OFFICE OF THE COMMISSIONER



STATE OF DELAWARE DEPARTMENT OF INSURANCE

RATING ORGANIZATION LICENSE CHECKLIST

Please submit the following items for licensure as a Rating Organization pursuant to <u>18 Del. C. §2511</u> and <u>18 Del. C. §701(6)</u>.

| 1. | Completed Application Form. |
|------|---|
| | Constitution, Articles of Agreement of Association or Certificate of Incorporation, certified by Home State. |
| 3. 1 | By-Laws, Rules and Regulations governing the conduct of business, certified by the Secretary. |
| 4. 1 | List of members and subscribers. |
| | Name and address of a resident of this State upon whom notices or orders of the Commissioner or process affecting such rating organization may be served. |
| | Statement of qualifications as a rating ganization. |
| 7.] | List types of insurance. |
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| | Check in the amount of \$150.00 made payable to the Delaware Department of Insurance. All fees are subject to retaliatory tax. |