APPLICATION FOR AUTHORIZATION TO CERTIFY LOSS RESERVES FOR CAPTIVE INSURANCE COMPANIES

Applicants shall submit this completed application to: The DC Department of Insurance, Securities and Banking, 1050 First St., NE, Suite 801 Washington, DC 20002, Attn: Risk Finance Bureau or via email to captive.filings@dc.gov.

If necessary, applicants may attach additional pages to answer questions.

1. Full legal name: _____

2. Residence Address: _____

3. Phone Number: _____ Email Address: _____

4. List employment record for the last 20 years (include additional sheets if necessary):

    Employer: _____

    Employer's Address: _____

    Dates of Employment: _____

    Your Position or Title: _____

5. Education: College and higher level schools attended, addresses and degrees earned:

    _____

    _____

6. Has applicant been awarded designation of ACAS or FCAS? _____

    If so, year first awarded: _____

7. Has applicant been awarded designation of MAAA? _____

    If so, year first awarded: _____

8. List Actuarial Societies or Associations applicant is currently a member of and date membership was awarded:

    _____

    _____

    _____

9. List insurance companies for which the applicant has certified property and casualty loss and loss expense reserves in the past five years. For each company listed, indicate if traditional, captive or reinsurer.

_____

_____

10. Does applicant currently hold any professional licenses? _____

    If so, please state type(s) of license(s) and issuing jurisdiction(s).

_____

11. Has applicant ever had any professional license suspended or revoked? _____

    If so, by what jurisdiction and for what reason(s): _____

12. Has applicant ever been arrested or indicted or convicted of any crime or offense other than a traffic violation? _____ If so, provide details including the charge, the disposition and the jurisdiction.

_____

_____

13. Do you control, directly or indirectly any insurance company or do you own stock in any insurance company? _____ If so, provide details.

_____

_____

14. If approved, what District of Columbia Captive Insurance Companies will the applicant certify reserves for?

_____

I have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations, and willfully comply therewith. I certify under penalty of perjury under the laws of the District of Columbia that the information provided in this application is true and correct.

     (NO FEE REQUIRED)

     _____
     Print Name

     _____   _____
     Signature   Date