



State of Arkansas
Department of Insurance

CAPTIVE INSURANCE COMPANY APPLICATION FORM

SECTION A: GENERAL INFORMATION

1. Name of Proposed Captive _____

2. Name(s) of Parent(s) or Sponsor(s) of Proposed Captive _____

a. Net Worth of Parent(s)/Sponsor(s) \$ _____

b. Name(s) and Address of Proposed Parent(s)

Name _____

Address _____

Telephone _____

E-Mail _____

Name _____

Address _____

Telephone _____

E-Mail _____

c. Please Explain the Relationship Among the Parents (Attach additional sheets, if necessary):

3. Name, address, and phone number of individual to be contacted regarding this application:

Name _____

Telephone _____

Address _____

E-Mail _____

4. Indicate Type of Proposed Captive (Please check one):

- a. Pure c. Association e. Industrial Insured
b. Branch d. Sponsored f. Producer Reinsurance

5. Organization Form for Proposed Captive (Please check one):

- a. Stock b. Mutual c. Reciprocal

6. Principal Office/Place of Business of Proposed Captive:

7. Name and Address of Registered Agent For Service of Process:

Name _____ Telephone _____
Address _____ Email _____
_____ Cell Phone/Pager _____

8. Location of Books and Records of Proposed Captive:

9. Names of Directors of Proposed Captive:

(Biographical Affidavit must be provided for each Director.)

10. Names of Officers of the Proposed Captive:

(Please use a separate sheet, if necessary, to list all officers of the proposed captive. Biographical affidavit must be furnished for all officers.)

President _____
Vice President _____
Secretary _____
Treasurer _____

SECTION B: FINANCIAL INFORMATION

1. Capitalization (if Stock Company)

- a. Amount of Paid-In Capital \$ _____
- b. Type(s) of Stocks to be Authorized Number of Shares
- (1) _____
- (2) _____
- c. Par Value of Each Share by Type Selling Price
- (1) \$ _____ \$ _____
- (2) \$ _____ \$ _____

2. Funding (if Mutual or Reciprocal Company)

Amount of Contributed Surplus to Policyholders \$ _____

3. If Letter(s) of Credit Is (Are) Used for Capitalizing/Funding Captive, Please Provide the Following (Please use additional sheet(s), if necessary. Arkansas Line of Credit form must be furnished with this Application):

- a. Type(s) of Letter(s) of Credit: _____ Amount(s): \$ _____
- b. Name and Address of Bank _____
- _____
- c. Issued in Favor of _____

4. Capital and/or Surplus of Captive

- a. Initial Capital \$ _____
- Initial Surplus \$ _____
- Total \$ _____
- b. Location of Certificates for Shares of Stock
- _____
- _____

5. Name(s) and Address(es) of Beneficial Owners

Percent of Ownership

a.	_____	_____

b.	_____	_____

c.	_____	_____

d.	_____	_____

6. Explain Relationship among Beneficial Owners

SECTION C: SERVICE PROVIDERS

1. Name and Address of Management Firm, If Applicable

Name_____	Telephone_____
Address_____	E-Mail_____
_____	Contact Person_____

2. Name and Address of Attorney, If Applicable

Name_____	Telephone_____
Address_____	E-Mail_____
_____	Contact Person_____

3. Name and Address of Claims Administrator, If Applicable

Name_____	Telephone_____
Address_____	E-Mail_____
_____	Contact Person_____

4. Name and Address of Certified Public Accountant, If Applicable

Name_____

Telephone_____

Address_____

E-Mail_____

Contact Person_____

5. Name and Address of Actuary, If Applicable

Name_____

Telephone_____

Address_____

E-Mail_____

Contact Person_____

6. Name and Address of (Re)insurance Broker, If Applicable

Name_____

Telephone_____

Address_____

E-Mail_____

Contact Person_____

7. If Applicant is an Industrial Insured Captive, please answer the following:

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 _____

SECTION E: CERTIFICATION

I certify that 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 _____

(Authorized Officer)

Subscribed and sworn to before me this ____ day of _____, 20__.

Signature of Notary Public _____

NOTARY SEAL

Notary Public authorized by law of the State of _____
to administer oaths. My commission expires on _____