



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. Date of Birth _____
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>
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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 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:
 - The overall reserve level or a significant portion of the reserve level; or
 - Qualifying overall reserves or a significant portion of overall reserves; or
 - The 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 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 _____

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

Signature of Notary Public _____

Notary Public for the state of _____

Residing at _____

My Commission Expires _____