



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 RATE SERVICE ORGANIZATION
[ARS § 20-389](#)

SECTION I: GENERAL INFORMATION

Applicant's Full Company 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 Company 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 company intends to provide service.

SECTION III: RATE SERVICE ORGANIZATION

[ARS § 20-389](#)

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 RATE SERVICE ORGANIZATION AS DEFINED IN [ARS § 20-381](#) AND PURSUANT TO THE PROVISIONS OF [ARS § 20-389](#). 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).
- 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 statement of applicant's technical qualifications as a rate service organization (attach as Exhibit III-6). Such statement shall include, but is not limited to:
 - The names of those states in which the applicant is currently licensed as a rate service organization.
 - The length of the time the applicant has operated in other jurisdictions as a rate service organization.
 - The action, if any, other states have taken against the applicant's license in these jurisdictions.
 - The rate services 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 rate service organization in Arizona.

PLEASE NOTE: A RATE SERVICE ORGANIZATION SHALL PROMPTLY FILE ANY AMENDMENT TO A DOCUMENT REQUIRED TO BE FILED PURSUANT TO [ARS § 20-389](#). FAILURE TO FILE ANY SUCH AMENDMENT IS A GROUND FOR SUSPENSION OF THE LICENSE DURING THE PERIOD OF NONCOMPLIANCE. REPEATED FAILURES TO FILE SUCH AMENDMENTS ARE GROUNDS FOR REVOCATION OF THE LICENSE.



DEPARTMENT OF INSURANCE AND FINANCIAL INSTITUTIONS

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 PURSUANT TO ARS § 29-389 EVERY LICENSED RATE SERVICE ORGANIZATION IS REQUIRED TO NOTIFY THE DIRECTOR OF ALL CHANGES TO THE FOLLOWING: a) A COPY OF ITS CONSTITUTION, CHARTER, ARTICLES OF ORGANIZATION, AGREEMENT, ASSOCIATION OR INCORPORATION AND A COPY OF TIS BYLAWS AND ANY OTHER RULES OR REGULATIONS GOVERNING ITS ACTIVITIES; b) A LIST OF ITS MEMBERS AND SUBSCRIBERS; c) THE NAME AND ADDRESS OF ONE OR MORE RESIDENTS OF THIS STATE UPON WHOM NOTICES, ORDERS, OR SERVICE OF PROCESS MAY BE SERVED; d) A STATEMENT SHOWING ITS TECHNICAL QUALIFICATIONS FOR ACTING IN THE CAPACITY FOR WHICH IT SEEKS A LICENSE; AND e) ANY OTHER RELEVANT INFORMATION THE DIRECTOR MAY REQUIRE. I ALSO ACKNOWLEDGE THAT FAILING TO FILE SUCH AMENDMENTS IS GROUNDS FOR SUSPENDING THE LICENSE, AND THAT REPEATED FAILURES TO FILE SUCH AMENDMENTS ARE GROUNDS FOR REVOCATION OF THE LICENSE.
3. I ACKNOWLEDGE THAT, IN ACCORDANCE WITH ARS § 20-389, THE RATE SERVICE ORGANIZATION'S LICENSE, IF ISSUED, IS IN EFFECT UNTIL THE RATE SERVICE ORGANIZATION WITHDRAWS FROM THIS STATE OR UNTIL THE LICENSE IS SUSPENDED OR REVOKED.
4. I ACKNOWLEDGE THAT THE DIRECTOR, IN ACCORDANCE WITH ARS § 29-394, MAY EXAMINE EACH RATE SERVICE ORGANIZATION AS OFTEN AS CONSIDERED NECESSARY.

(SIGNATURE OF AN OFFICER OF THE ORGANIZATION)

(DATE OF SIGNATURE)