



NEW YORK STATE
DEPARTMENT of
FINANCIAL SERVICES

**THIS APPLICATION WILL NOT
BE ACCEPTED UNLESS ALL IN-
FORMATION CALLED FOR IS
FURNISHED AND IT IS ACCOM-
PANIED BY THE PROPER FEE**

THESE SPACES FOR
DEPARTMENT USE
ONLY

License No.....
Examined byApproved by.....
License Issued.....
License Rejected.....
FTZ Surplus

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES
APPLICATION FOR LICENSE UNDER ARTICLE 63
OF THE INSURANCE LAW

Initial Renewal
License License

To the Superintendent of Financial Services of the State of New York:

The UNDERSIGNED CORPORATION hereby applies for a license for exemption pursuant to Article 63 of the Insurance Law and for that purpose submits the following statements and answers to the questions contained in the application:

- 1. Name of Company:
- 2. Organized under the laws of the State of
- 3. Home office:

Street address and number:
City or Village:
County:
State:
Zip code:

- 4. Main administrative office:

Street address and number:
City or Village:
County:
State:
Zip code:

- 5. Address of office within this State, where the business which is the subject of this application, is to be underwritten and transacted:

Street address and number:
City or Village:
County:
State:
Zip code:

- 6. Officer or other responsible employee in charge of Special Risk Insurance Office:

Name:
Title:
Telephone number:
E-mail address:

**ANY CHANGE IN THE ABOVE ITEMS REQUIRES IMMEDIATE WRITTEN NOTIFICATION TO
THE DEPARTMENT OF FINANCIAL SERVICES**

7. Contact person for questions regarding this application:

Telephone number:

E-mail address:

8. In a separate attachment, provide a list of names and titles of the employees of the insurance company who work at the special risk office shown in item #5 and are charged with the responsibility of making underwriting decisions relating to the policies issued pursuant to Regulation 86.

9. Surplus to policyholders per latest financial statement filed with this Department as of

Surplus as regards policyholders \$

10. Total adjusted capital per latest annual statement

Authorized control level risk based capital per latest annual statement

Total adjusted capital divided by Authorized control level risk based capital

11. Amount of Article 63 direct premium writings transacted during the preceding two calendar years:

| | 20 | 20 |
|---------|----|----|
| Class 1 | \$ | \$ |
| Class 2 | | |
| Class 3 | | |

Total direct premiums written
For Class 1, Class 2 and Class 3 \$ \$

Total policies issued under
Class 1, Class 2, and Class 3

12. Will the company write Class 3 risks pursuant to Section 6303(a)(3) of the Insurance Law? YES NO

13. a. Is the insurer a New York domestic property/casualty insurance company or reciprocal insurance company that writes medical malpractice insurance? YES NO

If the answer to 13a is "YES", the company must answer 13b, 13c and 13d.

b. Does the insurer have total direct premiums comprised of at least 90% medical malpractice insurance? YES NO

c. Does the insurer assume reinsurance premiums in an amount that is less than 5% of total direct premiums? YES NO

d. Does the insurer write at least 90% of its total direct premiums in New York? YES NO

IN WITNESS WHEREOF, the undersigned have executed and signed this application this

_____ day of _____ 20_____

Principal Officer (Name/Title)

Principal Officer (Name/Title)

AFFIX
CORPORATE SEAL

State of _____)

)SS:

County of _____)

CORPORATE ACKNOWLEDGEMENT (PRINCIPAL OFFICER)

On the _____ day of _____ in the year 20_____ before me personally came _____ to me known, who being by me duly sworn, did depose and say that (he)(she) resides in _____ (if the place of residence is in a city, include the street and street number, if any thereof): that (he)(she) is a principal officer of the _____, the corporation described in and which executed the above instrument: that (he)(she) knows the seal of said corporation: that the seal affixed to said instrument is such corporate seal: that it was so affixed by order of the board of directors of said corporation, and that (he)(she) signed (his)(her) name thereto by like order.

State of _____

)SS:

County of _____)

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