of	, 20				
	) SEAL(							
	,		·	NOTARY PUBLIC	C			