



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

Domestic Farmers Mutual Fire Application for License
(New and Renewal)

NAIC Company Code: _____

Company Name: _____

Mailing Address: _____

Contact Person: _____

Phone Number: _____

E-Mail: _____

This company hereby applies for license to transact insurance as a Domestic Farmers Mutual Fire Insurance Company as provided in W. Va. Code §33-22.

Signature of Officer

Name and Title of Officer – Type or Print

Date

Accredited by the National Association of Insurance Commissioners