



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

APPLICATION FOR STATUS OF ELIGIBILITY
SURPLUS LINE INSURER

Date _____

Hon. _____
Commissioner of Insurance
Commonwealth of Puerto Rico

Dear Sir:

In accordance with the requirements of the Insurance Code of Puerto Rico, on behalf of _____ organized under the laws of _____, the following information provided by its president under oath, is submitted in support of its application for a Surplus Line Eligibility Status, to transact surplus line business in the Commonwealth of Puerto Rico.

Respectfully submitted,

Surplus Line Broker
Lic. # _____

Information Provided by Insurer:

1. Name _____
2. Home office address _____
3. Mailing address _____
4. Type _____, Date Incorporated _____
(stock, mutual, other)
5. Commenced business on _____, continuously active since _____
6. Kinds of insurance authorized in state or country of domicile _____

7. Kinds of insurance for which application is made _____

8. Presently admitted in (jurisdiction) _____

9. Paid in Capital _____ Surplus _____
10. Is or is not property of or financially controlled, totally or partially, by any government or governmental of agency, or is managed by or for the benefit of said government or agency.

President

CORPORATE SEAL

AFFIDAVIT NUMBER _____

Before me, this day personally came and appeared _____

known to me to be the person whose name is subscribed to the foregoing instrument, and acknowledged that he executed the same for the purpose and considerations therein stated.

In witness whereof, I have hereunto set my hand and seal of Office, in the City of _____, this _____ day of _____ of _____.

Notary Public

SEAL