

## CAPTIVE INSURANCE COMPANY APPLICATION

**Instructions: Answer each question on this application. If a question is not applicable, respond by indicating “not applicable.” Do not leave a question blank. Incomplete applications will be returned. Effective March 16, 2020 and until further notice, applications should be submitted electronically and hard-copy applications are not required. The electronic application should be signed and should include a detailed table of contents and should be in a single PDF document with bookmarks. Also submit the proforma financial template in the excel format. The application and proformas should be e-mailed to hawi.chibessa1@dc.gov with a copy to sean.odonnell@dc.gov.**

**The application shall be accompanied by a \$500.00 non-refundable application review fee and a \$300.00 certificate of authority fee. If the application is denied, the certificate of authority fee will be returned. If paying by check, a copy of the check should be included in the PDF application and the check should be submitted to the DC Department of Insurance, Securities and Banking, Attn: Hawi Chibessa, Insurance Licensing Specialist, Risk Finance Bureau, 1050 First Street, NE, Suite 801, Washington, DC 20002. Payment can also be accepted via ACH or wire transfer. Please contact Hawi Chibessa at hawi.chibessa1@dc.gov for ACH and wire instructions.**

1. Name of Proposed Captive \_\_\_\_\_

2. Parent or Beneficial Owner \_\_\_\_\_

3. Name(s) and Address(es) of Beneficial Owners	Percentage of Ownership
(a) _____	_____
(b) _____	_____
(c) _____	_____
_____	_____

4. Explain Relationship Among Beneficial Owners

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Enclose most recent audit financial statements of Beneficial Owners.

6. Name, address, phone number and email of individual to be contacted regarding this application.

\_\_\_\_\_

\_\_\_\_\_

7. Indicate Type of Proposed Captive

- Pure   
  Agency   
  Association   
  Branch   
  Risk Retention   
  Rental   
  Cell

If cells are to be formed, submit separate application for each cell.

8. Organization Form  Stock  Mutual  Reciprocal  LLC  Non-profit

9. Indicate the Proposed Captive's District of Columbia Address \_\_\_\_\_

9.a. Indicate jurisdiction(s) where majority of risks will be located \_\_\_\_\_

\_\_\_\_\_

10. Location of Books and Records

\_\_\_\_\_

11. Resident Registered Agent and Address

\_\_\_\_\_

12. Capital and/or Surplus of Company

(a) Initial Capital \$ \_\_\_\_\_

Initial Surplus \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

(b) Amount of Initial Capital and Surplus Contributed by Policyholders: \$ \_\_\_\_\_

(c) Amount of Initial Capital and Surplus Contributed by Persons other than Policyholders:  
\$ \_\_\_\_\_

(d) For answer (c) above, identify such persons and their relationship to the Proposed Captive:

\_\_\_\_\_

(e) Location of Shares of Stock

\_\_\_\_\_

13. If Letters of Credit are to be used\*

Name and Address of Bank	Issued in Favor of	Amount
_____	_____	\$ _____
_____	_____	\$ _____

\*District of Columbia Form must be used.

14. Name, address, telephone number and email of Captive Manager \_\_\_\_\_

\_\_\_\_\_

15. Name, address, telephone and email of Lawyer

\_\_\_\_\_

\_\_\_\_\_

16. Name and Address of Claims Handler and Underwriter

\_\_\_\_\_

\_\_\_\_\_



21. Biographical information for Directors and Officers (List below and include biographical affidavit):

<u>Name</u>	<u>Position(s) with Captive</u>	<u>Employer and Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Include the following with this application:

- (a) A non-refundable application fee in the amount of \$500.00;
- (b) A refundable certificate of authority fee in the amount of \$300.00;
- (c) Business Plan Summary Form (attached);
- (d) Draft articles of incorporation or organization, articles of association and bylaws or, if being formed as a reciprocal, a certified copy of the power of attorney-in-fact and subscribers' agreement;
- (e) A feasibility study by an actuary (showing expected and adverse scenarios);
- (f) Biographical affidavits from all officers, directors and MGAs/MGUs; (for RRGs only)
- (g) If Applicant is to be an Association Captive, give history, purpose, size and other details of association;
- (h) Attach all unexecuted service provider agreements clearing showing the fees to be charged for services;
- (i) 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 gross and annual net annual premium income by line of coverage (prorate for first year);
  - (4) Name of current carriers for applicable coverages. Include copies of in-force Declaration Pages for both primary (property and casualty) and excess (umbrella) coverages;
  - (5) Loss experience for the past five years of the Applicant's proposed coverages. Provide hard copy Claims and Loss Exhibits from insurance carriers. Describe all claims in excess of \$100,000, and what corrective action has been taken to prevent a reoccurrence;
  - (6) Five-year financial projections (pro-forma) on an expected and a worse case scenario basis; (DISB pro-forma template required)
  - (7) Proposed maximum retained risk (per loss and annual aggregate);
  - (8) Rating and pricing guidelines and methodologies;
  - (9) Underwriting guidelines and procedures;

- (10) Reinsurance program (attach agreement);
- (11) Organization and responsibility for loss prevention and safety including the main procedures followed and steps taken to deal with events prior to possible claims;
- (12) Investment policy and schedule of proposed investments;
- (13) Organization chart; and
- (14) Complete copies of proposed coverage forms.

**CERTIFICATION**

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. I FURTHER CERTIFY THAT I WILL NOTIFY THE COMMISSIONER WITHIN TEN DAYS OF ANY MATERIAL CHANGE IN THE INFORMATION FILED WITH THIS APPLICATION.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Director)

# BUSINESS PLAN SUMMARY FORM — 22(c)

Name of Captive: \_\_\_\_\_

Type of Captive: \_\_\_\_\_ Form of Organization \_\_\_\_\_

Captive Shareholder/Beneficial Owner: \_\_\_\_\_

Captive Manager: \_\_\_\_\_

1. List risks to be directly insured

<u>Risk</u>	<u>Premium</u>	<u>Limits</u>	<u>Deductible</u>	<u>Rating*</u>
-------------	----------------	---------------	-------------------	----------------

- a)
- b)
- c)
- d)
- e)

2. List all fronted policies

<u>Risk</u>	<u>Front</u>	<u>Premium</u>	<u>Limits</u>	<u>Rating*</u>
-------------	--------------	----------------	---------------	----------------

- a)
- b)

3. For each risk listed above, provide details of retention and reinsurance company

- a)
- b)
- c)
- d)
- e)
- f)
- g)
- h)

\* R = Retrospectively rated, G = guaranteed cost (state confidence level used to develop premium, or if manual/industry rates used.)

4. Total Written Premium (end of year, all Lines) \_\_\_\_\_

5. Paid in Capital Surplus \_\_\_\_\_

6. Estimated Retained Earnings (end of year) \_\_\_\_\_

7. Estimated Loss Reserves (end of year) \_\_\_\_\_

8. Calculation of Captive Operating Ratios: \_\_\_\_\_

Retained Loss and Allocated Loss Adjustment Expense: Net Written Premium

Acquisition costs and General and Administrative Expense: Net Written Premium

Unimpaired Surplus: Outstanding Loss Reserves

Net Aggregate Multi-line Annual Risk Retained: Net Written Premium Plus Capital & Surplus