Insurance Commissioner

Delaware Department of Insurance

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: _____

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**
☐ Include List of current Members and Subscribers
☐ Sign and date form

Note:
Submissions will only be accepted using the most current renewal form as posted on the Departments Rating Organizations section of the website.

Mail to:

Attn: BERG
Delaware Department of Insurance
841 Silver Lake Blvd.
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.

X_____ Date: _____
Signature of Officer or Director

X_____
Printed Name and Title

Please email questions to BERG@delaware.gov or call 302-674-7330.

841 Silver Lake Blvd., Dover, DE 19904 • www.insurance.delaware.gov
(302) 674-7300 Dover • (302) 739-5280 Fax • (302) 577-5280