LISTINGS REQUEST

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 53798 (10-2008)

Payment must be included with request.

North Dakota Insurance Department
600 E. Boulevard Avenue-Dept. 401
Bismarck, ND 58505-0320
FAX: (701) 328-4880

Requestor's Name	Date
Company Name	
Address	
City/State/ZIP Code	Telephone Number
Email Address	

Please check all items that apply. Listing price is for resident listings only; Call for non-resident pricing. Excel file is the same price as a listing.

TYPE OF AGENT LISTS AVAILABLE

- ☐ Agents and agencies licensed for life ($50)
- ☐ Agents and agencies licensed for variable life ($30)
- ☐ Agents and agencies licensed for health ($50
- ☐ Agents and agencies licensed for life and health ($50)
- ☐ Agents and agencies licensed for life and/or health ($60)
- ☐ Agents and agencies licensed for credit ($20)
- ☐ Agents and agencies licensed for (mark one) ($10): ☐ Title ☐ Surety ☐ Bail Bonds
- ☐ Third-party administrators ($25)
- ☐ Agents and agencies licensed for crop/hail ($20)
- ☐ Agents and agencies licensed for property ($30)
- ☐ Agents and agencies licensed for casualty ($30)
- ☐ Agents and agencies licensed for property and casualty ($30)
- ☐ Agents and agencies licensed for property and/or casualty ($30)
- ☐ Surplus Lines Brokers ($25)

TERRITORY AGENTS TO BE SELECTED FROM (check all that apply)

- ☐ Agents and agencies that are residents of North Dakota
- ☐ Agents and agencies that are resident or nonresident
- ☐ Entire state
- ☐ Counties (indicate)* _____

TYPE OF APPOINTMENT LISTS AVAILABLE

- ☐ Agent appointment printout - indicate Social Security number or name of each agent ($5 per agent)**

  _____

- ☐ Company appointment printout - indicate company name(s) ($5.00 per every 50 names)**

Company List by Type are available at the website at http://www.state.nd.us/ndins/company/details.asp?ID=189

FORMATS AVAILABLE

- ☐ Listing
- ☐ Email (Excel file)
- ☐ Email (pdf file) **

REQUEST SHOULD BE IN ORDER BY

- ☐ Alphabet
- ☐ ZIP Code

*$20.00 plus $.01 per name.

** Only Agent appointment printout and Company appointment printout are available as a pdf.

Make checks payable to North Dakota Insurance Department. Payment may also be made by credit card by using the Payment Voucher/Authorization (SFN 52579).

Date

Name	FEIN or Social Security Number		Telephone Number
Address	City	State	Zip Code

Quantity	Item/Description	Amount Due
	Copy of:	
	Certificate/Certification of:	
	Agent/Agency Letter of Certification	
	Duplicate License	
	Lists/Labels	
	Continuing Education Fee	
	Continuing Education Late Fee	
	Other (please describe):	
	TOTAL FEES DUE	

Form of Payment

- ☐ Cash
- ☐ Check (make payable to Commissioner of Insurance)
- ☐ Credit Card (complete form below)

Amount the Commissioner of Insurance is Authorized to Charge to the Credit Card

Charge To ☐ Visa ☐ Mastercard ☐ Discover

Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐☐☐

Name As It Appears on the Card

Signature of Cardholder

Date

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