

Ohio Department of Insurance

John R. Kasich – Governor
 Mary Taylor – Lt. Governor/Director



Application for Renewal of Certificate of Authority Property and Casualty Companies

Federal ID _____ NAIC Number _____ Date _____

Place Bar Code Here

The _____
 (Company Name)

of _____ in the State of _____
 (Statutory City)

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

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 _____