



# STATE OF CONNECTICUT

## INSURANCE DEPARTMENT



### Application for Recognition: Captive Insurance Company Manager

(Attach additional pages, as necessary.)

#### Applicant Information:

1. Name of captive insurance management firm: \_\_\_\_\_

2. Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Captive insurance management firm authorized representative:

- a. Name:
- b. Telephone:
- c. FAX Number:
- d. Email Address:

4. Applicant captive management firm formed as:

- a. Corporation
- b. Partnership
- c. Limited Liability Company (LLC)
- d. Other

Date of incorporation: \_\_\_\_\_

Place of incorporation or formation: \_\_\_\_\_

5. During the past five years, has the Applicant operated under a different name; purchased, consolidated or merged with any other business or been purchased?  
\_\_\_\_ Yes \_\_\_\_ No If Yes, please explain:

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

#### Captive Management Company Profile

7. Names and titles of key staff:

- a. Directors:
- b. Principals / Partners:
- c. Officers:
- d. Managers:

- Indicate which individuals are owners.
- Please complete a BIOGRAPHICAL AFFIDAVIT for each.

8. Number of current captive insurance companies under management:

- Pure: \_\_\_\_\_
- Association / Group: \_\_\_\_\_
- Special Purpose Vehicles: \_\_\_\_\_
- Risk Retention Group: \_\_\_\_\_

9. List domiciles where management firm has licensed and/or approved captive insurance companies under management:

10. Captive management services provided:

11. Captive management service to be sub-contracted to third parties:

12. Does the Applicant currently carry any of the following insurance coverages:

- Directors & Officers Liability: Yes \_\_\_ No \_\_\_
- Errors & Omissions: Yes \_\_\_ No \_\_\_
- Fidelity & Crime: Yes \_\_\_ No \_\_\_

Please attach a copy of the declarations page of each insurance policy for the above coverage's.

13. Has the Applicant ever been denied approval as a captive insurance company management firm in any jurisdiction?

Yes \_\_\_ No \_\_\_ If "yes", please explain.

14. After inquiry of all directors, principals, officers and managers listed in question # 7, have any of them ever been subject to a regulatory reprimand or disciplinary action, refused admission or approval or lost any license as a result of professional activities?

Yes \_\_\_ No \_\_\_ if "yes", please explain.

15. After inquiry of all director, principal / partner, officer, manager or professional employee at the date of the application, have any claims or suits ever been made against the Applicant or any of the directors, principals, officers, partners or employees arising out of professional or other services?

Yes \_\_\_ No \_\_\_ If “yes”, please explain.

16. Does any director, principal / partner, officer, manager or professional employee have any ownership interest in any captive insurance company under management?

Yes \_\_\_ No \_\_\_ If “yes”, please explain.

17. Will any director, principal / partner, officer, manager or professional employee serve as a board member of any captive insurance company it currently manages or will manage?

Yes \_\_\_ No \_\_\_ If “yes”, please explain.

18. Will any director, principal / partner, officer, manager or professional employee perform any service other than captive insurance company management services for a captive insurance company under management or for a shareholder of a captive insurer?

Yes \_\_\_ No \_\_\_ If “yes”, please explain.

19. The Connecticut Insurance Department only approved business entities to act as captive insurance company managers in the State of Connecticut. The firm shall appoint a responsible person to serve as a liaison between the Department and the entities managed by the firm. Applicants should update this information as necessary.

- a. Name:
- b. Telephone:
- c. FAX Number:
- d. Email Address:
- e. Business Address if different from Applicant's:

Note: The application must be signed by the President, CEO or Managing Partner of the Applicant captive insurance company management entity.

Unless otherwise indicated, once approved, the contact information of the Applicant may be published on the Connecticut Insurance Department Website.

I hereby swear and 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 or rescinding of recognition of the Applicant to act as a manager of captive insurance companies in the State of Connecticut.

I hereby certify that I have read and understand the requirements and provisions of the General Statutes of Connecticut, Chapter 698, §38a - 91 et seq., pertaining to captive insurers, and will fully comply with the laws and regulations of the State of Connecticut.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Signature of Notary Public \_\_\_\_\_

Notary Public authorized by law of the State of \_\_\_\_\_ to administer oaths.

My commission expires on: \_\_\_\_\_

NOTARY SEAL