State of Delaware
Department of Insurance
APPLICATION FOR INSURANCE COMPANY CERTIFICATE OF AUTHORITY

Application is hereby made by

_____
Corporate Title

_____
Corporate Address

_____
Administrative/Mailing Address

Incorporated or Organized on _____ , in _____ as a

_____ (stock, mutual, reciprocal, mutual benefit etc.) Insurer for a Certificate of Authority to transact the business of insurance within the State of Delaware for the following lines, as set forth in Title 18, Delaware Code.

- ❑ Life, including annuities
- ❑ Variable Life
- ❑ Variable Annuities
- ❑ Credit Life
- ❑ Health
- ❑ Credit Health
- ❑ Property
- * ❑ Surety
- ❑ Title
- ❑ Marine and Transportation

Casualty, including:

- ❑ Vehicle
- ❑ Liability
- ❑ Burglary & Theft
- ❑ Personal Property Floater
- ❑ Glass
- ❑ Boiler & Machinery
- ❑ Credit
- * ❑ Workers' Compensation & Employer's Liability

- ❑ Leakage & Fire Extinguisher Equipment
- ❑ Malpractice
- ❑ Elevator
- ❑ Congenital Defects
- ❑ Livestock
- ❑ Entertainments
- ❑ Miscellaneous

***SPECIAL DEPOSITS REQUIRED ($100,000 WORKERS' COMPENSATION AND $10,000 SURETY)**

FED. EMPLOYERS I.D. # (EIN) _____ NAIC # _____

TELEPHONE # **(** _____**)** _____

_____ _____
Date *Corporate Title*

_____
Officer

_____
Title

NOTE: Multiple Line Authority Conferred Through Licensing of Component Coverages