Name of Business: _________________________________

Contact Person: _________________________________________

Telephone Number: Office ___________________ Mobile ___________________

Email Address: _________________________________________

1. ___ Business Formation Documents

   ___ Corporation
   ___ Copy of Trade Name Certificate (if applicable)
   ___ Copy of Articles of Incorporation & By Laws
   ___ Copy of Certificate of Resolution
   ___ Certificate of Good Standing

   ___ LLC
   ___ Copy of Trade Name Certificate (if applicable)
   ___ Copy of Articles of Organization
   ___ Copy of Operating Agreement
   ___ Certificate of Good Standing

   ___ General Partnership
   ___ Copy of Trade Name Certificate (if applicable)
   ___ Copy of Partnership Agreement (if applicable)
   ___ Certificate of Good Standing

   ___ L.P, LLP, LLLP
   ___ Copy of Trade Name Certificate (if applicable)
   ___ Certificate of Limited Partnership or Statement of Qualification
   (for LLP and LLLP) ___ Current Certificate of Good Standing

   ___ Sole Proprietorship ___ Copy of Trade Name Certificate (if applicable)

2. ___ Current USVI business license Expiration date: ___/___/20___

   Type of business license: ____________________________________________

3. ___ Employer Identification Number (EIN): ____________________________

4. ___ DUNS Number: ________________________________________________

5. ___ Insurance ___ Certificate of General Liability & Endorsement Expiration date: ___/___/20___
   ___ Proof of Automobile Insurance Expiration date: ___/___/20___
   ___ Certificate Professional Liability & Endorsement Expiration date: ___/___/20___
   ___ Errors and Omissions Expiration date: ___/___/20___
   ___ Malpractice Insurance Expiration date: ___/___/20___

6. ___ Workers Compensation Insurance Expiration date: ___/___/20___