

C. If a Corporation, list the Directors, if any:

Director	Title	Date First Appointed or Elected

D. List all affiliates:

E. Capitalization Dollar Amount (Minimum for first year is \$X):

Reference: Title __, Insurance Act, Section ____.

\$

Method: ___ capital / surplus ___ guarantee _X_ both capital/surplus and guarantee

If by guarantee, attach supporting documents and state method:

___ Syndicate ___ Surety and / or ___ Individual

Dated: _____, 20XX

(Name), President

(Name), Secretary

Approved by _____ (Tribe/Nation) Attorney General & / or Commissioner of Insurance

Dated: _____, 2019

_____, Insurance Commissioner

**RATE FILING APPLICATION FORM
TO TRANSACT THE BUSINESS OF INSURANCE UNDER TRIBAL LAW**

Name of Applicant: _____
Address of Applicant's Corporate Office: _____
TAIC # of Applicant: _____
Name of President of Applicant: _____
Telephone Number for Company: _____
Type of Insurance Issued by Applicant: _____

Policy	Premium	Rate
\$	\$	
\$	\$	
\$	\$	
\$	\$	
\$	\$	

The officers signing below confirm that these are the rates that will be charged for (TYPE/TYPES) Insurance, unless and until a new rate form has been filed with, and approved by, the Insurance Commissioner of the _____ Tribe / Nation.

Dated: _____, 20XX

(Name), President

(Name), Secretary

Approved by _____ Tribe Nation Attorney General & / or Commissioner of Insurance

Dated: _____, 20xx

Seal

(Name), Insurance Commissioner

_____ Tribe / Nation Department of Insurance
Company Licensing and Regulation

**LICENSE FEE TRANSMITTAL FORM
TO TRANSACT THE BUSINESS OF INSURANCE UNDER TRIBAL LAW**

Mail checks with this form to:

Name
Insurance Commissioner
Name of Tribe / Nation
Street
City, State, Zip
Phone

Email the transaction filing documents with a copy of the check and a copy of this completed form to (email address). If you prefer electronic payments, request wiring instructions for Tribe's / Nation's Insurer Account.

Payment Information:

Name of Payor:
Check Number:
Check Amount:

Company Information:

Name of Applicant:
Address of Applicant's Corporate Office:
TAIC # of Applicant:
Name of President of Applicant:
Telephone Number for Company:
Type of Insurance Issued by Applicant:

Note: Rate Filings Are Made on
a Separate Form

Fee Calculations:

(Name of Insurer)

Fees for Certificate of Authority from _____ Tribe / Nation

Code Section	Description	Fee
Section 207 A.2.	Insurance Company License Application	\$100.00
Section 207 A.3.	Sealed Certificate of Authority to Transact the Business of Insurance	\$50.00
Section 207 A.4.(a)	Rate Filing Request for an Individual Insurer	\$50.00
Total Fees		\$200.00
References are to Insurance Act, _____ Tribe / Nation. These are one-time fees for licensing and rate approval. Other fees will apply, such as Annual Report Filing Fee, Premium Assessments, and other fees listed in Section _____.		

Dated: _____, 20XX

(Name), President

(Name), Secretary

_____ Tribe / Nation
Office of the Insurance Commissioner

Tribal Seal

CERTIFICATE OF AUTHORITY
TO TRANSACT THE BUSINESS OF INSURANCE AS AN INSURANCE COMPANY

Certificate No. 2019-XX-XXX Issued To

SAMPLE LTD.

WHEREAS, the Applicant, **Sample Ltd.**, TAIC No. T-xxx-xxx-2019-xx, has applied for a Certificate of Authority to Transact the Business of Insurance as an insurance company under Title __, Insurance Act, of the laws of the _____ Tribe / Nation.

WHEREAS, the Applicant is a domestic corporation (or a foreign corporation) organized under the laws of the (licensing organization) and has attached to its Application its Certificate of Incorporation, Articles of Incorporation, Bylaws, Initial Rate Filing, and proof of meeting the minimum capitalization requirements of the Nation.

WHEREAS, the applicant enters into a consensual and contractual relationship with the _____ Tribe / Nation and understands that the licensing of the business of insurance is an exercise of tribal sovereignty that has a direct effect on the political integrity, economic security, self-determination and the health and welfare of the Tribe / Nation.

WHEREAS, the United Nations has recognized the inherent rights of indigenous peoples by promulgating the United Nations Declaration of Rights of Indigenous Peoples (“UNDRIP”).

NOW THEREFORE, without any express or implied waiver of the sovereign immunity of the _____ Tribe / Nation I, the undersigned Insurance Commissioner of the _____ Tribe / Nation, by virtue of the powers vested in me by law, on behalf of the _____ Tribe / Nation, Chief _____ and the other leaders of the Tribe / Nation, do hereby issue this certificate evidencing such issuance and filing.

IN TESTIMONY WHEREOF, I set my hand and cause to be affixed the Great Seal of the _____ Tribe / Nation and the Seal of the Insurance Commissioner.

Filed in the Office of the Insurance Commissioner, City, State this _th_ day of ___ 20xx.

(name), Attorney General & / or Insurance Commissioner