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(MUST BE TYPEWRITTEN) *Form I-12*

APPOINTMENT OF SUBAGENT

To the Insurance Commissioner of Guam:

The undersigned _____
(General Agent or Insurer)

hereby appoints _____

whose address is _____

to act in Guam as its Subagent for the following classes of Insurance:

( ) Fire	( ) Marine	( ) Property Damage &
( ) Fidelity & Surety	( ) Accident, Health	Liability
( ) Life	( ) Workmen's	( ) Variable Life & Annuity
( ) Motor Vehicle	Compensation	( ) Credit Life
( ) Title	( ) Miscellaneous	

Further, the undersigned _____ hereby:

1. Certifies that this appointment shall be effective July_____, 20_____ to July 1, 20_____ or 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. 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.

3. Certifies that I have examined the appointee and found that he/she has sufficient knowledge of insurance and the insurance laws of Guam to properly act as a Subagent.

4. Certifies that the applicant has earned the required continuing education (CE) credits required of him/her. Date Taken: _____ CE by:_____Total Hours_____

Dated at _____ Guam, _____ day of _____, 20 _____

_____
(Insurer or General Agent)

_____
(Printed Name & Authorized Signature of Insurer or General Agent

_____
(Name of Insurance Company) (Rev. 01/27/16)