CHECKLIST FOR RENEWAL OF CERTIFICATE OF AUTHORITY

YEAR ____________

COMPANY NAME: ___________________________________________ COA# _____________

CONTACT PERSON: ___________________________ CONTACT EMAIL: __________________

_____ ANNUAL STATEMENT
Receipt Number: __________________
Filing fee $50.00 on or before April 1st
Penalty $500.00 after April 1st
Amount Paid: __________________
Date Paid: __________________

_____ APPLICATION RENEWAL FOR CERTIFICATE OF AUTHORITY (FORM I-1)

_____ COA RENEWAL FEE ($500.00 on or before June 1st) RECEIPT NUMBER: __________

_____ COA RENEWAL FEE ($900.00 after July 1st) AMOUNT paid: __________
Date Paid: __________

_____ REQUEST FOR RENEWAL OF GENERAL AGENT’S LICENSE (FORM I-6) must have company seal

_____ AFFIDAVIT OF COMPLIANCE (FORM I-7) Must have company seal

_____ INSURANCE COMPANY BOND (FORM I-3) Must have company seal and countersignature of resident general agent in Guam. COMPLETE DESCRIPTION of the Bond must be written on the space below

___________________________________________________________________________

_____ DEPOSIT AGREEMENT IN LIEU OF BOND (FORM I-4) Complete description of deposit below

___________________________________________________________________________

_____ 2% ASSESSMENT ON COMMERCIAL & INDUSTRIAL LIABILITY POLICIES written by Property and Casualty Companies (FORM I-8)

Receipt No: __________________ Date Paid: __________________
Amount Paid: __________________

_____ TAX CLEARANCE (FORM I-9) Contact your General Agent in Guam or your attorney to secure clearance. NO COA will be issued without a completed Tax Clearance

_____ PREMIUM FUND TRUST ACCOUNT REPORT (PFTA) For General Agents

PLEASE NOTE THAT NO COA APPLICATIONS FOR ADMITTED INSURANCE COMPANIES WILL BE ACCEPTED WITHOUT AT LEAST ONE GENERAL AGENT APPLICATION ACCOMPANIED WITH IT.

For questions or inquiries regarding renewal of Certificate of Authority, send an email to alice.cruz@revtax.guam.gov or nemencio.briones@revtax.guam.gov or call us at (671) 635-1844 thru 1845/7664

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