



**Department of Consumer and Business Services**

**Insurance Division — 4**

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350 Winter St. NE, Salem, Oregon  
insurance.oregon.gov

**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.)

Social Security number: - - Driver license number: Issuing state: \_\_\_\_\_

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 services for? \_\_\_\_\_

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:** \_\_\_\_\_

