## **CHECKLIST FOR RENEWAL OF CERTIFICATE OF AUTHORITY**

YEAR			
COMPANY NAME:		COA#	
CONTACT PERSON:	_ CON	TACT EMAIL:	
ANNUAL STATEMENT	Rece	Receipt Number:	
*Filing fee \$50.00 on or before April 1 <sup>st</sup> *Penalty \$500.00 after April 1st *\$100 per day after May 15th	Amo	ount Paid:	
	Date	Paid:	
APPLICATION RENEWAL FOR CERTIFICATE C	F AUTHO	DRITY (FORM I-1)	
COA RENEWAL FEE (\$500.00 on or before Ju	ne 1st)	Receipt Number:	
COA RENEWAL FEE (\$900.00 after June 1st)		Amount Paid:	
		Date Paid:	
REQUEST FOR RENEWAL OF GENERAL AGEN	IT'S LICEN	ISE (FORM I-6) - Must have company sea	
AFFIDAVIT OF COMPLIANCE (FORM I-7) - M	ust have (	company seal.	
INSURANCE COMPANY BOND (FORM I-3) - I resident general agent in Guam. COMPLETE space below.		· · ·	
DEPOSIT AGREEMENT IN LIEU OF BOND (FO	PRM I-4) -	Complete description of deposit below.	
2% ASSESSMENT ON COMMERCIAL & INDU	STRIAL LI	ABILITY POLICIES (FORM I-8) written by	
Receipt No:	Date	e Paid:	
Amount Paid:			
TAX CLEARANCE (FORM I-9) - Contact your C tax clearance. NO COA will be issued withou		•	
PREMIUM FUND TRUST ACCOUNT REPORT	<b>(PFTA)</b> fo	r General Agents	
*PLEASE NOTE THAT COA APPLICATIONS FOR ADM			

For questions or inquiries regarding renewal of Certificate of Authority, send an email to <u>alice.cruz@revtax.guam.gov</u> or <u>nemencio.briones@revtax.guam.gov</u> or call us at (671) 635-1844 thru 1846/7664