

**APPOINTMENT OF INSURANCE PRODUCER**

To the Insurance Commissioner of Guam:

The undersigned \_\_\_\_\_ hereby  
(General Agent or Insurer)

appoints \_\_\_\_\_

whose address is \_\_\_\_\_

to act in Guam as its Producer for the following classes of Insurance:

- Fire
- Motor Vehicle
- Accident, Health
- Property Damage Liability
- Fidelity & Surety
- Title
- Workmen’s Compensation
- Variable Life & Annuity
- Life
- Marine
- Miscellaneous
- Credit Life

Further, the undersigned \_\_\_\_\_ hereby:

1. Certifies that this appointment shall remain in effect continuously until written notice of termination is received by the Insurance Commissioner or said Producer’s license to transact insurance business in Guam is revoked or is not renewed.
2. Certifies that the appointee has the required number of continuing education (CE) credit hours for this application:
  - P&C License- 6 hrs P&C specifics, 6 hrs general, 2 hrs ethics
  - Life & Health- 6hrs Life & Health specifics, 6 hrs general, 2 hrs ethics
  - Combined License – 6 Hrs P&C specifics, 6 Hrs L&H specifics + 2 Hrs Ethics
3. Certifies that I have known the appointee for \_\_\_\_\_, and I have investigated his/her character and reputation and recommend appointee as being worthy of a Producer’s license.
4. Certifies that I have examined appointee and found that he/she has sufficient knowledge of insurance and the insurance laws of Guam to properly act as a Producer.

**Dated at \_\_\_\_\_ Guam, \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
(Insurer or General Agent)-Print Name

\_\_\_\_\_  
(Authorized Signature for Insurer or General Agent)

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