

State of Delaware



Department of Insurance

Bureau of Captive and Financial Insurance Products

**APPLICATION FOR AUTHORIZATION TO
ACT AS A CAPTIVE MANAGER**

1. Name of captive insurance management firm: _____
2. Business address: _____
3. Name, telephone and fax numbers, and e-mail address for the captive insurance manager's authorized representative: _____

4. Is the Applicant a corporation, partnership, limited liability company or other form of business entity?
 - a. Date of incorporation or formation: _____
 - b. 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?
 Yes No If yes, please explain: _____

6. Provide the address where captive insurance management services will be performed, if different from # 2 above. _____
7. Please provide the following information about the Applicant:
 - a. Location where insurance captive records will be maintained, if different from # 2 above:

 - b. Names and titles of all staff (complete [BIOGRAPHICAL AFFIDAVIT](#) for each, except clerical staff):
 - i. Principals/Partners: _____
 - ii. Officers/Professional Staff: _____
 - iii. Clerical and all others: _____
 - c. Number of captive insurance companies under management: _____
 - d. Names of all domiciles where licensed or approved as a captive insurance manager: _____

8. State captive insurance management services provided directly by the Applicant. _____

9. State captive insurance management 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?

Yes No If yes, please attach policy(ies)

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?

Yes No If yes, please explain _____

12. Has the Applicant ever been denied approval as a captive insurance manager in any jurisdiction?

Yes No If yes, please explain _____

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?

Yes No If yes, please explain _____

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 insurance management services to a captive insurance company under management or to a shareholder of a captive insurer. _____

The Department only approves business entities to act as captive insurance managers in the State of Delaware. The firm shall appoint a responsible person to serve as a liaison between the Department and the entities managed by the firm.

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 STATE OF DELAWARE.

Name

Title

Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20 ____

Signature of Notary Public _____

Notary Public authorized by law of the State of _____ to administer oaths.

My commission expires on: _____

NOTARY SEAL

Note: Unless otherwise indicated, once approved, your contact information will be published on the Department's Captive Website