



OFFICE OF THE COMMISSIONER OF INSURANCE

Circular Letter No. LE-03-1601-2001
March 9, 2001

TO ALL INSURANCE ADJUSTERS

RE: Renewal of license for FY 2001-2002

Dear Sirs:

Section 7.010(1) of the Puerto Rico Insurance Code provides that as a condition for being authorized or continue to be authorized to solicit or transact any kind of insurance in Puerto Rico, the persons or entities concerned shall pay the Commissioner, no later than June 30 of each year, the contributions for each kind of license or authorization they hold.

Accordingly, and under the provisions of Section 7.010(l)(p) of said Code, the annual contribution that each adjuster shall pay will be \$200.00. To this effect, so that these licenses may be renewed effective July 1, 2001, it will be necessary for the enclosed form be completed and submitted to this Office **before April 10, 2001**, along with a certified check or money order for the aforementioned amount, payable to the Secretary of the Treasury along with a pre-addressed letter-size manila envelope.

We advise you that all applications that are received after June 30, 2001, will not be considered by this Office for renewal, so that the applicant shall submit a new application for a license as provided in the aforementioned Code.

We require strict compliance with the provisions of this circular letter.

Very truly yours,

SIGNED

Ramón L. Cruz-Colón, CPCU, AU
Interim Commissioner of Insurance

Enclosure



OFFICE OF THE COMMISSIONER OF INSURANCE

APPLICATION FOR RENEWAL OF ADJUSTER LICENSE FOR FISCAL YEAR 2001-2002

Date _____

The following information is submitted for processing the renewal:

(I) If an individual

Name _____
Paternal Surname Maternal Surname Name

Current license number _____ Social Security Number _____

Mailing address _____

Address of place of business _____

Telephone no. _____

Residential address _____

Telephone no. _____

Signature _____

(II) If a corporation

Name of the corporation _____

Current license number _____

EIN of the corporation _____

Mailing address _____

Address of place of business _____

Telephone no. _____

Name and Social Security Number of the persons that act on behalf of the corporation:

Name and Social Security Number of the directors that act on behalf of the corporation:

Signature of the President _____

Name of the President in print _____

Note: Submit an original and two copies of the application, with the corresponding fees by certified check or money order payable to the Secretary of the Treasury. If applying for the renewal of a public adjuster license, a certification of the continuation of the bond should also be enclosed.

OCS-RL-6