

**APPOINTMENT OF INSURANCE PRODUCER**

To the Insurance Commissioner of Guam:

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

appoints \_\_\_\_\_

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

to act in Guam as its Producer 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 Producer’s license to transact insurance business in Guam is revoked or is not renewed.
2. Certifies that the appointee has the required number of continuing education (CE) credit hours for this application:
  - P&C License- 6 hrs P&C specifics, 6 hrs general, 2 hrs ethics
  - Life & Health- 6hrs Life & Health specifics, 6 hrs general, 2 hrs ethics
  - Combined License – 6 Hrs P&C specifics, 6 Hrs L&H specifics + 2 Hrs Ethics
  - CE Proration:

New license within three (3) months before renewal period is required to submit two (2) hours Ethics only. (These are applicants that passed licensing test anytime during April, May and June)

New license within nine (9) months before renewal period is required to submit the total 14 hours. (These are applicants that passed licensing test anytime after July 1 and during months of August through March)

3. Certifies that I have known the appointee for \_\_\_\_\_, and his/her character I have investigated and reputation and recommend appointee as being worthy of a Producer’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 Producer.

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

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

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

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