

APPOINTMENT OF SOLICITOR

TO THE INSURANCE COMMISSIONER OF THE COMMONWEALTH:

The undersigned _____
hereby appoints _____
whose address is _____
to act in the Commonwealth as its Solicitor for the following classes of Insurance:

- | | | | |
|---|---------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Disability (Accident/Health) | <input type="checkbox"/> Life | <input type="checkbox"/> Property | <input type="checkbox"/> Vehicle |
| <input type="checkbox"/> General Casualty | <input type="checkbox"/> Marine | <input type="checkbox"/> Surety | |

Further, the undersigned _____ hereby:

1. Certifies that this appointment shall remain in effect until written notice of Termination is received by the Insurance Commissioner or said Solicitor's License to transact insurance business in the Commonwealth is revoked or is not renewed.
2. Certifies that Solicitor is appointed in accordance with 4 CMC § 7303(d) of the Commonwealth Insurance Act.
3. Certifies that I have known the appointee for, _____ years, and that I have investigated his character and reputation and recommend appointee as being worthy of a Solicitor's License.
4. Certifies that I have examined appointee and found that he has sufficient knowledge of insurance and the Insurance Laws of the Commonwealth to properly act as a Solicitor.

Dated at _____, Commonwealth of the Northern Mariana Islands this
_____ day of _____, 20 ____ .

(Insurer, General Agent or Subagent)

(Signature of Authorized Person)