

### APPOINTMENT OF SUBAGENT

To the Insurance Commissioner of Guam:

The undersigned \_\_\_\_\_ hereby  
*(General Agent or Insurer)*

appoints \_\_\_\_\_

whose address is \_\_\_\_\_

to act in Guam as its Subagent for 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 | <input type="checkbox"/> Variable Life & Annuity | <input type="checkbox"/> Credit Life   |

Further, the undersigned \_\_\_\_\_ hereby:

1. Certifies that this appointment shall remain in effect continuously until written notice of termination is received by the Insurance Commissioner or said Subagent's license to transact insurance business in Guam is revoked or is not renewed.
2. Authorizes said Subagent to appoint Solicitors in accordance with Sections 43252 of the Government Code of Guam.
3. Certifies that I have known the appointee for \_\_\_\_\_, and I have investigated his/her character and reputation and recommend appointee as being worthy of a Subagent's license.
4. Certifies that I have examined appointee and found that he/she has sufficient knowledge of insurance and the insurance laws of Guam to properly act as a Subagent.

Dated at \_\_\_\_\_ Guam, \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Insurer or General Agent)

\_\_\_\_\_  
(Authorized Signature of Insurer or General Agent)

\_\_\_\_\_  
(Name of Insurance Company)