

CHECKLIST FOR RENEWAL OF CERTIFICATE OF AUTHORITY

YEAR 2012 - 2013

COMPANY NAME: \_\_\_\_\_ COA # \_\_\_\_\_

CONTACT Person: \_\_\_\_\_ Contact E-Mail: \_\_\_\_\_

\_\_\_\_\_ ANNUAL STATEMENT
Filing fee \$50.00 on or before April 1st
Penalty \$500.00 after April 1st
Receipt Number: \_\_\_\_\_
Date Paid: \_\_\_\_\_
Amount Paid: \_\_\_\_\_

\_\_\_\_\_ APPLICATION RENEWAL FOR CERTIFICATE OF AUTHORITY (Form I-1)
\_\_\_\_\_ COA RENEWAL FEE (\$500.00 on or before July 1st)
\_\_\_\_\_ COA RENEWAL FEE (\$900.00 after July 1st)
Receipt No. \_\_\_\_\_
Date Paid: \_\_\_\_\_
Amount Paid: \_\_\_\_\_

\_\_\_\_\_ REQUEST FOR RENEWAL OF GENERAL AGENT'S LICENSE ( Form I-6 ) - must have company seal.

\_\_\_\_\_ AFFIDAVIT OF COMPLIANCE (Form I-7) - must have company seal

\_\_\_\_\_ INSURANCE COMPANY BOND ( Form I-3 ) - must have company seal and countersignature of resident
general agent in Guam. COMPLETE DESCRIPTION of the Bond must be written on the space below.

\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_ DEPOSIT AGREEMENT IN LIEU OF BOND ( Form I-3 ) Complete description of deposit below.

\_\_\_\_\_
\_\_\_\_\_

\_\_\_\_\_ 2% ASSESSMENT ON COMMERCIAL & INDUSTRIAL LIABILITY POLICIES written by Property
and Casualty Companies ( Form I-8 )

Receipt No.: \_\_\_\_\_ Date Paid: \_\_\_\_\_
Amount Paid: \_\_\_\_\_

\_\_\_\_\_ TAX CLEARANCE - (Form I-9) contact your general agent in Guam or your attorney to secure
clearance. NO COA will be issued without a completed Tax Clearance..

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For questions and inquiries regarding renewal of Certificate of Authority, send an email to
acruz@revtax.gov.gu or jqcarlos@revtax.gov.gu or call us at (671) 635-1843 thru 1846.

**RENEWAL  
APPLICATION FOR CERTIFICATE OF AUTHORITY**

Date: \_\_\_\_\_

TO THE INSURANCE COMMISSIONER OF GUAM:

The \_\_\_\_\_

Company of \_\_\_\_\_  
(Address of City) (State)

by \_\_\_\_\_, does hereby apply for authorization to transact from  
July 1, \_\_\_\_\_ to June 30, \_\_\_\_\_, as an insurer, the following classes of insurance in Guam.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ACCIDENT, HEALTH  | <input type="checkbox"/> MARINE          | <input type="checkbox"/> TITLE                     |
| <input type="checkbox"/> FIDELITY & SURETY | <input type="checkbox"/> MISCELLANEOUS   | <input type="checkbox"/> VARIABLE LIFE & ANNUITIES |
| <input type="checkbox"/> FIRE              | <input type="checkbox"/> MOTOR VEHICLE   | <input type="checkbox"/> WORKER'S COMPENSATION     |
| <input type="checkbox"/> LIFE              | <input type="checkbox"/> PROPERTY DAMAGE | <input type="checkbox"/> REINSURANCE - LIFE        |
| <input type="checkbox"/> CREDIT LIFE       | <input type="checkbox"/> & LIABILITY     | <input type="checkbox"/> REINSURANCE - PC          |

and states that it is so authorized by Articles of Incorporation (or Charter) or (or Articles of Association) under the laws of its home state of \_\_\_\_\_, and answers the following questions pertaining to the company.

Date Incorporated \_\_\_\_\_ or organized \_\_\_\_\_

and where \_\_\_\_\_. Commenced business \_\_\_\_\_

Authorized capital stock \_\_\_\_\_, Paid up capital stock \_\_\_\_\_

as of December 31<sup>st</sup> preceding, admitted assets, \_\_\_\_\_,

liabilities \_\_\_\_\_; surplus \_\_\_\_\_.

Location and Post Office Address of Principal Office \_\_\_\_\_

*(The Insurance Commissioner must be notified promptly in case of change of Address)*

Date of last examination \_\_\_\_\_.

State company authorized to transact business in:

\_\_\_\_\_  
\_\_\_\_\_

By: \_\_\_\_\_

### INSURANCE COMPANY'S BOND

KNOWN TO ALL MEN BY THESE PRESENTS:

That we, \_\_\_\_\_,  
as principal and \_\_\_\_\_,

As surety, are held and firmly bound unto the Insurance Commissioner and his successors in office, in the sum of FIFTY THOUSAND DOLLARS (\$50,000.00), lawful money of the United States, for the payment of which, well and truly to be made, we hereby bind ourselves, our executors, administrators and assigns, jointly, severally and firmly by these presents.

WITNESS our hands and seals this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The conditions of the above obligation are such that:

WHEREAS: The said \_\_\_\_\_  
has filed its charter and statement, and in other respects conformed to the requirements of the Statutes in such cases made and provided; and,

WHEREAS: The said Company proposes to enter this Territory (or continue in this Territory) for the purpose of transacting the business of \_\_\_\_\_  
Insurance for the period of one (1) year ending June 30, 20\_\_\_\_\_.

NOW, THEREFORE, If the said \_\_\_\_\_  
shall promptly pay all claims arising and accruing to any person or persons, by virtue of any policy issued by the said Company, during the term of this bond, upon the life or person of any resident of Guam, or upon any property situated in the territory of Guam, when the same shall become due then this obligation shall become void; otherwise to remain in full force and effect.

)SEAL(

\_\_\_\_\_  
**Signature (Principal Company)**

\_\_\_\_\_  
**(Print Name)**

)SEAL(

\_\_\_\_\_  
**Signature (Surety Company)**

\_\_\_\_\_  
**(Print Name)**

Signature written above must be typewritten below.

COUNTERSIGNED:

\_\_\_\_\_  
**Resident Agent**

**NOTE: This Bond must be countersigned by a licensed Resident Agent in Guam of the Surety.**

### DEPOSIT AGREEMENT IN LIEU OF BOND

Pursuant to Title 22 Guam Code Annotated, Section 15103(f), the \_\_\_\_\_ of \_\_\_\_\_ desires to qualify itself to transact the business of \_\_\_\_\_ in Guam and enters into this agreement with the Insurance Commissioner of Guam and deposits with him the following described securities to-wit:

It is agreed between the parties hereto that this Fifty thousand dollars (\$50,000.00) deposit of securities is made in lieu of a Fifty thousand dollars (\$50,000.00) bond and that securities of the value of at least Fifty thousand dollars (\$50,000.00) shall remain on deposit (though securities may be substituted with the approval of the Commissioner) for the benefit and protection of the policyholders and creditors of the Company so long as the Company has any liability outstanding in Guam.

The Company may collect and retain the interest when due on the securities deposited.

IN WITNESS WHEREOF, we have hereunto affixed our signatures and seals on the dates indicated below.

\_\_\_\_\_  
**Company**

By: \_\_\_\_\_  
**Name and Title**

)SEAL(

ATTEST: \_\_\_\_\_  
**Secretary**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Commissioner of Insurance of Guam**

Date: \_\_\_\_\_

REQUEST FOR RENEWAL  
OF GENERAL AGENT'S LICENSE

Pursuant to the requirements of Title 22 Guam Code Annotated, Section 15105(a), the \_\_\_\_\_ an insurer authorized to do business in Guam, does hereby request the renewal of the General Agent's License issued to \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and having a principal office and place of business at \_\_\_\_\_ in Guam, for the year beginning July 1, \_\_\_\_\_, through June 30, \_\_\_\_\_.

IN WITNESS WHEREOF, said insurer has caused this instrument to be executed in its name and behalf, by its proper authorized officers, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
BY:

\_\_\_\_\_

)SEAL(

\_\_\_\_\_  
BY:

\_\_\_\_\_

**AFFIDAVIT OF COMPLIANCE**

Pursuant to the requirements of Title 22 Guam Code Annotated, Section 15105(b), the\_\_\_\_  
\_\_\_\_\_ of \_\_\_\_\_

an insurer authorized to do business in Guam does hereby make affidavit that it has continued to comply with all applicable provisions of the aforesaid Title 22, since its authorization to do business in Guam.

IN WITNESS WHEREOF, said Insurer has caused this instrument to be executed in its name and behalf, by its proper authorized officers this day of \_\_\_\_\_ , \_\_\_\_\_.

)SEAL(

BY:

BY:





Dipåtamenton Kontribusion yan Adu'aña

DEPARTMENT OF

# REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

EDDIE BAZA CALVO, Governor Maga'låhi  
RAY TENORIO, Lt. Governor Tiñente Gubetnadot

JOHN P. CAMACHO, Acting Director  
Direktot  
MARIE BENITO Deputy Director  
Segundo Direktot

*Form 1-9*

## TAX CLEARANCE FORM APPLICATION

NAME: \_\_\_\_\_

Doing Business As (dba)Name: (if any) \_\_\_\_\_

SSN: \_\_\_\_\_ EIN: \_\_\_\_\_

GRT Account Number: \_\_\_\_\_ ( ) New ( ) Renewal

Type of License Applied: \_\_\_\_\_

Office Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Contact Nos: Landline: \_\_\_\_\_ Cellular: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Authorized Signature

**(DO NOT WRITE BELOW THIS LINE)**

The above stated applicant is hereby issued a Tax Clearance for issuance of License indicated above.

(1) GENERAL  
LICENSING\*\*\*

(2) BPTP/GRT

(3) INCOME TAX

(4) COLLECTIONS

Cleared by: \_\_\_\_\_

Date: \_\_\_\_\_

Cleared by: \_\_\_\_\_

Date: \_\_\_\_\_

Cleared by: \_\_\_\_\_

Date: \_\_\_\_\_

Cleared by: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*for corporations  
and LLCs only.

*Apsc/022410*