

**STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF INSURANCE
333 Willoughby Avenue, 9th Floor
P.O. Box 110805, Juneau, Alaska 99811-0805
(907) 465-2515 – FAX (907) 465-2816**

Apply electronically through www.nipr.com under electronic licensing, select initial license and begin the reinstatement process. If filing electronically, the renewal fees and delayed renewal penalty fee are automatically collected. If filing a paper reinstatement in addition to fees indicated, include **an additional \$50 processing fee.** You will also need to submit:

- THE RENEWAL FORM AND FEE WITH ALL NECESSARY REQUIREMENTS; RENEWAL FEE; RENEWAL FORM (see www.NIPR.com); AND
- THE DELAYED RENEWAL FEE: Established in Alaska Regulation 3 AAC 31.060(a)(8). A lapsed license may be reinstated by continuing to qualify for the license and by payment of renewal license fees and a delayed renewal penalty, AS 21.27.380(b). The delayed renewal fees are:
 - a. 1 to 60 days after the license lapses, \$100; or
 - b. over 61 days after the license lapses, \$200 (3 AAC 31.060(a)(8)).
- NOTARIZED STATEMENT which indicates that Alaska insurance business has not been adjusted from the date of the license lapse to the present date; if business has been adjusted, you must complete all information requested below:

Attestation of Alaska Insurance Transactions

Please do not include adjustment of self-insured claims.

I certify, under penalty of perjury, that from _____ to _____, I have not engaged in the adjusting activities relative _____ (Date of License Expiration) _____ (Present Date)

to an Alaska risk under the authority granted me by Alaska License Number _____. It is understood that adjusting activities cannot be engaged in until such time as the license has been reinstated.

I certify, under penalty of perjury, that the following is a complete and accurate list of all Alaska adjusting activities that took place after _____ (Date of License Expiration) and prior to the reinstatement of my/firm's lapsed Alaska License

Number _____. If necessary, attach a separate page. **Any attachment must be notarized. If information is provided on a spreadsheet, be certain to total the amount of remuneration.**

No.	Date of Adjustment	Policy No.	Alaska Insured Name and Address	Insurer Name and Address	Compensation, or any form of Remuneration
1.					
2.					
3.					
Total:					

Dated at _____, this _____ day of _____, _____.

Signature of Licensee/Compliance Officer

Typed or Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____ City/Town State

Notary Signature: _____

My Commission Expires: _____

(NOTARY SEAL)

