

**STATE OF ALABAMA
DEPARTMENT OF INSURANCE
APPLICATION FOR APPROVAL TO ACT AS A
CAPTIVE MANAGER**

The Department only approves business entities to act as captive managers in the State of Alabama. The Applicant firm shall appoint a responsible person to serve as a liaison between the Department and the entities managed by the Applicant firm.

1. Name of captive management firm: _____

2. Alabama business address: _____

3. Captive manager's authorized representative:

Name _____

Telephone Number _____

Fax Number _____

E-Mail Address _____

4. Organization form of applicant manager:

- Corporation
 Partnership
 Limited Liability Company
 Other Business Entity

Date of incorporation or formation: _____

Place of incorporation or formation: _____

5. During the past five years, has Applicant operated under any different name, or has the Applicant purchased, consolidated or merged with any other business, or has the Applicant been purchased?

Yes No

If yes, please explain: _____

6. Provide the address where captive management services will be performed, if different from #2 above.

Address: _____

City: _____ State: _____ ZIP: _____

7. Please provide the following information about the Applicant:

- a. Location where captive records will be maintained, if different from #2 above:

Address:

City: State: ZIP:

- b. Names and titles of all staff (include resumes for each, except clerical staff and attach additional pages if necessary):

Principles/ Partners

Name _____
Title _____

Name _____
Title _____

Name _____
Title _____

Name _____
Title _____

Officers/ Professional Staff

Name _____
Title _____

Name _____
Title _____

Name _____
Title _____

Name _____
Title _____

Clerical and all others:

Name _____
Title _____

Name _____
Title _____

Name _____
Title _____

Name _____
Title _____

c. Number of captives
under management: _____

d. Names of all domiciles where licensed or approved as a captive
manager:

_____	_____
_____	_____
_____	_____
_____	_____

8. State captive services provided directly by the Applicant:

9. State captive services Applicant intends to subcontract to third parties (include
copies of such agreements):

10. Does the Applicant currently carry any of the following types of insurance (If yes,
please attach a copy of the policy):

	Yes	No
Directors and Officers Liability	<input type="checkbox"/>	<input type="checkbox"/>
Errors and Omissions	<input type="checkbox"/>	<input type="checkbox"/>
Fidelity/ Crime	<input type="checkbox"/>	<input type="checkbox"/>

11. As of the date of this application, have any of the professional employees of the
Applicant ever been the subject to any of the following as a result of professional
activities?

	Yes	No
Regulatory Reprimand	<input type="checkbox"/>	<input type="checkbox"/>
Regulatory Disciplinary Action	<input type="checkbox"/>	<input type="checkbox"/>
Admission Refusal	<input type="checkbox"/>	<input type="checkbox"/>
Admission Approval	<input type="checkbox"/>	<input type="checkbox"/>
License Revocation (Any form)	<input type="checkbox"/>	<input type="checkbox"/>

12. Has the applicant ever been denied approval as a captive manager in any jurisdiction? (If yes, attach a detailed explanation.)

Yes No

13. As of the date of this application, have any claims or suits ever been made against any of the directors, officers, principles, partners or professional employees of the Applicant arising out of professional services? (If yes, attach a detailed explanation.)

Yes No

14. Provide a listing of any directors, officers, principals, partners or professional employees holding an ownership interest in any captive insurance company under management. (List should state the ownership interest held.)

15. Provide a listing of all directors, officers, principals, partners or professional employees that currently serve, or will serve, as a board member of any captive insurance company the Applicant manages or will manage.

16. State whether any director, officer, principal, partner or professional employee performs or intends to perform any services other than captive management services to a captive insurance company under management or to a shareholder of a captive insurer.

17. Using Form AL-C-BIO, provide a biographical affidavit for each director, officer, principal, partner and professional employee of the Applicant.

I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED HEREIN IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUTHFUL IN ALL RESPECTS. I FURTHER UNDERSTAND THAT THE SUBMISSION OF FALSE OR INACCURATE INFORMATION SHALL BE GROUNDS FOR DENIAL OF APPROVAL TO ACT AS A MANAGER OF CAPTIVE INSURANCE COMPANIES IN THE STATE OF ALABAMA.

Name

Title

Signature

Date

