



Government of the District of Columbia
Department of Insurance, Securities and Banking
 1050 First Street, NE, Suite 801 • Washington DC 20002
 202 727-8000 • disb.dc.gov

License Application For A Rating or Advisory Organization

*(Subject to the provisions set forth in DC Code §31-2708(a)(1) and
 in accordance with the authority granted to the Commissioner)*

Mail check and application to DC Treasurer Insurance Bureau, PO Box 712180, Philadelphia, PA 19171-2180

Contact Information

Applicant Name: _____

Main Adm. Office Address: _____

Business Address: _____

Mailing Address: _____

Statutory Home Office: _____

Contact Name & Title: _____

Contact Telephone #: _____ Ext. _____ Fax # _____

Contact Email Address: _____

Applicant Website Address: _____

Company Information

Fed Tax ID# _____

Date of Incorporation _____

State of Incorporation _____

Years in this business _____

Best Rating _____

YES NO

1. Within the past 5 years have you ever had a license revoked?

2. Within the past 5 years has your company been cited, fined or charged with unethical practices?

Explanation-
(Attach a separate sheet if necessary):

In accordance with DC Code §31-2706, Please check that the following have been included with your application:

A copy of the constitution, articles of agreement or association or certificate of incorporation

Bylaws, rules and regulations governing the conduct of your business A copy of the DC Business License

A list of members and/or subscribers Proof of compliance with service of process (§31-202) - fill in below

A statement relating to your qualification A \$250.00 License fee. Make check payable to DC Treasurer

Proof of compliance with service of process (31-202) Name: _____

Address _____ E-mail _____ Fax: _____

I affirm the information presented is true and correct

Principal's Signature

Date: