



State of Montana  
State Auditor's Office

John Morrison  
Commissioner of Insurance and Securities

**STATE OF MONTANA  
CAPTIVE APPLICATION FOR CERTIFICATE OF AUTHORITY**

1. Name of Proposed Captive: \_\_\_\_\_
2. Parent or Sponsor: \_\_\_\_\_
3. Name, Address, and Phone Number of Individual to be Contacted Regarding This Application:  
\_\_\_\_\_
4. Type of Proposed Captive  
Pure \_\_\_\_\_ Association \_\_\_\_\_ Industrial Insured \_\_\_\_\_
5. Organization Form Stock \_\_\_\_\_ Mutual \_\_\_\_\_
6. Principal Place of Business of Proposed Captive: \_\_\_\_\_  
\_\_\_\_\_
7. Location of Books and Records: \_\_\_\_\_  
\_\_\_\_\_
8. Capital and/or Surplus of Company
  - (a) Initial Capital \$ \_\_\_\_\_  
Initial Surplus \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_
  - (b) Location of Shares of Stock: \_\_\_\_\_

9.

Name(s) and Address(es) of Beneficial Owners (1)	Percent of Ownership
_____	_____
_____	_____
(2)	_____
_____	_____
_____	_____
(3)	_____
_____	_____
_____	_____

(Use separate sheet if needed.)

10. Explain Relationship Among Beneficial Owners:

\_\_\_\_\_

\_\_\_\_\_

11. Enclose Annual Report(s) or 10K(s) of Beneficial Owners.

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

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

**The prescribed Irrevocable Letter of Credit form (enclosed) must be used.**

13. Name and Address of Management Firm: \_\_\_\_\_

\_\_\_\_\_

14. Name and Address of Lawyer: \_\_\_\_\_

\_\_\_\_\_

15. Name and Address of Claims Handler: \_\_\_\_\_

\_\_\_\_\_

16. Name and Address of Certified Public Accountant: \_\_\_\_\_

\_\_\_\_\_

17. Name and Address of Actuary: \_\_\_\_\_

\_\_\_\_\_

18. Name and Address of (Re)insurance Broker: \_\_\_\_\_  
\_\_\_\_\_

19. Biographical Information for Directors and Officers  
(List below and include a biographical affidavit for each)

Name	Position(s) with Captive	Employer and Position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Use separate sheet if needed.)

20. If the Applicant is an Industrial Insured Captive, 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: \_\_\_\_\_

21. Include the Following With This Application:

(a) Coverage/Limits/Reinsurance form attached

(b) \$200 application fee and \$300 license fee.

(c) A feasibility study by an actuary

(d) If the applicant is an Association Captive, give history, purpose, size and other details of the parent association

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

- (f) 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
  - (10) Financial projections on an expected and worst case scenario

Items 1, 3, 4, and 10 above should be projected for a five-year period.

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 BEST ESTIMATES, BASED UPON FACTS THAT HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Director)

**COVERAGE/LIMITS/REINSURANCE**

Coverage	Direct or Reinsurance	Policy Limits Per Occ./Agg.	Excess of Amount & Form	Claims Made Or Occurrence	Assessable-Rateable Policy	Amounts Reinsured	Reinsurance By
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Are policies assessable? \_\_\_\_\_

Parental Guaranty in place? \_\_\_\_\_

Loan to Parent requested? \_\_\_\_\_

Losses Discounted? \_\_\_\_\_

If so, proposed rate \_\_\_\_\_