



Department of Insurance

Mike DeWine, Governor
Jon Husted, Lt Governor

Tynesia Dorsey, Interim Director

Application for Renewal of Certificate of Authority Property and Casualty Companies

Office of Risk Assessment, 50 W Town Street, 3rd Floor - Suite 300, Columbus OH 43215
614-644-2658 | 614-644-3256 (Fax) | insurance.ohio.gov

Federal ID	NAIC Number	Date	Place Bar Code Here
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The _____ (Company Name)

of _____ in the State of _____
(Statutory City) (State)

hereby applies for a renewal Certificate of Authority to transact in the State of Ohio, in accordance with the laws thereof, the business of insurance on the _____ plan, including the lines of business checked below:
(Stock or mutual)

Property & Casualty 3929.01 (A)

- | | |
|---|---|
| <input type="checkbox"/> (1) Fire | <input type="checkbox"/> (16b) Other Private Passenger Auto Liability |
| <input type="checkbox"/> (2) Allied Lines | <input type="checkbox"/> (16c) Commercial Auto No-fault (personal injury protection to the extent permitted by law) |
| <input type="checkbox"/> (3) Farmowners Multiple Peril | <input type="checkbox"/> (16d) Other Commercial Auto Liability |
| <input type="checkbox"/> (4) Homeowners Multiple Peril | <input type="checkbox"/> (17a) Private Passenger Auto Physical Damage |
| <input type="checkbox"/> (5) Commercial Multiple Peril | <input type="checkbox"/> (17b) Commercial Auto Physical Damage |
| <input type="checkbox"/> (6) Ocean Marine | <input type="checkbox"/> (18) Aircraft (all perils) |
| <input type="checkbox"/> (7) Inland Marine | <input type="checkbox"/> (19) Fidelity |
| <input type="checkbox"/> (8) Financial Guaranty | <input type="checkbox"/> (20) Surety |
| <input type="checkbox"/> (9) Medical Malpractice | <input type="checkbox"/> (21) Glass |
| <input type="checkbox"/> (10) Earthquake | <input type="checkbox"/> (22) Burglary & Theft |
| <input type="checkbox"/> (11) Group A&H | <input type="checkbox"/> (23) Boiler & Machinery |
| <input type="checkbox"/> (12) Credit A&H (Group & Individual) | <input type="checkbox"/> (24) Credit |
| <input type="checkbox"/> (13a) Collectively Renewable A&H | <input type="checkbox"/> (25) Reinsurance Only |
| <input type="checkbox"/> (13b) Noncancellable A&H | <input type="checkbox"/> (26) Other (please specify) |
| <input type="checkbox"/> (13c) Guaranteed Renewable A&H | |
| <input type="checkbox"/> (13d) Nonrenewable for stated reasons only | |
| <input type="checkbox"/> (13e) Other Accident Only | |
| <input type="checkbox"/> (13f) All Other A&H | |
| <input type="checkbox"/> (14) Workers' Compensation (to the extent permitted by law) | |
| <input type="checkbox"/> (15f) Other Liability | |
| <input type="checkbox"/> (16a) Private Passenger Auto No-fault (personal injury protection, to the extent permitted by law) | |

It is hereby certified that the Articles of Incorporation empower the above company to transact all of the kinds of insurance in the divisions enumerated. The classes of insurance applied for above are limited to the classes of insurance the Company is authorized to transact in its home state.

President or Vice President _____

Secretary _____