



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

**Attestation Statement for Home State
Third Party Administrators in WV**

On behalf of _____ (Company Name), the undersigned officer(s) hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments are true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject the Third-Party Administrator to civil or criminal penalties.
2. Unless provided otherwise by law or regulation of the jurisdiction, the Third Party Administrator hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process, regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the Third Party Administrator.
3. The Third-Party Administrator grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. I authorize the jurisdictions to which this application is made to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I understand and comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
6. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
7. I hereby certify that upon request, I will furnish the jurisdiction(s) to which I am applying, certified copies of any documents attached to this application or requested by the jurisdiction(s).

Must be signed by two officers of the Third-Party Administrator:

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date

Notarization

County of _____, in the State of _____.

Subscribed, and sworn to before me, this _____ day of _____, 20__.

Affix Seal Here

Signature of Notary Public

My commission expires: _____

Accredited by the National Association of Insurance Commissioners