



## OFFICE OF THE COMMISSIONER OF INSURANCE

Circular Letter No. LE-2-998-85

February 27, 1985

TO ALL NONRESIDENT BROKERS AND AGENTS  
LICENSED BY THIS OFFICE

Gentlemen:

Section 9.420 of the Insurance Code of Puerto Rico provides that before 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 nonresident agent or broker 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 15, 1985, 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 of the aforesaid forms.

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 volumen of business transacted for calendar year 1984, as per the Business Report filed with this Office for that year.

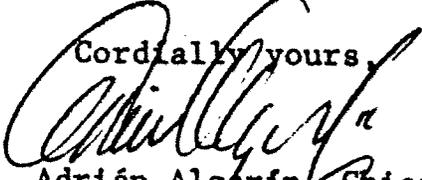
<u>PREMIUM VOLUME</u>		<u>PENAL SUM</u>
from	to	
\$ -0-	\$ 99,999.99	\$10,000.00
100,000.00	249,999.99	12,500.00
250,000.00	499,999.99	15,000.00
500,000.00	999,999.99	17,500.00
1,000,000.00		20,000.00

P.O. Box 8330 — Fernández Juncos Station — Santurce, Puerto Rico 00910 - 8330

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 Insurance Code of Puerto Rico.

The new license will be mailed to you by the end of June 1985.

Cordially yours,

  
Adrián Algarín, Chief  
Licenses and Examinations  
Division

Enclosure

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COMMONWEALTH OF PUERTO RICO

# OFFICE OF THE COMMISSIONER OF INSURANCE

Date: \_\_\_\_\_

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)

(Title)

