



Commonwealth of Puerto Rico
OFFICE OF THE COMMISSIONER OF INSURANCE

**APPLICATION FOR ORGANIZATION AND AUTHORIZATION
FOR LOCAL INSURERS**

Date _____

Mr./Ms. Commissioner:

We, the undersigned, submit the following information as a formal request for authorization of a proposed local insurer:

1. Class or kind of insurer:
Stock corporation _____ Other _____
2. Proposed Name _____
3. Main office at _____
4. Class(es) of insurance proposed to be underwritten: _____

5. Financial structure
 - (a) Stock insurer – Class or classes and par value of securities _____

 - (b) Indicate whether solicitation will be among promoters or the general public

 - (c) Other kind of insurer – Explain how minimum funds are to be raised

6. Proposed managerial staff – Include resumé of each person who is not an incorporator:

7. Incorporators (no fewer than 5) shall sign below:

AFFIDAVIT NO. _____

Come now before me _____, Notary Public in and for the Island of Puerto Rico, (name, status civil, capacity of each person, (incorporator or promoter) age and residence) _____

_____, known to me as signatories to the above document, and who have assured me that they executed such document for the purpose and reasons stated therein.

In witness whereof I set my hand and affix my seal hereto in the city of _____, this _____ day of _____, _____.

Notary Public