

COMMONWEALTH OF PUERTO RICO OFFICE OF THE COMMISSIONER OF INSURANCE

APPLICATION FOR PERMIT TO PROVIDE SERVICES CONTRACTS

D	no		
TC	THE COMMISSIONER OF INSURANCE:		
	I hereby request the issuance of a permit to provide services contracts in Puerto Rico in cordance with Chapter XXI of the Insurance Code of Puerto Rico, as amended by Law No. 392 of ptember 8, 2000.		
Fo	r this purposes, the following information is submitted:		
1.	Name of provider:		
2.	Home office address:		
3.	Mailing address:		
4.	If service contract provider has its home office outside Puerto Rico, indicate its business address in Puerto Rico:		
5.	Type of organization:Sole proprietorshipPartnershipCorporationOther		
6.	Method to be used to guarantee the compliance of obligations with contract holder's: A) Acquisition of a master policy reimbursement Insurance, issued by: (Name of insurer):		
	B) Establishment of a reserve (enclose information about the trustee and the trust deed). This alternative requires a fiduciary deposit, a financial guaranty or a letter of credit for \$100,000. If election is made for deposit, the enclosed Assignment form must be completed.		
	C) Net assets for at least \$100 million. Indicate amount		
7.	Service Contract Provider or any affiliated organization provides service contracts in other		
	jurisdiction of the United States?YesNo		

STATEMENT

Hereby certify that the statements th	t I have done in this application and the enclosed
documents are complete, true and correct.	
State of	
County	
	Title
Before me, this day, personally came a	nd appeared
(name, legal status, legal qualification of each	one),(incorporator or director),
and resident of	know to be the person whose name is subscribed to
the foregoing instrument, and acknowledg	ed that 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	·
	Notary Public