



DATA PROCESSING QUESTIONNAIRE

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 4792 (7-2018)

Corporate Name of Company		NAIC Company Code Number **	
Federal Employers' Identification Number * (see instructions below)		State or Country of Domicile ***	Port of Entry
Mailing Address (if different)			
City		State	ZIP Code
E-mail Address	Telephone Number		Toll-free Number
Home Office Address			
City		State	ZIP Code
Administrative Office Address			
City		State	ZIP Code
Premium Tax Address (if different from mailing address)			
City		State	ZIP Code
Renewal of Certificate of Authority/Annual Statement Packet Address			
City		State	ZIP Code
Name of Contact Person			
Appointment Renewal Address (if different from mailing address)			
City		State	ZIP Code

* **Federal Employers' Identification Number:** The number the company uses to report withholding taxes to the Internal Revenue Service. This number is used to avoid assigning an additional identification number to your company.

** **THIS NUMBER MUST ALSO BE SHOWN ON ALL AGENTS' LICENSE REQUISITION FORMS.**

*** If country other than USA, Port of Entry must be completed.