



CHECKLIST THIRD-PARTY LICENSE APPLICATION

Date of Application: _____

Name of Entity: _____

Contact Name of Entity: _____

Contact Phone No.: _____

Email: _____

REQUIREMENT	REQUIREMENT DESCRIPTION	REQUIREMENT FULFILLED	
Uniform Application	The NIPR Uniform Application must be filled out. <i>Uniform Application for Third Party Administrator License.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
License fee	Payment of the amount of \$2,500.00	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Articles of Incorporation	As well as all basic organizational documents of the applicant, including any articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement and other applicable documents and all amendments to such documents.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Corporate Bylaws	Including, but not limited to: Rules, regulations or similar documents regulating the internal affairs of the applicant.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Biographical Affidavit	About the officers, directors, or owners of the entity.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Audited Financial Statements	Statements for the two (2) most recent fiscal years that show that the applicant has a positive net worth.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Commercial/Business Plan	Statement describing the business plan, including information on staffing levels and activities proposed in the Government of Puerto Rico and the United States. The plan shall outline the applicant's ability to provide a sufficient number of experienced and qualified personnel in the claims processing, record keeping, and underwriting areas.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Corporate Bylaws	Rules, regulations, or similar documents regulating the internal affairs of the applicant.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Note: Incomplete applications will not be considered for the evaluation process.

FOR THE USE OF THE LICENSEE SERVICES DIVISION ONLY

Date received: _____ Reviewed by: _____ Date reviewed: _____

Final Decision: Approved Denied Incomplete License No. awarded: _____