



**The State of New Hampshire**  
**Insurance Department**  
21 South Fruit Street, Suite 14  
Concord, NH 03301

**APPLICATION FOR RATING/ADVISORY ORGANIZATION LICENSE**

Original Application Fee: \$300.00  
Initial Certificate Fee: \$150.00  
Annual Renewal Fee: \$150.00

Application is hereby made on behalf of the company herein named to license authorizing it to transact business in New Hampshire.

1. The EXACT corporate name of the company is (If the corporate name is not in English, state it and give exact literal translation): \_\_\_\_\_

2. Organized under the Laws of the State of \_\_\_\_\_

3. Its home or U.S. Branch office is at \_\_\_\_\_

4. Its principal Mailing Address is \_\_\_\_\_

5. Lines of Insurance it desires to transact are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. The company agrees to abide by the rules and regulations of the department.

7. The company agrees to subscribe to the assigned risk plans on automobile public liability and property damage insurance and on workmen's compensation insurance if such policies are to be issued in this state.

8. The license or authority of the company in any state, district or country has at no time been revoked, suspended or cancelled, nor has it been refused admission to any state, district or country, except as stated below. (State in full detail any exceptions.)

\_\_\_\_\_

President/Secretary: \_\_\_\_\_ Date: \_\_\_\_\_