Insurance Commissioner



Delaware Department of Insurance

## STANDARD CERTIFICATE REQUEST FORM

Mail payment and completed Certificate Request to:

Delaware Department of Insurance Attn: BERG Certificates 1351 West North Street, Suite 101 Dover, DE 19904

Checks must be made <u>payable to</u> **Delaware Department of Insurance** See page 3 for Fee Schedule. Pursuant to <u>18 *Del. C.*</u> § 701 Fee Schedule – ALL FEES SHALL BE PAID IN ADVANCE.

Please complete all necessary fields prior to submission. Incomplete forms will delay processing.

Contact <a href="mailto:BERG@Delaware.gov">BERG@Delaware.gov</a> with questions

| Date of Request:                               |                                 |  |  |  |
|--|---------------------------------|--|--|--|
| Company Name:                                  |                                 |  |  |  |
| NAIC # or FEIN #                               |                                 |  |  |  |
| Contact Person<br>Name                         |                                 |  |  |  |
| Contact Phone:                                 |                                 |  |  |  |
| Contact Email:                                 |                                 |  |  |  |
| Ship to address:                               |                                 |  |  |  |
| Select Shipping Method:                        |                                 |  |  |  |
| □ United States Postal Service (USPS) Standard |                                 |  |  |  |
|  | FedEx Account #                 |  |  |  |
| □ FedEx  | First Overnight  Priority  2Day |  |  |  |
|  | UPS Account #                   |  |  |  |
| $\Box$ UPS                                     |                                 |  |  |  |
|  | Next Day Early 🗆 Saver 🗆 2Day 🗆 |  |  |  |

**CERTIFICATE INFORMATION**: Please list the # of requested certificates next to the corresponding certificate type.

Note: Please use **"\*OTHER"** section to indicate special requests or <u>*End of Year Effective*</u> <u>*Dates*</u>

| Ш |  |            | Ш     |  |  |  |
|---|--|------------|-------|--|--|--|
| # | CERTIFICAT   | IE IYPE    | #     | <b>CERTIFICATE TYPE</b>                |  |  |
|   | Cert. of Deposit   |            |       | Cert. of Capital and Surplus           |  |  |
|   | _  |            |       |  |  |  |
|   | Cert. of Authorization   |            |       | Cert. of Compliance, Capital & Surplus |  |  |
|   | Cart of Compliance A   | agata Pr   |       | Cert. of Market Conduct                |  |  |
|   | Cert. of Compliance, A   | ssels a    |       | Cert. of Market Conduct                |  |  |
|   | Liabilities  |            |       |  |  |  |
|   | Cert. of Compliance/Good Standing                              |            |       | Report of Exam (ROE)- click link for   |  |  |
|   | (same as COC)  |            |       | free copy                              |  |  |
|   | UCAA Form 6 - Certificate of                                   |            |       | UCAA Form 7 - Certificate of Deposit   |  |  |
|   | Compliance   |            |       |  |  |  |
|   | Certificate of Good Standing for use in <b>other country</b> : |            |       |  |  |  |
|   | 🗆 Brazil   | □ Honduras |       | □ Venezuela                            |  |  |
|   | □ China  | □ Mexico   |       | □ Vietnam                              |  |  |
|   | □ Ecuador  | 🗆 Panama   |       |  |  |  |
|   | $\Box$ Other – please specify:                                 |            | Extra | \$10 for Notary and \$10 for Gold Seal |  |  |

| CERTIFIED (Requests)   |     |   |  |  |  |
|--|-----|---|--|--|--|
| Certified – Annual Statement (must<br>provide hard Copy to Department) | Cer | tified - License  |  |  |  |
| Certified – Articles of Incorporation<br>(AOI)                         |     | rtified – Order (Include <i>Order Type</i><br>ler "Other")        |  |  |  |
| Certified – Bylaws   |     | rtified – Quarterly Statement (must vide hard Copy to Department) |  |  |  |
| Certified - Certificate of Authority                                   |     | tified Report of Exam – available for<br>e (click link)           |  |  |  |

## \*<u>OTHER</u>:

## FEES:

Pursuant to <u>18 Del. C. § 701 Fee Schedule</u> – all fees shall be collected in advance:

- § 701(14) Certificates \$10 (unless notary or copies included)
- § 701(18) Copies of documents on file in the Department, (\$.50 per page) minimum \$5
- § 701(19) Certifying and affixing official seals \$10
- § 701(20) Certified copy of insurer certificate of authority or of any license issued under this title \$10

**Note:** <u>**Risk Purchasing Groups do not use this form.</u> Contact DOI\_Tax@delaware.gov for more information pertaining to Risk Purchasing Groups.</u>** 

## **DEPARTMENT OF INSURANCE USE ONLY:**

Date Request Received:

Date Request Processed: \_\_\_\_\_

Request Processed by: \_\_\_\_\_

Check #: \_\_\_\_\_

Check Amount: \_\_\_\_\_

1351 West North Street, Suite 101, Dover, DE 19904 • www.delawareinsurance.gov (302) 674-7300 Dover • (302) 739-5280 fax • (302) 577-5280 Wilmington

