



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 application contact person:**

4. **Federal Employee Identification Number:** _____

5. **Type of captive:** Pure _____ Association _____ Industrial Insured _____

Captive Risk Retention Group _____ Captive Reinsurance Company _____

Protected Cell (Core) _____ Protected Cell (Cell) _____

Special Purpose Captive (Series Core) _____

Special Purpose Captive (Series SBU) _____

Special Purpose Captive (non-Series) _____

6. **Business entity form:** Corporation _____ LLC _____

7. **Organization Form:** Stock _____ Mutual _____ Reciprocal _____ Other _____

8. **Address of captive’s principal place of business in Montana:**

9. **Location of books and records:**

10. **Capital and/or Surplus of captive:**

(a)	Capital	\$_____
	Surplus	\$_____
	Total	\$_____

(b) Location of shares of stock: _____

11. List each beneficial owner of captive	Percent of ownership
_____	_____
_____	_____
_____	_____
_____	_____

12. **Explain relationship among owners:**

13. **List each entity to be insured by the captive. Also, on the corresponding line, list the beneficial owner of each insured entity (attach additional sheets):**

_____	_____
_____	_____
_____	_____
_____	_____

14. If Letter of Credit is to be used:

Name and Address of Bank

Amount

15. Name and address of Captive Manager:

16. Name and address of Claims Handler:

17. Name and address of MGA/MGU:

18. Name and address of Lawyer:

19. Name and address of Certified Public Accountant:

20. Name and address of Actuary:

21. Name and address of Reinsurance Broker:

22. List the captive’s directors, officers, and controlling beneficial owner:

<u>Name</u>	<u>Position(s) with Captive</u>
_____	_____
_____	_____
_____	_____
_____	_____

23. If applicant is an Industrial Insured Captive, provide the following:

- (a) Name and address of each full-time employee acting as an insurance manager or buyer: _____
- (b) Aggregate annual premium for insurance on all risks:
\$ _____
- (c) Number of full-time employees: _____

24. Include the following with the application:

- (a) Coverage/Limits/Reinsurance form (attached).
- (b) \$200 application fee.
- (c) \$300 license fee. A feasibility study by an actuary showing expected and adverse scenarios, along with confidence levels. The applicant understands that the Department may contract with an actuarial firm for a peer review of the feasibility study, with the cost of the peer review to be borne by the applicant.
- (d) If the applicant selected **Association** in #5, give history, purpose, size and other details of the parent association.
- (e) If the applicant selected 'Captive Risk Retention Group' in #5, use the form located at: http://www.sao.mt.gov/captives/SOP_RRG.pdf
- (f) If the applicant selected **Corporation** in #6, then include draft articles of incorporation and draft bylaws.
- (g) If the applicant selected **LLC** in #6, then include draft articles of organization and a draft operating agreement.
- (h) If the applicant selected **Reciprocal** in #7, then include a certified copy of the power of attorney-in-fact and subscriber’s agreement.
- (i) For each captive owner shown in #11, include a current financial report for the owner.

- (j) If #14 indicates that a Letter of Credit will be used, the State of Montana's approved Irrevocable Letter of Credit form must be used (attached).
- (k) For the Captive Manager shown in #15, Claims Handler shown in #16, and MGA/MGU shown in #17, include the contract between the captive and each of these service providers.
- (l) For the service providers shown in #'s 15-20, list each service provider's responsibilities together with how fees for services rendered are to be charged.
- (m) For the CPA shown in #19, include a completed Application for Authorization as an Independent Certified Public Accountant for Captive Insurance Business. The form is attached. (Note: this item can be skipped if the CPA is already approved by the State of Montana).
- (n) For the Actuary shown in #20, include a completed Application for Authorization to Certify Loss Reserves and Loss Expense Reserves for Captives. The form is attached. (Note: this item can be skipped if the Actuary is already approved by the State of Montana).
- (o) A biographical affidavit for each individual listed in #22. Use the form available at: <https://csimt.gov/wp-content/uploads/Biographical-Affidavit-2021.pdf>
- (p) Detailed Plan of Operation with supporting data including:
 - (1) Risks to be insured – direct, assumed and ceded – by line of business.
 - (2) Name of fronting company, if operating as a reinsurer.
 - (3) Five-year projection of expected gross and net annual premium income by line of coverage (prorate first year).
 - (4) Five-year projection of maximum retained risk (per loss and annual aggregate).
 - (5) Investment policy and schedule of proposed investments.
 - (6) Rating and pricing guidelines and methodologies.
 - (7) Reinsurance program.
 - (8) Organization and responsibility for loss prevention and safety including the main procedures followed and steps taken to deal with events prior to possible claims.
 - (9) Loss experience for past five years, together with projections for the ensuing five years.
 - (10) Organization chart.
 - (11) Five-year financial projections on an expected and worst case scenario.
 - (12) Specimen policy form(s) and declarations page(s).

- (13) If the applicant is a risk retention group, describe how business will be produced (sold by company employees only, agency force, or describe other arrangements) and give details.

CERTIFICATION

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.

Signature of Officer or Director: _____

Name & Title: _____ Date: _____