



INSURANCE DEPARTMENT  
STATE OF DELAWARE  
841 SILVER LAKE BOULEVARD  
DOVER, DELAWARE 19904

APPLICATION FOR CONTINUATION OF  
CERTIFICATE OF AUTHORITY FOR RATING ORGANIZATION

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Rating Bureau or Association License Number: \_\_\_\_\_

FEIN # \_\_\_\_\_

Line(s) of Insurance: \_\_\_\_\_

Mail To: Office Manager – BERG  
Delaware Insurance Department  
841 Silver Lake Boulevard  
Dover, Delaware 19904

I/We hereby request continuation of the Delaware Certificate of Authority (Rating Organization) for the period July 1, 2015 to June 30, 2016.

\_\_\_\_\_  
Officer or Director

Please enclose a check for \$100 made payable to the Delaware Insurance Department, and a list of current Members and Subscribers.