

**DISTRICT OF COLUMBIA
CAPTIVE APPLICATION FOR ADMISSION**

1. Name of Proposed Captive _____

2. Parent or Sponsor _____

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

4. Indicate Type of Proposed Captive

Pure Agency Association Branch Risk Retention

Rental Sponsored

5. Organization Form Stock Mutual Reciprocal

6. Principal Place of Business of Proposed Captive _____

7. Resident Registered Agent and Address _____

8. Location of Books and Records _____

9. Capital and/or Surplus of Company

(a) Initial Capital \$ _____

Initial Surplus \$ _____

Total \$ _____

(b) Location of Shares of Stock _____

10. Name(s) and Address(es) of Beneficial Owners Percentage of Ownership

(1) _____ _____

_____ _____

(2) _____ _____

_____ _____

(3) _____ _____

_____ _____

(Use separate Sheet if needed)

11. Explain Relationship Among Beneficial Owners

12. Enclose Annual Report or 10K's of Beneficial Owners.

13. If Letter(s) of Credit Is (Are) to be Used

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

District of Columbia Form (enclosed) must be used.

14. Name and Address of Management Firm _____

15. Name and Address of Lawyer _____

16. Name and Address of Claims Handler _____

17. Name and Address of Certified Public Accountant _____

18. Name and Address of Actuary _____

19. Name and Address of (Re)insurance Broker _____

20. 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

22a. COVERAGE/LIMITS/REINSURANCE

<u>Coverage</u>	<u>Direct Or Reinsurance</u>	<u>Policy Limits Per Occ./Agg.</u>	<u>Excess of Amount & Form</u>	<u>Claims Made Or Occurrence</u>	<u>Assessable-Rateable Policy</u>	<u>Amount Reinsured</u>	<u>Reinsurance By</u>
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Are policies assessable? _____

Parental Guaranty in place? _____

Loan to Parent requested? _____

Losses Discounted? _____

If so, proposed rate _____

DISTRICT OF COLUMBIA

BIOGRAPHICAL AFFIDAVIT

Name and Address of Captive Company _____

In connection with the above named company, I herewith make representations and supply information about myself as hereinafter set forth. (Attach addendum or separate sheet if space hereon is insufficient to answer any question fully.) IF ANSWER IS "NONE" OR "NO EXCEPTIONS," SO STATE.

1. Affiant's Full Name

Marital Status _____ Social Security Number _____

2. Have you ever had your name changed? _____ If yes, give the reason for the change _____

3. Date of Birth _____ Place of Birth _____

Color of Hair _____ Eyes _____ Height _____ Weight _____

4. Education and Degrees

High School _____

College _____

Graduate or Professional

(List all educational institutions and locations on an additional sheet, if necessary.)

5. Member of Professional Societies or Associations (List)

6. Present position with the applicant company

6a. Affiant's Business Address

Business Telephone

7. I and/or members of my immediate family control directly or indirectly, or own legally or beneficially, 10% or more of the outstanding stock (in voting power) of the following insurers:

7a. If any of the above stock is pledged or hypothecated in any way, please detail fully.

8. Present Primary Occupation (other than captive)

Position or Title _____

How Long? _____

Employer's Name _____

Address _____

How long with this employer? _____

9. Present employer may be contacted. Yes No (Circle one)

Former employers may be contacted. Yes No (Circle one)

10. Other jobs, positions, directorates, officerships concurrently held at present

11. Complete Employment Record for Past 20 Years (up to and including present jobs, positions, directorates or officerships)

Date	Employer and Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. For the last 10 years, I have lived at the following address or addresses:

Address	City, State	Dates
_____	_____	_____

13. I have never been adjudicated as bankrupt, except as follows: _____

14. I have never been in a position, which required a fidelity bond, except as follows: _____

14a. No claims were made on the bond, except as follows: _____

15. I have never been denied an individual or position schedule fidelity bond, or had a bond cancelled or revoked, except as follows: _____

16. I have never been convicted or had a sentence imposed, suspended or had pronouncement of a sentence suspended or been pardoned for conviction of, or pleaded guilty of or nolo contendere to any information or an indictment charging any felony, or charging a misdemeanor involving embezzlement, theft or larceny, mail fraud, or violating any corporate securities statute or any insurance law, nor have I been the subject of any disciplinary proceedings of any federal or state securities regulatory agency, except as follows:

16a. No company has been so charged, allegedly as a result of any action or conduct on my part, except as follows:

17. During the last 10 years, I have neither been refused a professional, occupational, or vocational license issued by any public or governmental licensing agency or regulatory authority, nor has such a license held by me ever been suspended or revoked, except as follows:

17a. I presently hold or have held in the past the following professional, occupational, or vocational license issued by a public or governmental licensing agency or regulatory authority (state, date license issued, issuer of license, date terminated, reason for termination):

18. I have never been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of an insurer which, while I occupied any such position or capacity with respect to it, became insolvent or was placed in conservatorship, or was enjoined from or ordered to cease and desist from violating any securities or insurance law, except as follows:

19. No insurer of which I was an officer, director, or key management person at the time has ever been denied or refused voluntarily withdrawn its application for a license or certificate of authority, except as follows:

20. The certificate of authority or license to do business of any insurance company of which I was an officer or director or key management person has never been suspended or revoked while I occupied such position, except as follows:

Dated and signed this _____ day of _____ at _____

I hereby certify under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

Personally appeared before me the above named _____ personally known to me, who, being duly sworn, deposes and says that he/she executed the above instrument and that the statements and answers contained therein are true and correct to the best of his/her knowledge and belief.

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

Signature of Notary Public _____

My commission expires on: _____

NOTARY SEAL

APPLICATION FOR AUTHORIZATION TO CERTIFY LOSS RESERVES AND LOSS EXPENSE RESERVES FOR CAPTIVES

To the Commissioner of the Department of Insurance and Securities Regulation,
Washington, D.C., I hereby apply for authorization to certify as to the adequacy of loss
reserves and loss expense reserves as required by section 3703.8 of the Captive Insurance
Company Regulations.

INDIVIDUALS ONLY MAY APPLY

1. Full Legal Name _____

2. Residence Address _____

3. (a) Date of Birth _____ (b) Social Security Number _____

4. Education and Degree

High School _____

College _____

Graduate or Professional _____

(List all educational institutions attended and addresses on additional sheet, if necessary. Indicate major concentration and actuarial exams completed if not a Fellow.)

5. Member of Professional Societies or Associations (List) _____

6. Present Chief Occupation

Position or Title _____ How Long? _____

Employer's Name _____

Address _____

How long with this employer? _____ Where? _____

7. Other jobs, positions, directorates, or officerships concurrently held at present

8. Complete Employment Record for the Past 20 Years

Dates	Employer and Address	Title
_____	_____	_____

9. Indicate property and casualty loss reserve and loss expense reserve experience

10. List the captive account(s) you will be certifying

11. In order to qualify to sign statements of opinion relating to loss and loss adjustment expense reserves for a captive insurance company, an applicant must qualify in one or more of the following areas. Indicate by an X which area(s) you qualify in:

A member of the Casualty Actuarial Society and three years of property and casualty loss and loss expense reserve experience.

A member in good standing of the American Academy of Actuaries and five years of property and casualty loss and loss expense reserve evaluation experience.

A property and casualty loss reserve specialist with at least ten years of experience, three of which shall have included responsibility for:

1. the overall reserve level or a significant portion of the overall reserve level;
2. qualifying overall reserves or a significant portion of overall reserves; or
3. prospective evaluation of the reasonableness of the overall reserves or a significant portion of the overall reserves.

I hereby certify that my responses to the above are true and complete, and I have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations, and will fully comply therewith.

(NO FEE REQUIRED)

Signed

Dated

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

Signature of Notary Public _____

NOTARY SEAL

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

My Commission expires on: _____

**APPLICATION FOR AUTHORIZATION
AS AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT
FOR CAPTIVE INSURANCE BUSINESS**

To the Commissioner of the Department of Insurance and Securities Regulation,
Washington, D.C., I hereby apply for authorization as an independent certified public
accountant for the transacting of audits for Captive Insurance Companies.

INDIVIDUALS ONLY MAY APPLY

1. Full Legal Name _____
2. Residence Address _____
3. (a) Date of Birth _____ (b) Social Security Number _____

4. Education and Degree

High School _____

College _____

Graduate or Professional _____

(List all educational institutions attended and addresses on additional sheet, if necessary. Indicate major concentration and actuarial exams completed if not a Fellow.)

5. List all insurance and/or captive auditing experience for past 15 years including specific dates (attach additional sheets as necessary).

6. List the captive account(s) you will be auditing.

7. Present Chief Occupation

Position or Title _____ How Long? _____

Employer's Name _____

Address _____

How long with this employer? _____ Where? _____

8. Has applicant ever been arrested, or indicted for and/or convicted of any crime or offense other than a traffic violation? If "yes", submit full particulars of each case and disposition thereof.

9. I control directly or indirectly, or own legally or beneficially the outstanding stock of the following insurers:

10. Do you currently hold or have you held any type of insurance license? _____

(type) (state) (expiration date)

11. Have you ever had a license or privilege refused or revoked by an Insurance Department? If so, give details.

12. Are you currently licensed as a CPA? If so, please indicate state. _____

13. Has your license as a CPA in this state or any state ever been suspended or revoked? If so, give details.

14. Will you assign only individuals that have a minimum of two years insurance auditing experience?

YES ___ NO ___

I hereby certify that I have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations, and will fully comply therewith.

(NO FEE REQUIRED)

Signed _____

Dated _____

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

NOTARY SEAL

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

My commission expires on:

**DISTRICT OF COLUMBIA
CAPTIVE INSURANCE COMPANY
IRREVOCABLE LETTER OF CREDIT**

Letter of Credit No. (00001)
Date

A.B.C. Bank
Address
City, State

Commissioner
Department of Insurance and Securities Regulation
810 First Street, NE, Suite 701
Washington, DC 20002

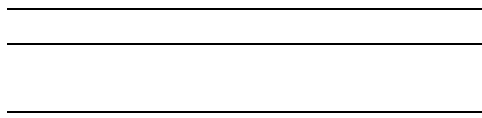
Commissioner:

1. We hereby establish our IRREVOCABLE LETTER OF CREDIT in your favor for the account of _____ up to the aggregate amount of _____ available by your draft(s) drawn on us, at sight, bearing the number of this IRREVOCABLE LETTER OF CREDIT No. (00001). This LETTER OF CREDIT shall expire at our Letter of Credit Department, _____ at our close of business on _____ unless as hereinafter extended.
2. This LETTER OF CREDIT is issued pursuant to the provisions of Section 9(d) of the Captive Insurance Company Act of 2000, and on behalf of the above mentioned _____ (name of captive) which is applying for a certificate of authority to engage in the insurance business in the District of Columbia as a captive insurance company. We understand and agree that _____ (name of captive) has no obligation to reimburse us and we have no right of set off against any funds held by us for _____ (name of captive) in the event this LETTER OF CREDIT is drawn down, in whole or in part. By issuing this LETTER OF CREDIT, we waive any common law, statutory or contractual right of reimbursement or set off against _____ (name of captive) that may arise in the event this LETTER OF CREDIT is drawn down, in whole or in part.
3. It is a condition of the LETTER OF CREDIT that it shall be automatically extended for additional periods, each of one year, unless at least ninety calendar days prior to the then relevant expiration date we have advised you in writing that we elect not to extend. In that event, you may draw hereunder on or prior to the then relevant expiration date, up to the full amount then available hereunder, against your sight draft(s) on us, bearing the number of this LETTER OF CREDIT.
4. It is a further condition of this LETTER OF CREDIT that each automatic extension shall be measured from the then relevant expiration date, even though such date is not a business day in the District of Columbia for this Bank. It is also a condition of this LETTER OF CREDIT that, for the purpose of drawing hereunder, if the then relevant expiration date is a nonbusiness day for our Bank, drawing may be made not later than our next immediately following business day.
5. This LETTER OF CREDIT sets forth in full the terms of our undertaking, and such undertaking shall not in any way be modified, amended or amplified by reference to any note, document, instrument, statute, regulation or agreement referred to herein or in which this LETTER OF CREDIT is referred to or to which this LETTER OF CREDIT relates and any such reference shall not be deemed to incorporate herein by reference any note, document, instrument, statute, regulation, or agreement.
6. Each sight draft so drawn and presented shall be promptly honored by us if presented on or prior to the above stated expiration date or any extension thereof as above provided. Presentation under this LETTER OF CREDIT must be made at _____ located at _____ during normal banking hours.

Optional Provision

7. Unless otherwise expressly stated, this credit is subject to the Uniform Customs and Practices for Commercial Documentary credits fixed by the International Chamber of Commerce, ICC Publications No. 500 (1993 Rev.).

Very truly yours,



(Use a separate sheet if needed)

21. Please answer the following:

(a) Name and address of each full-time employee acting as an Insurance Manager or Buyer

(b) Aggregate annual premium \$ _____

(c) Number of full-time employees

22. Include the following with this application:

(a) Coverage/Limits/Reinsurance form attached;

(b) Certified copy of Captive's certificate of incorporation, 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;

(c) A non-refundable application fee in an amount determined by the Commissioner;

(d) A non-refundable review fee in an amount determined by the Commissioner;

(e) A feasibility study by an actuary;

(f) Statement of benefit to the District of Columbia;

(g) Biographical affidavits on officers and directors;

(h) If applicant is Association Captive, give history, purpose, size and other details of parent association;

(i) List all other providers and their responsibilities together with how fees for services rendered are to be charged;

(j) 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 net annual premium income;

(4) Maximum retained risk (per loss and annual aggregate);

(5) Rating program;

- (6) Reinsurance program;
 - (7) Organization and responsibility for loss prevention and safety including the main procedures followed and steps taken to deal with events prior to possible claims;
 - (8) Loss experience for past five years together with projections for the ensuing five years;
 - (9) Organization chart; and
 - (10) Financial projections on an expected and worse case scenario.
- Items 1,3,4, and 10 above should be projected for a five-year period.

NOTE: Prepare one extra copy of all documents required by this application to be sent to the assigned Captive Review Firm upon direction of this Department.

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.

Name _____ Date _____

Signature _____
(Director)