



## Application for Placement on Approved Captive Insurer Management Firm List

**Name of management firm:** \_\_\_\_\_

**Principal contact:** \_\_\_\_\_  
First name Middle name Last name Suffix (Jr., Sr., etc.)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country (other than USA/Canada): \_\_\_\_\_ Province (if Canada): \_\_\_\_\_

Primary phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### PRINCIPALS, KEY EMPLOYEES, AND RESPONSIBILITIES

**1. Provide the following information for each principal or key employee (Use additional sheets, if necessary):**

Principal contact: \_\_\_\_\_  
First name Middle name Last name Suffix (Jr., Sr., etc.)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country (other than USA/Canada): \_\_\_\_\_ Province (if Canada): \_\_\_\_\_

A. Does the principal or key employee have a license or designation?  Yes  No

State	Issue date	Expiration date	Agency	Type	License no./designation
-------	------------	-----------------	--------	------	-------------------------

B. List all professional societies and associations this principal or key employee is a member of:

\_\_\_\_\_

C. Describe the captive insurance experience of this principal or key employee:

\_\_\_\_\_



2. Have any employees, principals, officers, or key employees ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked?

Yes  No If yes, please explain:

---

3. During the past 10 years, has any employee, officer, principal, or key employee of the firm ever been refused a professional license by any public or governmental agency or regulatory authority, or has any such license held by you or any employee been suspended or revoked?

Yes  No If yes, please explain:

---

4. Has any employee, officer, principal, or key employee of the firm ever been subject to any disciplinary proceedings of any professional association or federal, state, or foreign regulatory agency?

Yes  No If yes, please explain:

---

5. Has any employee, officer, principal, or key employee of the firm ever been convicted of a felony?

Yes  No If yes, please explain:

---

6. Has any employee, officer, principal, or key employee of the firm been an employee, officer, principal, or key employee of an insurance company or captive insurer in the United States or in a jurisdiction outside the United States that was determined to be insolvent by a federal, state, or foreign regulator or supervising authority?

Yes  No If yes, please provide the following:

First name

Middle name

Last name

Suffix (Jr., Sr., etc.)

Company name: \_\_\_\_\_

Date of determination: \_\_\_\_\_ State, federal, or foreign jurisdiction determining insolvency:

Please provide details:

---

## CAPTIVE MANAGEMENT EXPERIENCE

7. How many captive insurers are you currently providing management \_\_\_\_\_

Company name: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country (other than USA/Canada): \_\_\_\_\_ Province (if Canada): \_\_\_\_\_

Type of captive: \_\_\_\_\_ Length of time service provided: \_\_\_\_\_

Description of services: \_\_\_\_\_

---

**8. Provide three references within the insurance industry, including addresses and phone numbers:**

**A. Company name:** \_\_\_\_\_

Principal contact: \_\_\_\_\_  
First name Middle name Last name Suffix (Jr., Sr., etc.)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country (other than USA/Canada): \_\_\_\_\_ Province (if Canada): \_\_\_\_\_

Primary phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**B. Company name:** \_\_\_\_\_

Principal contact: \_\_\_\_\_  
First name Middle name Last name Suffix (Jr., Sr., etc.)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country (other than USA/Canada): \_\_\_\_\_ Province (if Canada): \_\_\_\_\_

Primary phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**C. Company name:** \_\_\_\_\_

Principal contact: \_\_\_\_\_  
First name Middle name Last name Suffix (Jr., Sr., etc.)

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Country (other than USA/Canada): \_\_\_\_\_ Province (if Canada): \_\_\_\_\_

Primary phone: \_\_\_\_\_ Ext.: \_\_\_\_\_ Secondary phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**9. Provide the normal business hours of your company:**

\_\_\_\_\_

**SUMMARY**

**A. Number of officers, principals, and key employees:** \_\_\_\_\_

**B. Number of employees that have an insurance license or have insurance designations:** \_\_\_\_\_

**C. Number of captive insurers currently providing management service for:** \_\_\_\_\_



**CERTIFICATION**

I hereby certify and declare, under penalties of perjury:

1. That I have been authorized by the applicant management firm herein to complete this "Application for Placement on Approved Captive Insurer Management Firm List" (application) and to make this certification and declaration;
2. That the information provided in this application and the documents attached hereto and included as part of the application have been examined by me and are, to the best of my knowledge, information, and belief, true, correct, and complete;
3. That I am aware that should investigation at any time disclose any such misrepresentation or false statement or information, my firm will be disqualified from further consideration for placement on the approved captive insurer management firm list;
4. That I authorize each of the references, associations, or licensing or supervising agencies of state, federal, or foreign governments to give the Oregon Division of Financial Regulation any private or confidential information concerning the management firm that is applying for approval; and
5. That I release the Oregon Division of Financial Regulation, its employees and authorized agents, or any other state, federal, or foreign government agency that receives information requested as part of this application, from any civil or criminal liability arising under the Federal Rights and Privacy Act or other applicable State or laws of a foreign jurisdiction.

By typing my name in the indicated fields, I am agreeing to conduct business electronically with the State of Oregon in accordance with the federal Electronic Signatures in Global and National Commerce Act (E-Sign), 15 U.S.C.A. §§ 7001-7031 (Supp. 2001) and Oregon's Uniform Electronic Transactions Act, ORS 84.001 to 84.061. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form, and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ 

---

 (Printed name of officer/principal)

---

 (Signature of officer/principal)