



RATING ORGANIZATION RENEWAL

*July 1, 20__ to June 30, 20__

[18 Del. C. § 2511\(d\)](#)

(d) Licenses issued pursuant to this section shall remain in effect for 1 year unless sooner suspended or revoked by the Commissioner

Name of Organization: _____

Corporate Address: _____

City, State, Zip: _____

Primary Contact Person: _____

Email Address: _____

Mailing Address: _____

City, State, Zip: _____ Phone Number: _____

Rating Bureau or Association License Number: _____

FEIN # _____

Line(s) of Insurance: _____

Please complete/include the following with your submission:

- Confirm **renewal year** fields are completed on top portion of form.
- Remit \$150 made payable to the Delaware Department of Insurance
- List of current members and subscribers.

Note: Incomplete forms will not be processed.

Please send application, fee and documents to:

Company Regulation
Delaware Department of Insurance
1351 West North Street, Suite 101
Dover, DE 19904

I/We hereby request continuation of Delaware Rating Organization status for the period of one year as indicated on page 1 of the renewal form.

_____ Date: _____

Signature of Officer or Director

Printed Name and Title