

**STATE OF IOWA
INSURANCE DIVISION**

Please print or type all information.
Iowa Insurance Division, Attn: Licensing Dept.
1963 Bell Avenue, Suite 100
Des Moines, IA 50315

For office use only

“Insurer for Portable Electronics Insurance Limited License” Certificate

Iowa Code 522E.4 Portable Electronic Vendor Requirement

A portable electronics vendor applying for a Portable Electronics Insurance Limited License under this chapter shall submit to the commissioner a certificate by the insurer that is to be named in the portable electronics insurance license, stating that the insurer is satisfied that the named applicant is trustworthy and competent to act as a portable electronics insurance licensee limited to this purpose and that the insurer will appoint the applicant to act as its agent to transact the kind or kinds of insurance that are permitted by this chapter if the portable electronics insurance license applied for is issued by the commissioner. The certification shall be subscribed by an officer or managing agent of the insurer.

Name of Portable Electronics Vendor: _____

FEIN: _____

Business Address: _____

Email Address: _____ **Phone:** _____

This is to certify that we find the named vendor on this form to be trustworthy and competent to act as a Portable Electronics Insurance Limited Licensee. We will appoint this applicant to act as our agent to transact the kind or kinds of insurance permitted by Iowa Code 522.E Senate File 487 should the commissioner issue the license.

Insurer Name: _____

FEIN: _____ **NAIC#** _____

Address: _____

Email Address: _____ **Phone:** _____

Insurer Authorized Representative: _____ **Date:** _____

Printed Name: _____ **Title:** _____

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