



JOINT UNDERWRITER APPLICATION
NORTH DAKOTA INSURANCE DEPARTMENT
SFN 58427 (9-2006)

The **UNDERSIGNED** (corporation, unincorporated association, partnership or individual) hereby applies for a license as an **ADVISORY ORGANIZATION** under the provisions of Section 26.1-25-10 of the North Dakota Century Code, and for that purpose submits herewith the following information:

1. A copy of its constitution, its articles of agreement or association or its certificate of incorporation, and of its by-laws, rules and regulations governing the conduct of its business.
2. A list of its members and subscribers.
3. The name and address of a resident of this state upon which notices or orders of the commissioner or process issued at the commissioner's direction may be served.
4. An agreement that the commissioner may examine the advisory organization in accordance with section 26.1-25-12.
5. State specifically the type of organization (corporation, unincorporated association, partnership or individual).
6. A copy of your latest Examination Report.
7. State the specific kinds of insurance or sub-divisions thereof for which the applicant wishes to act as an advisory organization.

Full Name of Applicant Organization			
Address	City	State	Zip Code

President or Authorized Representative	Date
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