



**Renewal Application for Accreditation as an  
 Independent Review Organization**

**General Information**

Legal Name of Applicant		Renewal Application Date	Renewal Year
Contact Name	Contact Title		
Contact Email Address	Contact Phone Number		
Mailing Address Street	City	State	Zip

**Certification**

hereby applies to renew its accreditation by the Ohio

*(Enter legal name of Applicant.)*

Department of Insurance to act as an Independent Review Organization, pursuant to Ohio Revised Code §3922.13 and Ohio Administrative Code §3901-8-04.

**Select One:**

I certify that there have been no material changes that have not already been filed with the Superintendent of Insurance.

The following material changes have occurred *(select all that apply)*:

Change(s) in ownership.  
 Explain:

Change(s) in the organization's Articles of Incorporation, Board membership, officers, etc.  
 Explain:

Other change(s).  
 Explain:

**Please include with this application, current certified copies of relevant corporate documents, as changed. Also include completed Biographical Questionnaires (ODI Form INS5035-A), whenever applicable to report a material change pursuant to OAC 3901-8-04.**

I, \_\_\_\_\_, acting on behalf of Applicant, as a Director or Trustee, or  
*(Enter name of person certifying for Applicant.)*  
 authorized officer of the Applicant, hereby certify that the information provided on this form is true and complete to the best of my knowledge, information and belief.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Print or type full legal name

\_\_\_\_\_  
 Title