



Department of Consumer & Business Services

Insurance Division — 5

P.O. Box 14480

Salem, Oregon 97309-0405

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350 Winter St. NE, Rm. 440, Salem, Oregon

www.oregoninsurance.org

**Rating Organization
License Application**

Pursuant to the Oregon Insurance Code, the undersigned hereby applies to the State of Oregon for a rating-organization license and, for that purpose, submits the following:

1. Name of applicant: _____

2. Domicile address (street, city, state, ZIP): _____

3. Principal office address (street, city, state, ZIP): _____

4. Mailing address (street, city, state, ZIP): _____

5. Name of agent for service of process, notice, or demand in Oregon: _____

Address (street, city, state, ZIP, county): _____

6. Type of organization: _____

7. Classes of insurance or risks to be covered by license: _____

8. Documents required to accompany this application:

(a) A current certification from the insurance supervisory official of the applicant's domiciliary jurisdiction, affirming that the applicant is in good standing.

(b) A copy of each of the following:

(I) Charter, constitution, or articles of agreement, association, or incorporation, as amended to date

(II) Bylaws, rules, and regulations governing conduct of applicant's business

(III) Report of most-recent examination by an insurance supervisory official

(c) A list of the applicant's members and subscribers

(d) A statement of applicant's qualifications as a rating organization. In the case of a fire-insurance rating organization, see ORS 737.350(4).

Date: _____

President: _____

Secretary: _____

Corporate seal

Return this application, required attachments, and \$180 licensing fee (to be paid every three years), to the Oregon Insurance Division. Make check or money order payable to Department of Consumer & Business Services.

Fiscal use only: 42200/1519

Fee: \$180.00