

ALABAMA DEPARTMENT OF INSURANCE
CAPTIVE INSURANCE COMPANY APPLICATION

Section A- General Information

1. Name of the proposed captive/cell:

2. Individual to be contacted regarding this application:

Name:
Address:
Phone Number:
E-Mail Address:

3. Name(s) and address of Parent(s)/ Sponsor(s)/ Beneficial Owner(s) of proposed captive (attach additional sheets, if necessary):

Name:
Address:
Phone Number:
E-Mail Address:
% Ownership:

Name:
Address:
Phone Number:
E-Mail Address:
% Ownership:

4. Net Worth of Parent(s)/ Sponsor(s)/ Beneficial Owner(s) of proposed captive:

5. Please explain the relationship among parent(s)/ beneficial owner(s), etc.
6. Provide a copy of the annual report and/or 10K or personal financial statement(s) of the Parent(s)/ Sponsor(s)/Beneficial Owner(s) of proposed captive. (Documents will be considered confidential pursuant to ALA. Code 27-31B-3.)
7. Type of proposed captive:
- | | |
|---|--|
| <input type="checkbox"/> Pure | <input type="checkbox"/> Branch |
| <input type="checkbox"/> Association | <input type="checkbox"/> Protected Cell Core |
| <input type="checkbox"/> Cell | <input type="checkbox"/> Coastal Captive |
| <input type="checkbox"/> Industrial Insured | <input type="checkbox"/> RRG |
| <input type="checkbox"/> Agency | <input type="checkbox"/> Reinsurance |
| <input type="checkbox"/> Special Purpose | |

If the applicant is a cell seeking approval to operate under a licensed protected cell captive identify the licensed core the cell will operate under.

Core:

If the applicant is an agency captive identify the licensed producer(s) that will own or control the captive.

Producer(s):

8. Organization form of proposed captive:
- | |
|-------------------------------------|
| <input type="checkbox"/> Stock |
| <input type="checkbox"/> Mutual |
| <input type="checkbox"/> Reciprocal |
| <input type="checkbox"/> LLC |

9. Principal place of business/ location of books and records within the State of Alabama of proposed captive:

Principal Place of Business:	
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Location of Books and Records (if different):	
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10. Name of Directors of proposed captive at least one of which must reside within the State of Alabama (List below and attach biographical affidavit Form AL-C-BIO for each.):

Name: _____
Employer: _____
Position: _____
Position with Proposed Captive: _____
Alabama Resident? Yes No

Name: _____
Employer: _____
Position: _____
Position with Proposed Captive: _____
Alabama Resident? Yes No

Name: _____
Employer: _____
Position: _____
Position with Proposed Captive: _____
Alabama Resident? Yes No

Name: _____
Employer: _____
Position: _____
Position with Proposed Captive: _____
Alabama Resident? Yes No

Name: _____
Employer: _____
Position: _____
Position with Proposed Captive: _____
Alabama Resident? Yes No

Name: _____
Employer: _____
Position: _____
Position with Proposed Captive: _____
Alabama Resident? Yes No

11. Name of Officers of proposed captive (List below and attach biographical affidavit Form AL-C-BIO for each.):

Name:	
Position with Proposed Captive:	

Name:	
Position with Proposed Captive:	

Name:	
Position with Proposed Captive:	

Name:	
Position with Proposed Captive:	

Name:	
Position with Proposed Captive:	

Name:	
Position with Proposed Captive:	

12. If the proposed captive is to be an Industrial Insured Captive, provide the following.

- a. Name and address of each full-time employee acting as an Insurance Manager or Buyer.

Name	Address

- b. Aggregate annual premium:

c. Number of full-time employees:

SECTION B- FINANCIAL INFORMATION

13. Stock Company:

a. Capital and/or surplus of the company:

Initial capital:
Initial Surplus:
Total:

b. Form of minimum required capital and surplus and identity of financial institution:

Form:

Financial Institution:

Name:
Address:
Contact:
Phone Number:
E-Mail:

c. Form of additional capital and surplus and identity of financial institution (attach copy of investment plan if form is other than cash or LOC):

Form:

Financial Institution:

Name:
Address:
Contact:
Phone Number:
E-Mail:

d. Type of stocks to be authorized:

Type	# of Shares	Par	Selling Price
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

e. Location of shares of stock:

14. Mutual or Reciprocal Company:

Amount of contributed surplus:

15. If Letter(s) of Credit (LOC) are used for capitalizing/funding the proposed captive/cell, please provide the following (use additional sheets if necessary). Form AL-C-LOC must be furnished with this Application.

Type(s) of LOC:	
Amount:	
Name of Issuing Bank:	
Address of Issuing Bank:	
Issued in favor of:	Alabama Department of Insurance

SECTION C- SERVICE PROVIDERS

16. Attach a copy of the executed Service Agreement/ Engagement Letter for all of the indicated service providers. If not available, provide explanation.

a. Captive Management Firm (Attach Form AL-C-MGR if not already approved)

Name:	
Address:	
Phone Number:	
E-Mail:	
Contact Name:	

b. Attorney

Name:	
Address:	
Phone Number:	
E-Mail:	
Contact Name:	
ASB#:	

c. Claims Administrator

Name:	
Address:	
Phone Number:	

E-Mail:
Contact Name:

d. Certified Public Accountant (Attach Form AL-C-CPA if not already approved)

Name:
Address:
Phone Number:
E-Mail:
Contact Name:
Alabama Certificate #:
Alabama Permit #:
Permit Expiration Date:

e. Actuary (Attach Form AL-C-ACT if not already approved)

Name:
Address:
Phone Number:
E-Mail:
Contact Name:

f. Reinsurance Broker

Name:
Address:
Phone Number:
E-Mail:
Contact Name:

g. Reinsurance Intermediary

Name:
Address:
Phone Number:
E-Mail:
Contact Name:
Alabama License #:

SECTION D- ATTACHMENTS

17. Include the following with this application:

Alabama Department of Insurance, Post Office Box 303351, Montgomery, AL 36130-3351. Telephone: (334) 269-3550/ Facsimile: (334) 241-4192
E-Mail: insdept@insurance.alabama.gov

- a. Coverage/ Limits/ Reinsurance form(s).
- b. Certified copy of Captive's certificate of incorporation, articles of association and bylaws or, if a reciprocal, a certified copy of the power of attorney and subscribers agreement.
- c. A non-refundable fee of \$400. (Application fee of \$200.00 plus a non-refundable application examination fee of \$200.00.)
- d. A non-refundable actuarial fee will be billed to the applicant if necessary.
- e. A feasibility study prepared by an actuary to include an expected scenario as well as two adverse scenarios one of which must result in insolvency.
- f. Statement of Benefit to Alabama.
- g. Biographical affidavits for each officers and directors.
- h. If applicant is an Association Captive, give history, purpose, size and other details of parent association.
- i. List of all other providers and their responsibilities together with how fees for services rendered are to be charged.
- j. A detailed Plan of Operation with supporting data including:
 1. Risks to be insured.
 2. Fronting company if operating as a reinsurer.
 3. Expected net annual premium income.
 4. Maximum retained risk (per loss and annual aggregate).
 5. Rating program.
 6. Reinsurance program.
 7. Organization and responsibility for loss prevention and safety including the main procedures followed and steps taken to deal with events prior to possible claims.
 8. Loss experience for past five years together with projections for the ensuing five years.
 9. Organizational chart.
 10. Financial projections on an expected and worse case scenario

Items 1, 3, 4 and 10 above should be projected for a five-year period.
Provide all assumptions used in determining the projected amounts.

SECTION E- REGISTERED AGENT FOR SERVICE OF PROCESS

An executed form AL-C-ASP must be included with the application designating the proposed captives Alabama resident agent to accept service of process.

SECTION F- AGREEMENT TO SUBMIT TO EXAMINATION

An executed form AL-C-EXM must be included with the application.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE TRUE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

Name: _____ Date: _____

Signature: _____