



GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Insurance, Securities and Banking
1050 First Street NE #801
Washington, DC 20002



CERTIFIED REINSURANCE CHECKLIST APPLICATION

INSTRUCTIONS

This application is to be completed by an insurer seeking to be authorized as a **certified reinsurer** in the District of Columbia. The insurer ("Applicant") should complete the information requested and provide supporting exhibits and documentation as applicable and required. The Commissioner of the Department of Insurance, Securities and Banking reserves the right to request information in addition to what has been presented in this application.

A reinsurer seeking initial certified reinsurer status in the District of Columbia must submit a duplicate copy of its application to the District of Columbia Department of Insurance, Securities and Banking at the following address:

District of Columbia Government
Department of Insurance, Securities and Banking
1050 First Street Suite 801
Washington, DC 20002
Attn: Insurance Licensing Division

An application consists of a cover letter and a completed [Uniform Application Checklist for Certified Reinsurers](#) and all the following applicable corresponding exhibits.

1. District of Columbia's Form CR-1
2. [Form CR-F](#) (Form)
3. [Form CR-S](#) (Form)
4. [Form CR-F](#) (Instruction's link)
5. [Form CR-S](#) (Instruction's link)
6. \$1,000 dollars application fee
7. Cover Letter

Choose which application will be filed with the DC Department of Insurance, Securities and Banking based on the explanation below.

Passport Application

Reinsurers with an initial certification application that has been reviewed by the NAIC Reinsurance Financial Analysis (E) Working Group (ReFAWG) seeking certified reinsurer status in DC should file a passport application and complete Section 1 of the [Uniform Application Checklist for Certified Reinsurers](#)

Full Application

Applicants that have not been certified as a reinsurer in an NAIC accredited jurisdiction should file a full application and complete Section 2 of the [Uniform Application Checklist for Certified Reinsurers](#)

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Applicants that have not been certified as a reinsurer in an NAIC accredited jurisdiction interested in having their certification reviewed by ReFAWG for passporting purposes should also file the full application. Specific ReFAWG passporting requirements are noted in the checklist. The District of Columbia will act as the applicant's "Lead State" for ReFAWG purposes.

Maintaining Certified Reinsurer Status

Pursuant to section **§ 31 - 501(f)(3)(C)** a reinsurer must annually meet applicable information filing requirements to maintain certified reinsurer status. Annual renewal applications shall be submitted, in duplicate, to the DC Department of Insurance, Securities and Banking prior to the expiration of the certification at the following address:

*** District of Columbia Government
Department of Insurance, Securities and Banking
1050 First Street NE Suite 801
Washington, DC 20002
Attn: Insurance Licensing Division**

Annual Renewal Application

Applicants who filed a full application in the District of Columbia should **annually** complete the [Uniform Application Checklist for Certified Reinsurers](#)

Annual Passport Application

Applicants that have passported into the District of Columbia should **annually** complete the [Uniform Application Checklist for Certified Reinsurers](#)

***The application fee (initial and renewal) is \$1,000.00 (one thousand dollars). Please make your check or money order payable to DC Treasurer and mail, along with all applicable exhibits and documents, to the address listed above.**

[Except for the initial application submission, a reinsurer must renew annually to maintain certified reinsurer status. A completed application including the required fee and all applicable exhibits and documents must be submitted to continue operating in the District of Columbia. The renewal period is available 90 days prior to the expiration date of the certification. Failure to renew a certification by the expiration date will result in an "Expired Certification" status.

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Completing the Certified Reinsurer Checklist Application

Applicant Information – Section 1

Company Name:	Company Name or DBA		NAIC or Alien ID No.
Address:	Company Address		
Primary Contact:	Contact Name	Phone Number	Email
Domiciliary Jurisdiction / Supervisory Authority:	Domiciliary Jurisdiction / Supervisory Authority		
Applicable Lines of Business:	Lines of Business Requesting Authorization to Sell		

Certification – Section 2

The undersigned executed the attached application , on behalf of

The undersigned is the of and is authorized to execute this application. By signing below, the undersigned indicates that he/she is familiar with the contents of the application and that the information contained in this application is accurate and complete to the best of his/her information and belief.

Signature: _____

Print Name

Any questions concerning the certified reinsurance application or required exhibits or documents should be directed to the Insurance Bureau at 202 727-8000 or emailed to disb.insurancelicensing@dc.gov