

CHECKLIST FOR APPLICATION FOR SURPLUS-LINE BROKER LICENSES

NAME: _____

LICENSE NO. _____

- / / **APPLICATION FOR SURPLUS-LINE BROKER LICENSE**
- / / **PROOF OF TRUST ACCOUNT -**
- / / **POLICE CLEARANCE**
- / / **EXAMINATION**
- / / **4 YEARS EXPERIENCE (APPLIED ONLY TO NEW APPLICANTS)**
- / / **BONAFIDE PLACE OF BUSINESS**
- / / **AUDITED FINANCIAL STATEMENTS (UNAUDITED FINANCIAL STATEMENTS MUST BE SIGNED AND NOTARIZED)**
- / / **TAX CLEARANCE**
- / / **APPLICATION FEE \$100.00**
- / / **SURETY BOND (\$2,000.00)**
- / / **STATEMENT (NOTARIZED)**
- / / **AFFIDAVIT OF DECLINATION**
- / / **AGREEMENT AND POWER OF ATTORNEY**
-
- OR**
- / / **OTHER COURT PROCESS**
-
- OR**
- / / **SERVICE OF SUIT CLAUSE**
- / / **2% ASSESSMENT (Commercial & Industrial) Liability Premium**
- / / **4% PREMIUM TAX (copy of BR20 stamped paid)**

Please note the application may be revised on a bi-annual basis. To ensure you are filing the current version of the application, please reference the National Insurance Producer Registry web site at www.nipr.com.



Uniform Application for Business Entity Insurance License/Registration (Please Print or Type)

Check appropriate box for license requested.

- Resident License
- Non-Resident License
 - Identify Home State: _____
 - Identify Home State License #: _____

Demographic Information					
① Business Entity Name		② Incorporation/Formation Date (month) ___ (day) ___ (year) ___		③ FEIN -	
④ If assigned, National Producer Number (NP#)			⑤ If applicable, FINRA Firm Central Registration Depository (CRD)		
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.			⑦ State of Domicile		⑧ Country of Domicile
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City	⑫ State	⑬ Zip Code	⑭ Foreign Country
⑮ Phone Number (include extension)		⑯ Fax Number () -	⑰ Business Web Site Address		⑱ Business E-Mail Address
⑲ Mailing Address		⑳ P.O. Box	㉑ City	㉒ State	㉓ Zip Code
Designated/Responsible Licensed Producer					
㉔ Identify at least one Designated/Responsible Licensed Producer responsible for the business entity's compliance with the insurance laws, rules and regulations of this state. (See Matrix of State Requirements at www.nipr.com for jurisdictions that require the designated/responsible licensed producer to be an officer, director or partner of the business entity.)					
Name _____		SSN _____ - -		NPN _____	
Name _____		SSN _____ - -		NPN _____	
Name _____		SSN _____ - -		NPN _____	
Name _____		SSN _____ - -		NPN _____	
Owners, Partners, Officers and Directors					
㉕ Identify all owners with 10% interest or voting interest, partners, officers and directors of the business entity, or members or managers of a limited liability company:					
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No % of ownership interest _____	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No % of ownership interest _____	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No % of ownership interest _____	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No % of ownership interest _____	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No % of ownership interest _____	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No % of ownership interest _____	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No % of ownership interest _____	
Name _____		Title _____		SSN/FEIN _____ - - Owner: Yes / No % of ownership interest _____	
(State Use)					

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Uniform Application for Business Entity Insurance License/Registration

Jurisdiction and Type of License/Registration Requested – Major Lines of Authority

Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

Legal Business Type:	C – Corporation	P – Partnership	S – Sole Proprietorship	LLC – Limited Liability Company	LLP – Limited Liability Partnership	
License/Registration Types:	A – Agent	B – Broker	P – Producer	SLP – Surplus Lines Producer	Y – Business Entity	
Lines of Authority:	V – Variable Life/Variable Annuity	L – Life	H – Accident & Health or Sickness	P – Property	C – Casualty	PL – Personal Lines

Jurisdiction	Legal Business Type					License/Registration Type					Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	Y	V	L	H	P	C	PL
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
ME																
MI																
MN																
MO																
MS																
MT																
NC																
ND																
NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VA																
VI																
VT																
WA																
WI																
WV																
WY																

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Uniform Application for Business Entity Insurance License/Registration

Jurisdiction and Type of License/Registration - Limited Lines of Authority

Next to each jurisdiction, check the legal business type, license/registration type(s) and line(s) of authority for which you are applying.

Legal Business Type: C – Corporation P – Partnership S – Sole Proprietorship LLC – Limited Liability Company LLP – Limited Liability Partnership
License/Registration Types: A – Agent B – Broker P – Producer SLP – Surplus Lines Producer Y – Business Entity
Limited Lines: Credit – Credit CR – Car Rental CROP – Crop T – Travel S – Surety O – Other: Specify Type

Jurisdiction	Legal Business Type					License/Registration Type					Lines of Authority					
	C	P	S	LLC	LLP	A	B	P	SLP	Y	Credit	CR	Crop	T	S	O
AK																
AL																
AR																
AZ																
CA																
CO																
CT																
DC																
DE																
FL																
GA																
GU																
HI																
IA																
ID																
IL																
IN																
KS																
KY																
LA																
MA																
MD																
ME																
MI																
MN																
MO																
MS																
MT																
NC																
ND																
NE																
NH																
NJ																
NM																
NV																
NY																
OH																
OK																
OR																
PA																
PR																
RI																
SC																
SD																
TN																
TX																
UT																
VA																
VI																
VT																
WA																
WI																
WV																
WY																

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Uniform Application for Business Entity Insurance License/Registration

Background Information

29 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director of the business entity, or member or manager of a limited liability company, ever been convicted of, or is the business entity or any owner, partner, officer or director, member or manager currently charged with, committing a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime?

Yes ___ No ___

Note: "Crime" includes a misdemeanor, a felony or a military offense.

You may exclude misdemeanor traffic citations and misdemeanor convictions or pending misdemeanor charges involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses.

"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere or no contest, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a written statement identifying all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the charging document,
- a copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director, or manager or member of a limited liability company, ever been named or involved as a party in an administrative proceeding, including a FINRA sanction or arbitration proceeding regarding any professional or occupational license, or registration?

Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation, sanctioned or surrendering a license to resolve an administrative action. **"Involved"** also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license or registration. **"Involved"** also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a written statement identifying the type of license, all parties involved (including their percentage of ownership, if any) and explaining the circumstances of each incident,
- a copy of the Notice of Hearing or other document that states the charges and allegations, and
- a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Do not include personal bankruptcies, unless they involve funds held on behalf of others.

Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company, ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement?

Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

Yes ___ No ___

If you answer yes, you must attach to this application:

- a written statement summarizing the details of each incident,
- a copy of the Petition, Complaint or other document that commenced the lawsuit arbitrations, or mediation proceedings and
- a copy of the official documents which demonstrates the resolution of the charges or any final judgment.

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Uniform Application for Business Entity Insurance License/Registration

6. Has the business entity or any owner, partner, officer or director, or member or manager of a limited liability company ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. In response to a "yes" answer to one or more of the Background Questions for this application, are you submitting document(s) to the NAIC/NIPR Attachments Warehouse? N/A ___ Yes ___ No ___

If you answer yes:

Will you be associating (linking) previously filed documents from the NAIC/NIPR Attachments Warehouse to this application? Yes ___ No ___

Note: If you have previously submitted documents to the Attachments Warehouse that are intended to be filed with this application, you must go to the Attachments Warehouse and associate (link) the supporting document(s) to this application based upon the particular background question number you have answered yes to on this application. You will receive information in a follow-up page at the end of the application process, providing a link to the Attachment Warehouse instructions.

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Uniform Application for Business Entity Insurance License/Registration

Applicant's Certification and Attestation

30 On behalf of the business entity or limited liability company, the undersigned owner, partner, officer or director of the business entity, or member or manager of a limited liability company, hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity or limited liability company to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the business entity or limited liability company hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity or limited liability company grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity, or member or manager of a limited liability company, either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to which this application is made to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed by an officer, director, or partner of the business entity, or member or manager if a limited liability company:

Month/Day/Year

Signature

Typed or Printed Name

Title

Social Security Number

Address

City

State

Zip

Attachments

31 The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.

1. For Non-Resident License Applications and unless otherwise noted in the State Matrix of Business Rules, a state will rely on an electronic verification of an Applicant's resident license through the NAIC's State Producer Database in lieu of requiring an original Letter of Certification from the resident state.
2. Any jurisdiction specific attachments listed in the State Matrix of Business Rules (www.nipr.com).

**ABC BROKERS
101 CHALAN NUEVO
AGANA, GUAM**

ASSETS:

Cash on Hand	_____
Short Term Investments	_____
Other Invested Assets	_____
Receivable from Policy Holders**	_____
(**gross receivables of \$ _____ less	_____
receivables past due over 90 days \$ _____)	_____
Commission Receivables	_____
Real Estate	_____
Office Furnitures	_____
Electronic Data Processing Equipment	_____
All Other Assets	_____
TOTAL ASSETS	_____

LIABILITIES:

Premium Payable to Insurers and General Agents	_____
Commissions Payable to Other Brokers	_____
Taxes Payable	_____
Loans Payable	_____
Salaries Payable	_____
Other Expenses Payable	_____
TOTAL LIABILITIES	_____

CAPITAL

Paid-In Capital	_____
Surplus or (Deficit)	_____
TOTAL CAPITAL	_____
TOTAL LIABILITIES & CAPITAL	_____

I/We hereby certify to that the information in the foregoing statement of financial condition is true and correct to the best of my knowledge and belief.

Broker/Treasurer

Accountant/Bookkeeper

Subscribed and Sworn to before me this _____ day of _____, 20_____.



Form 1-9

TAX CLEARANCE FORM APPLICATION

NAME: _____

Doing Business As (dba)Name: (if any) _____

SSN: _____ EIN: _____

GRT Account Number: _____ () New () Renewal

Type of License Applied: _____

Office Address: _____

Business Mailing Address: _____

Contact Nos: Landline: _____ Cellular: _____

Applicant's Printed Name

Authorized Signature

(DO NOT WRITE BELOW THIS LINE)

The above stated applicant is hereby issued a Tax Clearance for issuance of License indicated above.

(1) GENERAL LICENSING***

(2) BPTP/GRT

(3) INCOME TAX

(4) COLLECTIONS

Cleared by: _____
Date: _____

Cleared by: _____
Date: _____

Cleared by: _____
Date: _____

Cleared by: _____
Date: _____

***for corporations
and LLCs only.

Apsc/022410

DEPARTMENT OF REVENUE AND TAXATION
INSURANCE, SECURITIES, BANKING & REAL ESTATE
**STATEMENT OF COMMERCIAL & INDUSTRIAL
LIABILITY INSURANCE PREMIUMS WRITTEN IN GUAM
FOR SURPLUS LINES BROKERS**

For Calendar Year Ending _____

Company Name: _____

Surplus Lines Broker License No: _____

Contact Person and Tel No: _____

TOTAL PREMIUMS

Commercial and Industrial Liability

Insurance as reported on the Surplus

Lines Insurance Statement \$ _____

Assessment Fee on the Total Premiums _____2%____
(10 GCA Section 45200(b))

Total amount of assessment payable

To Treasurer of Guam \$ =====

Under penalty of perjury, I declare that this statement has been examined by me and to the best of my knowledge and belief, is a true, correct and complete statement.

Printed Name & Position

Authorized Signature & Date

SURETY BOND

KNOW ALL ME BY THESE PRESENTS:

That we, _____,
as principal, and _____,
as surety, are held and firmly bound unto all parties who may be injured by any official
misconduct or negligence of said _____ as
INSURANCE SURPLUS LINE BROKER in and for the territory of Guam (without limit on the
part of said principal) and in the total sum of Two Thousand Dollars (\$2,000.00), lawful money
of the United States, on the part of said surety, to be paid to the said parties, or their heirs,
administrators, successors and assigns, for which payment, well and truly to be made, we the
said principal and surety bind ourselves, our heirs, executors, administrators, successors and
assigns, jointly and severally, firmly by these presents.

WHEREAS, the above-bounden principal, _____,
has been duly licensed as INSURANCE SURPLUS LINE BROKER in and for the territory of
Guam for the term of one (1) year from the date of his license.

NOW, THEREFORE, the conditions of the above obligation are such that if the said
principal, _____
shall well, truly and faithfully perform all official duties now required of him by law, and all
such additional duties as may be imposed on him by any law of the territory of Guam, then the
above obligation is void, otherwise to remain in full force and effect.

IN WITNESS WHEREOF, the said principal and surety have affixed their hands and
have caused these presents to be executed in Guam this _____ day of _____,
20 _____.

BY: _____
PRINCIPAL

BY: _____
SURETY

SURPLUS LINES INSURANCE STATEMENT

NAME OF SURPLUS LINES BROKER/AGENT _____

ADDRESS _____

PERIOD COVERED _____

NAME OF INSURED	POLICY			Name of Surplus Lines Ins & Home Office Address	Amount of Insurance	Premium Written	TOTAL GROSS RECEIPTS TAX (GRT)PAID	
	Number	Date	Term				Commercial & Industrial Liability***	ALL OTHERS

TOTAL FOR THE YEAR

filename: surpluslinesstatement(x)
alicepsc/070114

***the total for the year must reflect to the total premiums reported for the assessment of 2% tax premiums for commercial & industrial liability (10 GCA §45200 (b)).

SURPLUS LINES BROKER'S STATEMENT

1. A Surplus Line Broker shall file and submit this Surplus Lines Broker's Statement with the required monthly filing of Gross Receipts (premium) Tax whenever payment is made for and on behalf of a surplus line insurer.
2. Each Surplus Lines Broker's Statement must be signed before a Notary Public by the Surplus Line Broker involved in the placement of coverage.

The Surplus Line Broker whose signature appears below that the information contained in this statement is true and correct:

Name of Surplus Lines Broker: _____

Surplus Lines Broker License No: _____

Authorized Signature: (Print and Sign) _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____

NOTARY PUBLIC: _____

My Commission Expires on: _____

Notary Seal:

Filename: slstatementnotary (w)

Alicepsc/061013

GUAM INSURANCE & BANKING COMMISSIONER
Suite 501, Pacific News Building
Hagatna, Guam 96910
(671) 475-1843/1844/1845/1846

BROKER'S SURPLUS LINES AFFIDAVIT

Name of SL Broker/Agent _____ SLB License No _____

Mailing Address _____ Telephone No _____

Insured Name _____ Policy Term _____

Class of Insurance _____ Amount of Insurance _____

DECLINATIONS

Admitted Insurer _____ Date _____

Underwriter _____ Location _____ Phone #: _____

Reason for Declination: _____

Admitted Insurer _____ Date _____

Underwriter _____ Location _____ Phone #: _____

Reason for Declination: _____

Admitted Insurer _____ Date _____

Underwriter _____ Location _____ Phone #: _____

Reason for Declination: _____

I certify that coverage for the amount and class of insurance requested by the insured(s); cannot be obtained from an insurer admitted or currently licensed and domiciled in Guam and from general agents representing admitted insurers in Guam in compliance with the provisions of 22 GCA §15803.

Date _____ Signature _____ Broker's License No _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20 _____.

Notary Public _____ My Commission Expires _____.

(See Back Page for Compliance)