

STATE OF DELAWARE  
DEPARTMENT OF INSURANCE  
841 SILVER LAKE BLVD.  
DOVER, DELAWARE 19904

APPLICATION FOR ADMISSION

1. NAME OF PROPOSED CAPTIVE: \_\_\_\_\_

2. INDICATE TYPE OF PROPOSED CAPTIVE:

PURE \_\_\_\_\_ ASSOCIATION \_\_\_\_\_ INDUSTRIAL INSURED \_\_\_\_\_

3. ADDRESS OF INCORPORATION AND DATE:

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

4. PRINCIPAL OFFICE OF PROPOSED CAPTIVE: \_\_\_\_\_

\_\_\_\_\_

5. LOCATION OF BOOKS AND RECORDS: \_\_\_\_\_

\_\_\_\_\_

6. CAPITALIZATION IF STOCK COMPANY:

(a) AMOUNT OF PAID-IN CAPITAL \$ \_\_\_\_\_

(b) TYPE OF STOCK(s) TO BE AUTHORIZED: NUMBER OF SHARES

(1) \_\_\_\_\_ \$ \_\_\_\_\_

(2) \_\_\_\_\_ \$ \_\_\_\_\_

(c) PAR VALUE OF EACH SHARE BY TYPE: SELLING PRICE

(1) \$ \_\_\_\_\_ \$ \_\_\_\_\_

(2) \$ \_\_\_\_\_ \$ \_\_\_\_\_

(d) LOCATION OF SHARES OF STOCK:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

7. HAS PARENT PREPARED RESOLUTIONS FOR AUTHORIZTING ESTABLISHMENT OF CAPTIVE, DESIGNATING INDIVIDUAL(S) TO:

(a) VOTE THE STOCK OF SHAREHOLDERS? \_\_\_\_\_

(b) NEGOTIATE LETTER OF CREDIT, THE REPAYMENT AGREEMENT AND/OR CONTINUING GUARANTY AGREEMENT?

\_\_\_\_\_

8. CONTRIBUTED SURPLUS \$ \_\_\_\_\_

(a) NAME(S) AND ADDRESS(ES) OF PERCENT OF BENEFICIAL OWNERS:

OWNERSHIP:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

(USE SEPARATE SHEET IF NEEDED)

9. EXPLAIN RELATIONSHIP AMONG BENEFICIAL OWNERS: \_\_\_\_\_

\_\_\_\_\_

10. ENCLOSE ANNUAL REPORT OR 10K'S OF BENEFICIAL OWNERS.

11. IF LETTER(S) OF CREDIT IS (ARE) TO BE USED:

<u>NAME AND ADDRESS OF BANK ISSUED IN FAVOR OF:</u>	<u>AMOUNT</u>
_____	\$ _____
_____	\$ _____

A FORM SIMILAR TO C-3 (ENCLOSED MUST BE USED).

12. NAME AND ADDRESS OF LAWYER: \_\_\_\_\_

\_\_\_\_\_

13. NAME AND ADDRESS OF CERTIFIED PUBLIC ACCOUNTANT: \_\_\_\_\_

\_\_\_\_\_

14. NAME AND ADDRESS OF MANAGEMENT FIRM: \_\_\_\_\_

(INCLUDE BIOGRAPHICAL AFFIDAVITS ON OFFICERS AND DIRECTORS)

15. NAME AND ADDRESS OF RESIDENT REGISTERED AGENT: \_\_\_\_\_

\_\_\_\_\_

16. IS AUDIT COMMITTEE TO BE FORMED: ( ) YES ( ) NO

IF YES, NAME THE MEMBERS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. IS EXECUTIVE COMMITTEE TO BE FORMED: ( ) YES ( ) NO

IF YES, NAME THE MEMBERS:

\_\_\_\_\_  
\_\_\_\_\_

18. NAME MEMBERS OF INVESTMENT COMMITTEE:

\_\_\_\_\_  
\_\_\_\_\_

19. NAMES AND RESIDENCE ADDRESSES OF DIRECTORS OF THE CAPTIVE (AT LEAST THREE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RESUMES OF EACH DIRECTOR MUST BE PREPARED AND INCLUDE ALL PAST AND PRESENT BUSINESS AFFILIATIONS. (PLEASE USE BIOGRAPHICAL AFFIDAVIT ENCLOSED).

20. NAME AND RESIDENCE ADDRESSES OF OFFICERS OF THE CAPTIVE:

CHAIRMAN: \_\_\_\_\_  
\_\_\_\_\_

PRESIDENT: \_\_\_\_\_  
\_\_\_\_\_

VICE PRESIDENT AND SECRETARY: \_\_\_\_\_  
\_\_\_\_\_

VICE PRESIDENT/TREASURER: \_\_\_\_\_  
\_\_\_\_\_

VICE PRESIDENT: \_\_\_\_\_  
\_\_\_\_\_

ASSISTANT SECRETARY: \_\_\_\_\_  
\_\_\_\_\_

RESUMES OR EACH OFFICER MUST BE PREPARED ON BIOGRAPHICAL AFFIDAVITS ENCLOSED.

21. IF APPLICANT IS AN INDUSTRIAL INSURED CAPTIVE, ANSWER THE FOLLOWING QUESTION:

(a) NAME AND ADDRESS OF EACH FULL-TIME EMPLOYEE ACTING AS AN INSURANCE MANAGER OR BUYER:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) AGGREGATE ANNUAL PREMIUM \$ \_\_\_\_\_

(c) NUMBER OF FULL-TIME EMPLOYEES \_\_\_\_\_

22. INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- (a) NAME, ADDRESS AND TELEPHONE NUMBER OF THE INDIVIDUALS TO BE CONTACTED REGARDING APPLICATION.
- (b) COPY OF CAPTIVE'S CHARTER AND BYLAWS (CERTIFIED).
- (c) A NONREDUNDABLE FEE OF \$200.00.
- (d) A FEASIBILITY STUDY BY AN ACTUARY.
- (e) IF APPLICANT IS ASSOCIATION CAPTIVE, GIVE HISTORY, PURPOSES, SIZE AND OTHER DETAILS OF PARENT ASSOCIATION.
- (f) DETAILED PLAN OF OPERATION WITH SUPPORTING DATA INCLUDING:
  - (1) RISKS TO BE INSURED – DIRECT, ASSUMED AND CEDED – BY LINE OF BUSINESS.
  - (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 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) ORGANIZATION CHART.
  - (10) FINANCIAL PLAN.

ITEMS 1, 2, 3, 4 AND 10 SHOULD BE PROJECTED FOR A FIVE YEAR PERIOD.

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: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DIRECTOR

DATE: \_\_\_\_\_

