

Applicant Name: _____

FEIN: _____

13. Resident Status _____ Resident of New Jersey
 _____ County Home Office located in for NJ Residents
 _____ Non-Resident of New Jersey

Certification

I _____ certify that I am authorized to file this certification
 (Name and Title)
 on behalf of the applicant, the information set forth in the enclosed application and herein is true to the best of my information, knowledge and belief, and that the Department of Banking and Insurance may rely on the information set forth in the application and herein in determining whether to grant a license pursuant to N.J.S.A. 17B:27C-1 et seq.

I further certify that _____ is familiar and will comply with the
 (Name of Applicant)
 requirements set forth at N.J.S.A. 17B:27C-1 et seq. and N.J.A.C. 11:4-56.

Signature of Applicant

Full Legal Name (Type or Print)

Title

Date