



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: _____

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.

Signature of Officer or Director

Date

Printed Name and Title

Please complete/include the following with your submission:

- Confirm **renewal year** fields are completed on top portion of form.
- Remit a check for \$150.00 made payable to the **Delaware Department of Insurance**
- List of current members and subscribers.**

The application documents can be emailed to BERG@Delaware.gov.
Incomplete applications will delay processing.

Mail to:

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

Questions may be directed to BERG@delaware.gov