



Motor Club Branch Office Application

In accordance with North Carolina General Statutes, Chapter 58, Article 69, no motor club; district or branch office of a motor club; or franchise motor club shall engage in business in this State unless it holds a valid license issued by the Commissioner of Insurance.

This form should only be used to either ADD or DELETE branches for existing licensees

LICENSEE GENERAL INFORMATION

Licensee/Company Name:		NC License #:
Street Address:		
City/State/ZIP:		
Office Telephone:	Email Address:	

BRANCH OFFICE ADDITIONS

Branch offices registered with NCDI may operate under the same license number as the motor club's main office. The non-refundable statutory licensing fee is \$100.00 per branch + \$48.00 application processing fee.

Branch Name:	Effective Date:
Street Address:	
City/State/ZIP:	Telephone:
Branch Manager/Contact Person:	
Email Address:	

Branch Name:	Effective Date:
Street Address:	
City/State/ZIP:	Telephone:
Branch Manager/Contact Person:	
Email Address:	

Branch Name:	Effective Date:
Street Address:	
City/State/ZIP:	Telephone:
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Email Address:	

Branch Name:	Effective Date:
Street Address:	
City/State/ZIP:	Telephone:
Branch Manager/Contact Person:	
Email Address:	



NC LICENSE # _____

BRANCH OFFICE DELETIONS

Branch Name:	NCDOI Branch Office Number:
Street Address:	
City/State/ZIP:	Effective Date:

Branch Name:	NCDOI Branch Office Number:
Street Address:	
City/State/ZIP:	Effective Date:

Branch Name:	NCDOI Branch Office Number:
Street Address:	
City/State/ZIP:	Effective Date:

Branch Name:	NCDOI Branch Office Number:
Street Address:	
City/State/ZIP:	Effective Date:

PAYMENT INFORMATION

The non-refundable statutory licensing fee is \$100.00 per branch + \$48.00 application processing fee. Make checks payable to NC Department of Insurance. There is no charge for deleting a branch.

QTY	DESCRIPTION	TOTALS
	Branch Additions: Licensing Fee @ \$100.00 each	= \$
	Processing Fee (branch office additions only)	= \$ 48.00
Total Check Amount		= \$

**** No Charge for Branch Deletions**

OFFICER AUTHORIZATION

I hereby certify that on this _____ day of _____, 20_____, the undersigned has executed the foregoing Motor Club Branch Office Application. The information is correct, true, accurate, and complete.

NAME (print): _____ SIGNATURE: _____

MAILING INFORMATION

NOTE: Please ensure that license number is on every document.

US POSTAL SERVICE	OVERNIGHT DELIVERY
NC/State of DOI	Bank of America Lockbox Services
P.O. Box 742175	Lockbox #742175
Atlanta, GA 30374-2175	6000 Feldwood Road
	College Park, GA 30349