

Phone: 406.444.2040 800.332.6148 Fax: 406.444.3497 www.csi.mt.gov

APPLICATION FOR AUTHORIZATION to CERTIFY LOSS RESERVES and LOSS EXPENSE RESERVES for CAPTIVES

To the Montana State Auditor and Commissioner of Insurance, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves as required by the Administrative Rules of Montana.

INDIVIDUALS ONLY MAY APPLY

1.	Full Legal Name
2.	Residence Address
3.	
4.	Education and Degree
	High School
	College
	Graduate or Professional(List all educational institutions attended and addresses on an 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?

7.	Other jobs, positions, directorates, or officerships concurrently held at present	.
8.	Complete Employment Record for Past 20 Years	_
	<u>Dates</u> <u>Employer and Address</u> <u>Title</u>	
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 nust qualify in one or more of the following areas. Indicate which area(s) you qualify in:	
	A member of the Casualty Actuarial Society and three years of property ar casualty loss and loss expense reserve experience.	nd
	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: The overall reserve level or a significant portion of the reserve level; or Qualifying overall reserves or a significant portion of overall reserves; The prospective evaluation of the reasonableness of the overall reserve or a significant portion of the overall reserves. 	or

nereby certify that my responses to the above are true and correct, and that I have read and understand all of the requirements and provisions of the Administrative Rules of Montana relating to Captive Insurance Companies, and I will fully comply with them.
Signed
Dated
ubscribed and sworn to before me this day of, 20
Signature of Notary Public
Notary Public for the state of
Residing at
My Commission Expires