



COMMONWEALTH OF PUERTO RICO

OFFICE OF THE COMMISSIONER OF INSURANCE

Circular Letter No. LE-2-957-84
February 21, 1984

TO NONRESIDENT BROKERS AND AGENTS
LICENSED BY THIS OFFICE

Gentlemen:

Section 9.420 of the Insurance Code of Puerto Rico provides that before the midnight of June 30 of each year the fee for each license that is to be renewed shall be paid in the Office of the Commissioner of Insurance of Puerto Rico.

The fee for each license, according to Section 7.010 of the aforesaid Code is \$200.

If you wish to renew your license, please return the enclosed forms duly completed, not later than April 16, 1984, with a certified check or money order for the corresponding amount, as above indicated, payable to the Secretary of the Treasury of Puerto Rico, enclosing also a pre-stamped and pre-addressed small manila paper envelope. BE SURE TO COMPLETE EACH BLANK.

Nonresident brokers must also submit proof that their guarantee bond as nonresident brokers has been renewed. A continuation certificate of the existing bond will be sufficient.

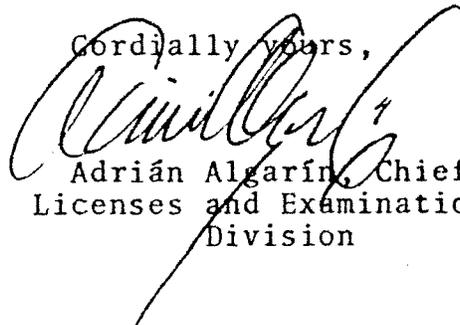
The amount of the guarantee bond for nonresident brokers shall be determined according to the following scale on the basis of the volume of business transacted for calendar year 1983, as per the Business Report filed with this Office for that year.

<u>PREMIUM VOLUME</u>		<u>PENAL SUM</u>
For premiums from	to	
-0-	\$ 99,999.99	\$10,000.00
\$ 100,000.00	249,999.99	12,500.00
250,000.00	499,999.99	15,000.00
500,000.00	999,999.99	17,500.00
1,000,000.00 and over		20,000.00

The amount corresponding to the above scale shall be multiplied by the number of persons named in the license of the corporation or partnership, as provided in Section 9.200 of the Puerto Rico Insurance Code.

The new license will be mailed to you by the end of June 1984.

Cordially yours,



Adrián Algarín, Chief
Licenses and Examinations
Division

Enclosure

Year 19__ 19__.

1. Name of corporation or partnership _____

2. Address _____

_____ Phone number _____

3. Corporate Social Security No. _____

4. Name and Social Security No. of persons acting on behalf
of corporation or partnership

Signature of President or
Vice President

(Name)

