



DEPARTMENT OF
INSURANCE AND FINANCIAL INSTITUTIONS

EMAIL THE COMPLETED APPLICATION AND ATTACHMENTS
TO PROPCAS@DIFI.AZ.GOV.
PLEASE DO NOT MAIL A HARD COPY.

Product Filing and Compliance Division

Phone: (602) 364-2393

Web: <https://insurance.az.gov>

Email: propcas@difi.az.gov

LICENSE APPLICATION FOR A RATING ORGANIZATION
[ARS § 20-361](#)

SECTION I: GENERAL INFORMATION

Applicant's Complete Name: _____

Applicant's Federal Employer ID Number: _____ State of Domicile: _____

Home Office:

(Street and Number) (City, State and Zip Code)

(Telephone Number)

Mailing Address:

(Street and Number) (City, State and Zip Code)

(Telephone Number)

Contact Person:

(Name) (Title)

(Telephone Number) (Email Address)

SECTION II: APPLICATION INFORMATION

- A. The Entity Named Is (check one):
- A Corporation
 - A Limited Liability Company
 - An Unincorporated Association
 - A Partnership
 - An Individual
- B. Provide separately, as an attachment II-1, the type(s) insurance the entity intends to provide service.

SECTION III: RATING ORGANIZATION

[ARS § 20-361](#)

THE APPLICANT NAMED IN SECTION I. ABOVE HEREIN MAKES APPLICATION TO THE DIRECTOR OF THE ARIZONA DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS TO BE LICENSED AS A RATING ORGANIZATION PURSUANT TO THE PROVISIONS OF [ARS § 20-361](#). THE APPLICANT HEREWITH FILES WITH THE DIRECTOR THE FOLLOWING DOCUMENTS:

- A. A copy of the applicant's constitution, its articles of agreement or association, or its certificates of incorporation (attach as Exhibit III-1).
- B. A copy of the applicant's bylaws, and rules and regulations governing its activities (attach as Exhibit III-2).
- C. A list of the applicant's members (attach Exhibit III-3). Please see [ARS § 20-363](#) for membership requirements.
- D. The name, address, and telephone number of a resident of this state upon whom notices and orders of the director or service of process may be served (attach as Exhibit III-4).
- E. A financial statement that is certified by an officer of the applicant that includes financial information which is current as of not more than 90 days before the date the application is filed with the Director. The financial statement shall include an income statement and a balance sheet that is prepared according to generally accepted accounting principles and that is for the 2 years immediately preceding the date of the financial statement. The applicant shall not submit consolidated income statements or balance sheets (attach as Exhibit III-5).
- F. A plan for the orderly and timely transfer to the designated statistical agent or the director of all data collected in accordance with the statistical plan in effect in this state from its member insurers in this state if the Rating Organization ceases to do business in the state (attach as Exhibit III-6).
- G. A statement of applicant's competence and qualifications as a rating organization (attach as Exhibit III-7). Such statement should include, but is not limited to:
- A list of states in which the applicant is currently licensed as a rating organization.
 - The length of the time the applicant has operated in other jurisdictions as a rating organization.
 - A description of regulatory action, if any, taken by other states against the applicant's license.
 - A description of the rating services the applicant has provided in other states.
 - A description of the kinds of insurance, or subdivisions or classes of risks or parts or combinations thereof, for which the applicant is will transact as a rating organization in Arizona.

PLEASE NOTE: A RATING ORGANIZATION SHALL PROMPTLY FILE, VIA SERFF, ANY AMENDMENTS TO A DOCUMENT REQUIRED TO BE FILED PURSUANT TO [ARS § 20-362](#).

SECTION V: AFFIDAVIT

I, _____, _____
(TYPED NAME OF SIGNATORY) (TITLE OF SIGNATORY)

AM A PRINCIPAL OR AN OFFICER OF _____
(COMPLETE NAME OF APPLICANT)

AND I HAVE THE AUTHORITY TO BIND THE APPLICANT, AND MAKE THE FOLLOWING ATTESTATIONS:

1. I CERTIFY THAT ALL INFORMATION PROVIDED IN ALL SECTIONS OF THIS APPLICATION AND IN ALL ATTACHMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.
2. I ACKNOWLEDGE THAT ANY MISREPRESENTATION MADE IN THIS APPLICATION OR IN ANY OF THE ATTACHMENTS THERETO ARE GROUNDS FOR DENIAL OF THIS LICENSE APPLICATION.
3. I ACKNOWLEDGE THAT PURSUANT TO [ARS § 20-374](#), THE DIRECTOR MAY ISSUE AN ORDER AGAINST THE RATING ORGANIZATION AND FAILURE TO COMPLY WITH SUCH ORDER IS GROUNDS FOR SUSPENSION OR REVOCATION OF RATING ORGANIZATION'S LICENSE.
4. I ALSO ACKNOWLEDGE THAT PURSUANT TO [ARS § 20-362](#) EVERY RATING ORGANIZATION IS REQUIRED TO NOTIFY THE DIRECTOR OF ANY AMENDMENTS TO THE FOLLOWING: a) ITS CONSTITUTION, ARTICLES OF AGREEMENT OR ASSOCIATION OR ITS CERTIFICATE OF INCORPORATION; AND b) ITS BYLAWS, RULES AND REGULATIONS GOVERNING THE CONDUCT OF ITS BUSINESS; AND c) ITS MEMBERS AND SUBSCRIBERS; AND d) THE NAME AND ADDRESS OF THE ARIZONA RESIDENT DESIGNATED BY THE APPLICANT UPON WHOM NOTICES OR ORDERS OF THE DIRECTOR OR PROCESS AFFECTING THE RATING ORGANIZATION MAY BE SERVED.
5. I ACKNOWLEDGE THAT, IN ACCORDANCE WITH [ARS § 20-361](#) THE RATING ORGANIZATION LICENSE, IF ISSUED, IS IN EFFECT UNTIL THE RATING ORGANIZATION FILES, AND THE DIRECTOR ACCEPTS, THE COMPANY'S SURRENDER, OR THE DIRECTOR REVOKES OR SUSPENDS THE LICENSE, AFTER A NOTICE AND HEARING.
6. I ACKNOWLEDGE THAT THE DIRECTOR, IN ACCORDANCE WITH [ARS § 20-370](#), MAY EXAMINE EACH RATING ORGANIZATION AS NECESSARY.

(SIGNATURE OF AN OFFICER OF THE ORGANIZATION)

(DATE OF SIGNATURE)