

OFFICE OF THE  
COMMISSIONER



STATE OF DELAWARE  
DEPARTMENT OF INSURANCE

### RATING ORGANIZATION LICENSE APPLICATION

Application is hereby made by:

\_\_\_\_\_

Corporate Title

\_\_\_\_\_

Corporate Address

\_\_\_\_\_

Administrative/Mailing Address

Incorporated or organized on \_\_\_\_\_ in \_\_\_\_\_

as a

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

FEIN: \_\_\_\_\_ Website: \_\_\_\_\_

#### **COMPLETED BY:**

Printed Contact Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

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

Date: \_\_\_\_\_

Please send \$150 application, fee and documents to:

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