



FRATERNAL APPLICATION FOR ADMISSION CHECKLIST

NAME OF COMPANY: _____

STATE OF DOMICILE: _____

<u>REC'D</u>		<u>DATE</u>
_____	1. Admission Fee of \$500 (subject to retaliator tax). If Fraternal, Fee of \$25 to issue the Certificate of Authority, \$500 does not apply.	<u>n/a</u>
_____	2. Articles/Certificates of Incorporation Certified by Home State Secretary of State.	_____
_____	3. By-Laws and Regulations, certified by Corporate Secretary.	_____
_____	4. Examination Report as of _____. Certified by Home State Insurance Department. (*A REPORT AS OF DATE GREATER THAN 3 YRARS IS CAUSE FOR DEFERRAL (DO NOT INCLUDE ON ADMISSIONS AGENDA UNTIL MORE RECENT REPORT IS AVAILABLE)	_____
_____	5. Application for Certificate of Authority (Form 3-P).	_____
_____	6. Certificate of Compliance, certified by Home State Insurance Department.	_____
_____	7. Annual Statements for two years, certified by Home State Insurance Department.	_____
_____	8. Latest Management, Discussion & Analysis Letter and Actuarial Certification.	_____
_____	9. Certificate of Deposit, certified by Home State Insurance Department Amount of Deposit	<u>n/a</u> <u>n/a</u>
_____	10. Biographical Affidavit on each Officer/Director	_____

_____ 11. Retaliatory Statement: Home State Form/Delaware Form Sent _____

_____ 12. Is applicant an affiliate or wholly-owned subsidiary of a company presently licensed in Delaware for the same lines of business? n/a
() YES () NO

If Yes, explanation as to the business purpose to be served by applicant.

Name of affiliate/subsidiary: _____

Purpose: _____

_____ 13. Two each of all policy forms, rates, and any other related forms which are to be used in Delaware covering every kind of insurance coverage requested in the application. _____

Exception: If any company is a member or subscriber of any approved organization or bureau which is authorized by the company to file policy forms in its behalf. _____

_____ 14. Worker's Compensation Special Deposit. n/a

Surety Special Deposit. n/a

Escrow Agreement. n/a