



COMMONWEALTH OF PUERTO RICO

## OFFICE OF THE COMMISSIONER OF INSURANCE

February 4, 1991

CIRCULAR LETTER NO. LE-1-1218-91

TO ALL NONRESIDENT BROKERS AND AGENTS  
LICENSED BY THIS OFFICE

Gentlemen:

Section 9.420(1) of the Insurance Code of Puerto Rico provides that, before midnight on 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's or broker's license, according to Section 7.010 of the aforesaid Code, is \$200.

If you wish to renew your license for fiscal year 1991-92, please return the enclosed form, duly completed, not later than March 29, 1991, 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 (12" x 9") manila paper envelope. Be sure to complete each blank of the enclosed form.

Nonresident brokers must also submit proof that their guarantee bond 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 1990, as per the Business Report filed with this Office for that year.

<u>PREMIUM VOLUME</u>		<u>GUARANTEE BOND</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	or more	20,000.00

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



COMMONWEALTH OF PUERTO RICO

# OFFICE OF THE COMMISSIONER OF INSURANCE

Renewal Application for a Nonresident Agent's or Broker's License

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

To the Honorable Commissioner of Insurance:

We present the following information in order to obtain the renewal of our nonresident agent's or broker's license for 1991-92:

1. Name of corporation or partnership \_\_\_\_\_  
\_\_\_\_\_
2. Postal Address \_\_\_\_\_  
\_\_\_\_\_
3. Address of the place of Business \_\_\_\_\_  
\_\_\_\_\_
4. Phone Number \_\_\_\_\_
5. Corporate Social Security No. \_\_\_\_\_
6. Name and Social Security number of the persons acting on behalf of the corporation or partnership  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. For nonresident brokers only:
  - (a) Premium volume transacted during 1990 \_\_\_\_\_
  - (b) Amount of guarantee bond included \_\_\_\_\_

\_\_\_\_\_  
(Signature of President or Vice President)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

NOTE: This form should be completed in duplicate.

For the exclusive use of the \_\_\_\_\_