

State of New Hampshire
Insurance Department

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 The license or authority of the company in any state, district or country has at no time been revoked, suspended or cancelled, nor has it been refused admission to any state, district or country, except as stated below.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

Dated: _____

President

Secretary

Per RSA 412:20 III (a) “Any Advisory organization or statistical agent applying for a license shall include with its application:

- (1) A copy of its constitution, charter, articles or organization, agreement, association or Incorporation, and a copy of its bylaws, plan of operation and any other rules or regulation governing the conduct of business.
- (2) A list of its members and subscribers.
- (3) The name and address of one or more residents of this state upon whom notices, process affecting it, or orders of the commissioner may be served.
- (4) A statement showing its technical qualifications for acting in the capacity for which it seeks a license.
- (5) A biography of the ownership and management of the organization.”
- (6) A copy of the latest Market Conduct Examination completed by the state of domicile.