



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF INSURANCE, SECURITIES AND BANKING**  
810 First Street, NE, Suite 701  
Washington, DC 20002

**Application for Approval to Act as a Captive Manager**

1. Name of captive management firm:\*
  
2. Business address:
  
3. Name, telephone and fax numbers, and e-mail address for the captive manager's authorized representative:
  
4. Is the Applicant a corporation, partnership, limited liability company or other form of business entity?  
  
Date of incorporation or formation:  
  
Place of incorporation or formation:
  
5. During the past five years, has the Applicant operated under any different name, or has the Applicant purchased, consolidated or merged with any other business, or has the Applicant been purchased?  
  
If yes, please explain:
  
6. Provide the address where captive management services will be performed, if different from # 2 above.
  
7. Please provide the following information about the Applicant:
  - a. Location where captive records will be maintained, if different from # 2 above:

- b. Names and titles of all staff (include resumes for each, except clerical staff):
- Principals/partners:
- Officers/Professional Staff:
- Clerical and all others:
- 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: Directors and Officers Liability, Errors and Omissions, or Fidelity/Crime? If yes, please attach policy.
11. After inquiry of all professional employees at the date of this application, have any of them ever been the subject of a regulatory reprimand or disciplinary action, refused admission or approval, or lost any license as a result of professional activities?
12. Has the Applicant ever been denied approval as a captive manager in any jurisdiction?
13. After inquiry of all directors, officers, principals, partners, and professional employees at the date of the application, have any claims or suits ever been made against the Applicant or any of the directors, officers, principals, partners or employees arising out of professional services?

14. State whether any director, officer, principal, partner or professional employee has any ownership interest in any captive insurance company under management.
  
15. State whether any director, officer, principal, partner or professional employee serves or will serve as a board member on any captive insurance company it currently 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. Submit a notarized 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 MY KNOWLEDGE, COMPLETE AND TRUTHFUL IN ALL RESPECTS. I FURTHER UNDERSTAND THAT THE SUBMISSION OF FALSE OR INACCURATE INFORMATION SHALL BE GROUNDS TO FOR DENIAL OF APPROVAL TO ACT AS A MANAGER OF CAPTIVE INSURANCE COMPANIES IN THE DISTRICT OF COLUMBIA.**

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Name and Title

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Signature and Date

\*The Department only approves business entities to act as captive managers in the District of Columbia. The firm shall appoint a responsible person to serve as a liaison between the Department and the entities managed by the firm.