

APPLICATION FOR LICENSE AS AN INSURANCE RATING ORGANIZATION, ADVISORY ORGANIZATION, AND/OR STATISTICAL AGENT (Ed. 7/2011)

To the State Corporation Commission (SCC), Bureau of Insurance, P&C RRF section:

Under the provisions of § 38.2-1914 of the Code of Virginia, application is hereby made for license specifying one or more of the activities permitted to be performed by a rate service organization<sup>1</sup> (check all that apply):

- Rating Organization
- Statistical Agent
- Advisory Organization

The following information is submitted:

- 1(a). Name of organization: \_\_\_\_\_
- 1(b). Address of principal office: \_\_\_\_\_  
\_\_\_\_\_
- 1(c). Address of branch office: \_\_\_\_\_  
\_\_\_\_\_
- 1(d). Type of organization (corporation, unincorporated association, partnership, or individual):  
\_\_\_\_\_
- 1(e). If corporation, state date and place of incorporation: \_\_\_\_\_  
\_\_\_\_\_
- 1(f). If unincorporated association, state date and place of organization: \_\_\_\_\_  
\_\_\_\_\_
- 1(g). If partnership, provide the names and addresses of all partners: \_\_\_\_\_  
\_\_\_\_\_
- 1(h). If individual doing business under fictitious name, give name and address of individual:  
\_\_\_\_\_  
\_\_\_\_\_
- 2. Name of manager, president, or other principal officer: \_\_\_\_\_  
\_\_\_\_\_
- 3. List the specific line(s) of insurance for which license is sought: \_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Refer to the definition of rate service organization in § 38.2-100 for additional information.

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4. This organization agrees that written notice will be given promptly to the SCC after any change in its constitution, articles of agreement, its certificate of incorporation, its by-laws, rules and regulations, or its members and subscribers.

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5. Name and address of a resident of the Commonwealth of Virginia (Commonwealth) upon whom notices or orders of the SCC or process affecting the applicant may be served. [Note: A power of attorney duly executed, together with a resolution of Board of Directors or Managing Committee authorizing said appointment must be attached hereto. (See Item 11, Exhibits E and F.)]

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6. State the name and address of every person or organization to which you subscribe or from whom you purchase actuarial, technical, or other service, and indicate the nature of such service. (See Item 11, Exhibits H and I.)

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7. If you have cooperated with other rating organizations or with insurers in the development of prospective loss costs, supporting actuarial data, statistical data, rate-making, or other matters, give a brief resume of such activities. (See Item 11, Exhibit J.)

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(ONLY APPLICANTS FOR LICENSE AS RATING ORGANIZATION SHOULD SUBMIT 8-11 INCLUSIVE.)

8. Have provisions been made for the examination of policies, daily reports, binders, renewal certificates, endorsements, or evidence of insurance or cancellation thereof? \_\_\_\_\_

(If the answer is "yes", attach a copy of rules governing such procedure. See Item 11, Exhibit G.)

9. State the name and address of every group, association, or organization of insurers located within or without this Commonwealth which assists or has assisted you within the past year in the development of prospective loss costs, supporting actuarial data, statistical data, or rate-making by the collection and furnishing of loss or expense statistics. (See Item 11, Exhibit H.)

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10. Give a brief description of the means provided within the Commonwealth whereby any person aggrieved by the application of your rating system may be heard. (See Item 11, Exhibit K.)

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11. Applicant submits herewith and incorporates herein as part of its application the following exhibits, labeled as specified. Strike out those which are not attached or are not applicable. If applicable and not attached, give a brief reason for the omission, on a separate document, along with the applicable Exhibit number.

EXHIBIT A.	Copy of Constitution or articles of agreement or association.
EXHIBIT B.	Copy of Certificate of Incorporation.
EXHIBIT C.	Copy of by-laws, rules, and regulations.
EXHIBIT D.	Alphabetical list of insurers who are members or subscribers to applicant organization.
EXHIBIT E.	Power of attorney appointing attorney-in-fact for process.
EXHIBIT F.	Resolution of Board of Directors or Managing Committee, authorizing the appointment of such attorney-in-fact for process.
EXHIBIT G.	Rules and regulations governing the examination of policies.
EXHIBIT H.	Names and addresses of advisory organizations.
EXHIBIT I.	Name(s) and address(es) of an actuary or actuaries.
EXHIBIT J.	Resume of cooperative activities with other rating, statistical, and advisory organizations or with insurers.
EXHIBIT K.	Description of means provided within the Commonwealth whereby a person aggrieved by the application of the rating system may be heard.
EXHIBIT L.	Names and addresses of all members of the Board of Directors or Managing Committee.
EXHIBIT M.	Statement of qualifications to function as a rating organization, including staff, equipment, list of personnel by classes, other states in which licensed, etc.

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

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

City/County of _____; State of _____ The foregoing instrument was acknowledged before me this ___ (day) of _____ (month), ____ (year) by _____ <p style="text-align: center;">(Notary Public)</p> Notary registration number: _____
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My commission expires: \_\_\_\_\_