



A. GENERAL INFORMATION

1. Name of proposed captive:	
2. Name(s) of the Ultimate Parent Company of Proposed Captive:	
3. Net worth of Parent: (If Group Captive Provide Net Worth of Each Member)	\$
4. Type of proposed captive (check one):	<input type="checkbox"/> Pure <input type="checkbox"/> Group
5. Principal Office of Proposed Captive:	
6. Location of Books and Records:	
7. Name(s) and Address(es) of Parent Company(ies):	
a.	% Of Ownership
b.	% Of Ownership
(attach additional page if necessary)	
8. Explain Relationship Among Parent Companies:	
9. Names of Directors of Proposed Captive (At Least Three):	
(Biographical for Directors must be furnished – Use Biographical Affidavit Form)	
10. Names of Officers of Proposed Captive:	
President:	
Vice President:	
Secretary:	
Treasurer:	
(attach additional page if necessary) (Biographical for Officers must be furnished – Use Biographical Affidavit Form)	

B. FINANCIAL

1. CAPITALIZATION (IF STOCK COMPANY):		
(a) Amount of...		
	Paid-In Capital:	\$
	Paid-In/Contributed Surplus	\$
(b) Type(s) of Stock to be Authorized:		Number of Shares:
	(1)	
	(2)	
(c) Par Value of Each Share by Type:		Selling Price:
	(1)	\$
	(2)	\$

2. Funding (if Mutual Company)	Amount
Amount of Contributed Surplus to Policyholders	\$

3. If Letter(s) of Credit is (are) to be used for Capitalizing/Funding Proposed Captive, Provide the Following:	
Name and Address of Bank:	Amount:
	\$
	\$
(attach additional page if necessary)	

C. Service Providers

1. MANAGEMENT FIRM*:			
Name			
Address:			
Contact Person:		Phone:	
Email:		Fax:	
*Captive manager must reside in New York			

2. CERTIFIED PUBLIC ACCOUNTANT:

Name

Address:

Contact Person:

Phone:

Email:

Fax:

3. ATTORNEY:

Name

Address:

Contact Person:

Phone:

Email:

Fax:

4. ACTUARY:

Name

Address:

Contact Person:

Phone:

Email:

Fax:

(attach additional page if necessary for other service providers)

D. Attachments**Include the Following with this Application:****1. Detailed Plan of Operation for the proposed captive insurer including:**

- | | |
|----|--|
| a. | An actuarial report/feasibility study by a qualified independent actuary |
| b. | Risks to be insured by line of business* |
| c. | Identities of any fronting companies to be used |
| d. | Expected annual premium volume (direct, assumed, ceded & net)* |
| e. | Maximum retained risk (per loss and annual aggregate)* |
| f. | Rating program |
| g. | Reinsurance program |
| h. | Loss prevention and risk management plans |
| i. | Loss experience for past five years together with projections for the ensuing five years |
| j. | Organization chart |
| k. | Service providers and responsibilities |
| l. | Financial plan* |

* Items (b), (d), (e) & (l) should include projections for a five year period

2. Annual Report or 10K of parent company (or companies)
3. Biographical Affidavits on all proposed captive officers and directors
4. Copy of proposed charter and by-laws (executed copy to be filed before issuance of license)

E. Application Contact Person

Individual to be Contacted Regarding this Application:

Name:			
Firm:			
Address:			
Email:		Phone:	
Fax:			

F. Licensed Captive Contact Person

Individual to be Contacted on a going forward basis regarding licensed captive:

Name:			
Firm:			
Address:			
Email:		Phone:	
Fax:			

Certification

WE CERTIFY THAT TO THE BEST OF OUR 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.

Name		Date:	
Signature			

Name		Date:	
Signature			

(Should be signed by one or more of the incorporators.)