

**CHECKLIST FOR NEW
CERTIFICATE OF AUTHORITY**

COMPANY NAME: _____

**CERTIFICATE OF
AUTHORITY:** _____

/ / APPLICATION FOR CERTIFICATE OF AUTHORITY

/ / ANNUAL STATEMENT

/ / APPOINTMENT OF GENERAL AGENT

/ / AGREEMENT AND POWER OF ATTORNEY

/ / FEE FOR CERTIFICATE OF AUTHORITY NEW (\$900.00)

/ / INSURANCE COMPANY'S BOND

/ / DEPOSIT AGREEMENT IN LIEU OF BOND

/ / TAX CLEARANCE APPLICATION FORM

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, 20____ to June 30, 20____, as an insurer, the following classes of insurance in Guam.

- ACCIDENT, HEALTH MARINE TITLE
- FIDELITY & SURETY MISCELLANEOUS VARIABLE LIFE & ANNUITIES
- FIRE MOTOR VEHICLE WORKER'S COMPENSATION
- LIFE PROPERTY DAMAGE REINSURANCE - LIFE
& LIABILITY REINSURANCE - P & C

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 31st 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: _____

APPOINTMENT OF GENERAL AGENT
Authority to Appoint Subagents and Solicitors
Authority to Accept Service of Legal Process
Authority to Countersign Policies of Insurance

KNOW ALL MEN BY THESE PRESENTS:

That pursuant to the requirements of the Title 22, GCA Division 2, the _____
_____, an insurer organized under the laws of _____
_____, and authorized to do business therein, and desiring
to carry on business of insurance in Guam as authorized by law (hereinafter called the "Insurer"),
does hereby:

- 1) Designate and appoint _____ and having
_____ principal office and place of business at
_____, in Guam, as its General Agent in Guam (hereinafter called the
General Agent);
- 2) Authorized and empower the General Agent to appoint Subagents and Solicitors
pursuant to the requirements of Title 22, GCA Chapter 16, and does hereby grant and give to the
General Agent full power and authority to do and perform each and every act or transaction
necessary to be done in the premises, as fully and completely as said Insurer might or could do if
personally present, and does hereby ratify and confirm all acts that the General Agent may do
under and by virtue of these presents; and
- 3) Authorize the General Agent to accept service of any notice or process in any
action or proceeding brought or pending in Guam upon any cause of action arising in or growing
out of business transacted in Guam; such authorization to be valid until such time as it shall be
revoked by a notice in writing filed in the office of the Insurance Commissioner of Guam;
- 4) Authorize the General Agent to countersign all policies of insurance effected on
risks in Guam by the Insurer.

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
_____, 20 _____.

)SEAL(

BY:

BY:

State of _____)
) SS.
County of _____)

On this _____ day of _____, 20 _____, Before me,
the subscriber, duly appointed to take the proof and acknowledgement of Deeds and other
instruments, personally appeared

_____, President, and
_____, of the

to me personally known and known to me to be the persons described in and who
executed the foregoing instrument; and they each duly acknowledged to me that they
executed the same freely and voluntarily and for the uses and purposes therein set forth;
and being by me each duly sworn, severally and each for himself, deposes and says that
they are the said officers of the Insurer aforesaid, and that the seal affixed to the
preceding instrument is the corporate seal of the said Insurer; and that the corporate seal
and their signatures as such officers were duly affixed and subscribed to the said
instrument by the authority and direction of said corporation as and for the act and deed
of said corporation.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the
official seal at _____
the day and year first above written.

FORM I-2

AGREEMENT & POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That the _____
 hereinafter referred to as "Company", a corporation (or association) created and
 organized under the laws of the State of _____
 and thereby authorized to transact the business of _____
 Insurance, desiring to transact such business within the Territory of Guam, pursuant to
 the laws thereof, does hereby agree that any legal process affecting the said Company
 may be served upon the Insurance Commissioner of the Government of Guam, or his
 Deputy, or upon _____, Agent for said Company at
 _____, who is hereby specified and authorized to
 receive and accept service of process for said Company, and that in case the said
 Company should cease to transact business in the Territory of Guam, or to maintain the
 agent hereinbefore designated, then such process may thereafter be served on the
 Insurance Commissioner of the Government of Guam, or his Deputy, in any action
 against the Company, upon any policy of liability issued or contracted by said Company,
 and any such service of process shall have the same effect and shall be taken and held to
 be as if served personally on the Company within the Territory of Guam.

The said Company does hereby further consent to being sued by an injured person
 or his heirs or representatives in a direct action on any policy or liability insurance in
 accordance with Title 22 GCA Section 18305.

IN TESTIMONY WHEREOF, The Company in accordance with a resolution of its
 Board of Directors, duly adopted by the Board on the _____ day of _____, 20
 ____, (certified copy is hereto attached), and to these presents has affixed its corporate seal
 and caused the same to be subscribed and attested to by its President and Secretary at the
 City of _____, in the State of _____, on the _____ day
 of _____, 20 _____.

 PRESIDENT
 _ATTEST: _____
 SECRETARY

FORM I-2

I, _____, Secretary of the _____
_____, of _____

do hereby certify that the following is a true and correct copy from the corporate records of the Company of a resolution duly adopted by the Board of Director's thereof at a _____ meeting of the Board, a quorum thereof present and acting, on the _____ day of _____ 20 _____, that is to say:

RESOLVED, that the President and Secretary of this Company are hereby authorized to execute, under the corporate seal of the Company, and Agreement and Power of Attorney in accordance with Title 22 GCA Sections 15103(b), 15103(g) and 18305.

GIVEN and certified at the principal office of the Company, in the City of _____, State of _____, and the common seal thereof affixed by the undersigned, having custody of the seal as the Secretary of the Company, this _____ day of _____, 20 _____.

SECRETARY

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: _____



Dipåttamenton Kontribusion yan Adu'ána

DEPARTMENT OF

REVENUE AND TAXATION

GOVERNMENT OF GUAM

Gubetnamenton Guåhan

FELIX P. CAMACHO, Governor Maga'låhi
MICHAEL W. CRUZ, M.D., Lt. Governor Tiñente Gubetnadot

ARTEMIO B. ILAGAN, Director
Direktot
JOHN P. CAMACHO, Deputy Director
Segundo Direktot

TAX CLEARANCE APPLICATION FORM

Name: _____

DBA Name, if any: _____

SSN: _____ EIN: _____

GRT Account No.: _____

Type of License Applied: _____

[] NEW

[] RENEWAL

Office Address: _____

Business Mailing Address: _____

_____ Phone No: _____

(Applicant)

(Authorized Signature)

(DO NOT TYPE BELOW THIS LINE)

The above-stated applicant is hereby issued by tax clearance for issuance of New/Renewal Business License.

(1) BPTP
(Bldg. #1, 1st Floor)

Cleared By: _____
Date: _____

(2) ITAPB
(Bldg. #1, 1st Floor)

Cleared By: _____
Date: _____

COLLECTION
(3) BRANCH
(Bldg. #3, 1st Floor)

Cleared By: _____
Date: _____