(MUST BE TYPEWRITTEN) Form I-10

## APPLICATION FOR GENERAL AGENT'S OR SUBAGENT'S LICENSE

|  |  |          |       |   | O/R No.:<br>New/Renew | .:<br>val:            |  |  |  |
|--|--|----------|-------|---|-----------------------|-----------------------|--|--|--|
|  | Company Sponsor:   |          |       |   | SSN/TIN:<br>DOB:      | <br>ne:               |  |  |  |
| transa   | The undersigned hereby a action of the business of insur   |          |       | for a<br>Guam of the following classes        |                       | cense authorizing the |  |  |  |
| ( )  | Fire   | (        | )     | Fidelity & Surety                             | ( )                   | Life                  |  |  |  |
| ( )  | Motor Vehicle  | (        | )     | Title   | ( )                   | Marine                |  |  |  |
| ( )  | Accident, Health   | (        | )     | Workmen's Compensation                        | ( )                   | Miscellaneous         |  |  |  |
| ( )  | Property Damage Liability  | (        | )     | Credit Life                                   |                       |                       |  |  |  |
| 1.   | Name of Applicant:   |          |       |   | Ag                    | je:                   |  |  |  |
| 2.   | Residence Address:   |          |       |   |                       |                       |  |  |  |
| 3.   | Business Address:  |          |       |   |                       |                       |  |  |  |
| 4.   | Applicant's form of organiza   | tio      | n is: |   |                       |                       |  |  |  |
|  |  |          |       | (proprietorsn                                 | ıp, partnersnı        | p, corporation)       |  |  |  |
| 5.   | Do you use any other name than the one set forth to answer question No. 1 in the conduct of you 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   | <br>). 5 | is Y  | es, have you complied with 18                 | 3 GCA §2610           | 01?( ) 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 corporation, the names and address of all officers of the corporation: |  |          |       |   |                       |                       |  |  |  |
|  | Name   |          |       | Title   | Addr                  | ress                  |  |  |  |
|  | Name   |          |       | Title   | Addr                  | ress                  |  |  |  |
| 10.  | If applicant is a partnership are to be authorized to act u  |          |       | iation or corporation, list the nais license. | ames of all in        | dividuals who         |  |  |  |
|  | (Name and applicable class or  | cle      | sses  | s of insurance for each individual)           |                       |                       |  |  |  |
|  | (All so listed must qualify)   |          |       |   |                       |                       |  |  |  |
|  | (All SU listed Hust quality)   |          |       |   |                       |                       |  |  |  |

| 11.     | Is applicant, or each person listed under item No. 10 a resident of Guam? ( ) Yes ( ) No   |               |                      |  |         |                          |                      |  |  |  |  |  |  |  |
|---------|--|---------------|----------------------|--|---------|--------------------------|----------------------|--|--|--|--|--|--|--|
| 12.     | If answer to item No. 11 is No, give address of permanent residence of each.   |               |                      |  |         |                          |                      |  |  |  |  |  |  |  |
|         |  |               |                      |  |         |                          |                      |  |  |  |  |  |  |  |
| 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.     |  |               |                      | item No. 9 or No. 1<br>If Yes, what is the i   |         |                          |                      |  |  |  |  |  |  |  |
| 17.     | Give the fo  | ollowing info | ormation with regar  | d to your previous i                           | nsuranc | e experience, if an      | y:                   |  |  |  |  |  |  |  |
| [       | DATE   |               |                      | 4DDD500.05                                     |         | GENERAL AGENT,           | CLASS OR             |  |  |  |  |  |  |  |
| FROM    | то   | E             | MPLOYER              | ADDRESS OF<br>EMPLOYER                         |         | SUBAGENT OR<br>SOLICITOR | CLASSES OF INSURANCE |  |  |  |  |  |  |  |
|         |  |               |                      |  |         |                          |                      |  |  |  |  |  |  |  |
|         |  |               |                      |  |         |                          |                      |  |  |  |  |  |  |  |
|         |  |               |                      |  |         |                          |                      |  |  |  |  |  |  |  |
| 18.     | insurance  |               | licant's own life, p | e principal use of roperty or risks, or r      |         |                          |                      |  |  |  |  |  |  |  |
| Guam,   | USA  |               | )                    |  |         |                          |                      |  |  |  |  |  |  |  |
| City of |  |               | ) ss<br>)            |  |         |                          |                      |  |  |  |  |  |  |  |
|         |  |               |                      | AFFIDAVIT                                      |         |                          |                      |  |  |  |  |  |  |  |
| that he |  | the contents  |                      | ays that he/she is the<br>ch of the statements |         |                          |                      |  |  |  |  |  |  |  |
|         |  |               |                      |  | (;      | Signature of Applicar    | nt)                  |  |  |  |  |  |  |  |
| Subscri | bed and sw   | orn to before | me this              | day of   | , 20    |                          |                      |  |  |  |  |  |  |  |
|         | ) SEAL(  |               |                      |  |         |                          |                      |  |  |  |  |  |  |  |
|         | , 02, 12(  |               |                      | -  |         | NOTARY PUBLIC            |                      |  |  |  |  |  |  |  |