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| STATE SEAL | **Department of Consumer and Business Services**  **Insurance Division — 4**  P.O. Box 14480, Salem, OR 97309-0405  350 Winter St. NE, Salem, Oregon 97301-3883  Phone: 503-947-7982, Fax: 503-378-4351  350 Winter St. NE, Salem, Oregon  insurance.oregon.gov  Captive Insurer Reinsurance Exhibit |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Captive insurer name:** | | | |  | | | | |  | | |
| **Contact:** | | | | | | | | | | | |
| Name: | |  | | | |  | | | | | |
| Address: | | |  | | | | | |  | | |
| City: |  | | | | | | State: |  | | ZIP: |  |
| Phone: | | ( ) - | | | E-mail: | |  | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Policy offered** | **Direct or assumed** | **Policy limits (per  occurrence & aggregate)** | **Excess of amount & form** | **Claims  made or occurrence** | | **Amount reinsured** | **Reinsurer** | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  | |  |  |  | | | | | | | | | | | | |