



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



COMMONWEALTH OF PUERTO RICO
OFFICE OF THE COMMISSIONER OF INSURANCE

**APPLICATION FOR STATUS OF ELIGIBILITY
SURPLUS LINE INSURER**

DOCUMENTS AND FEES TO BE INCLUDED WITH THE APPLICATION:

1. Certified copy of applicant's Annual Statement as of December 31 immediately preceding date of application, duly signed and notarized.
2. Copy of the report of the last examination made of the applicant, **certified** by the insurance supervisory official of its state or country of domicile.
3. A detailed organizational chart of the applicant, including its ultimate holding company, its parent company and its subsidiaries and affiliates.
4. Certificate from the insurance supervisory official of its state or country of domicile stating the kinds of insurance the applicant is authorized to transact in such state or country.

If said applicant is domiciled outside of the United States of America and it does not need an authorization, or license, to act as an insurer in its country of domicile, the insurance supervisory official shall so state in the certification.

5. The following fee must be paid in a certified check payable to the Secretary of the Treasury of Puerto Rico:

Application for status eligibility and Annual Statement filing fee\$300

Remarks:

- If the applicant is an insurer not organized under the laws of a state of the United States of America, every document shall be authenticated by a United States of America Consul or certified with the The Hague Convention Apostille of October 5, 1961.