



**DOCUMENTS NEEDED TO FILE REQUEST  
FOR REPLACEMENT CERTIFICATE OF AUTHORITY**

1. Complete and return attached Form 3P;
2. Return original Delaware Certificate of Authority for cancellation; if the original cannot be located, please complete and return attached UCAA Form 15.
3. Submit check in the amount of \$100, subject to retaliatory tax, which is the administrative fee for issuance of the new Certificate of Authority. Please make check payable to the Delaware Department of Insurance.

**Attachments**

**QUESTIONS:**

Dorothy J. Speight  
Insurance Compliance Specialist  
302-674-7344; FAX: 302-739-2709  
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**State of Delaware**  
**Department of Insurance**  
**APPLICATION FOR INSURANCE COMPANY**  
**CERTIFICATE OF AUTHORITY**

Application is hereby made by

\_\_\_\_\_ *Corporate Title*

\_\_\_\_\_ *Corporate Address*

\_\_\_\_\_ *Administrative/Mailing Address*

Incorporated or Organized on \_\_\_\_\_, in \_\_\_\_\_ as a  
 \_\_\_\_\_ (stock, mutual, reciprocal, mutual benefit etc.) In-  
 surer for a Certificate of Authority to transact the business of insurance within the State of Delaware for the  
 following lines, as set forth in Title 18, Delaware Code.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Life, including annuities | Casualty, including:   | <input type="checkbox"/> Leakage & Fire Extinguisher<br>Equipment |
| <input type="checkbox"/> Variable Life             | <input type="checkbox"/> Vehicle   | <input type="checkbox"/> Malpractice                              |
| <input type="checkbox"/> Variable Annuities        | <input type="checkbox"/> Liability   | <input type="checkbox"/> Elevator                                 |
| <input type="checkbox"/> Credit Life               | <input type="checkbox"/> Burglary & Theft                                  | <input type="checkbox"/> Congenital Defects                       |
| <input type="checkbox"/> Health                    | <input type="checkbox"/> Personal Property Floater                         | <input type="checkbox"/> Livestock                                |
| <input type="checkbox"/> Credit Health             | <input type="checkbox"/> Glass   | <input type="checkbox"/> <u>Entertainments</u>                    |
| <input type="checkbox"/> Property                  | <input type="checkbox"/> Boiler & Machinery                                | <input type="checkbox"/> Miscellaneous                            |
| * <input type="checkbox"/> Surety                  | * <input type="checkbox"/> Credit  |   |
| <input type="checkbox"/> Title                     | * <input type="checkbox"/> Workers' Compensation &<br>Employer's Liability |   |
| <input type="checkbox"/> Marine and Transportation |  |   |

**\*SPECIAL DEPOSITS REQUIRED (\$100,000 WORKERS' COMPENSATION AND \$10,000 SURETY)**

FED. EMPLOYERS I.D. # (EIN) \_\_\_\_\_ NAIC # \_\_\_\_\_

TELEPHONE # ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Corporate Title*

\_\_\_\_\_ *Officer*

\_\_\_\_\_ *Title*

NOTE: Multiple Line Authority Conferred Through Licensing of Component Coverages

Applicant Name: \_\_\_\_\_

NAIC No.: \_\_\_\_\_

FEIN: \_\_\_\_\_

**AFFIDAVIT OF LOST CERTIFICATE OF AUTHORITY**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned authority, on this day personally appeared

\_\_\_\_\_

who after being by me duly sworn upon oath deposes and states:

That he/she is the \_\_\_\_\_ of  
(Position with Company)

\_\_\_\_\_  
(Name of Company)

\_\_\_\_\_,  
(City of domicile) (State of domicile)

and that he/she has custody and control of the minutes and other records of said corporation and that diligent search has been made for the current Certificate of Authority issued to said corporation by the \_\_\_\_\_  
(State Department of Insurance)

This said Certificate of Authority, issued in \_\_\_\_\_, can not be located and is considered lost, misplaced or  
(Year)  
destroyed and it is therefore impossible to surrender said Certificate to the \_\_\_\_\_. In the event  
(State Department of Insurance)  
that original Certificate of Authority is located, the company will immediately return the Certificate of Authority to the  
\_\_\_\_\_  
(State Department of Insurance)

DATED this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Signature)

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_  
personally known to me, who, being duly sworn, deposes and says that he/she executed the above  
instrument and that the statements and answers contained therein, are true and correct to the best of his/her  
knowledge and belief.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

(SEAL)

My commission expires: \_\_\_\_\_