



Department of Consumer and Business Services

Insurance Division — 4

P.O. Box 14480, Salem, OR 97309-0405
Phone: 503-947-7982, Fax: 503-378-4351
350 Winter St. NE, Salem, Oregon
insurance.oregon.gov

**Application to Certify Loss
and Expense Reserves for
Captive Insurers**

Is this application for an individual or a firm? Individual Firm

GENERAL APPLICANT INFORMATION SECTION

I, the undersigned, hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves for captive insurance companies formed under Oregon Laws 2012, Chapter 84.

1a. Name of actuarial firm: _____

1b. Name of firm partner making application: _____

1c. Full legal name: _____
First name Middle name Last name Suffix (Jr., Sr., etc.)

2. Street address: _____

City: _____ State: _____ ZIP: _____

Country (other than USA/Canada): _____ Province (if Canada): _____

Contact person: _____
First name Last name

Phone: () - Ext.: E-mail: _____

3. Education and degree: List the institutions from which you graduated.
(Indicate major concentration and actuarial exams if completed if not a Fellow.)

Institution type: _____ Institution name: _____

City: _____ State: _____

Degree: _____ Field of study: _____

4. Professional societies and association membership:

5. Current employment:

Company name: _____
Street address: _____
City: _____ State: _____ ZIP: _____
Country (other than USA/Canada): _____ Province (if Canada): _____
Present position: _____ Date assumed: _____
Length of time with employer: Years: Months:

6. Do you currently hold other jobs, directorates, or offices? Yes No

Please indicate other jobs, directorates, or offices concurrently held:

7. Provide a complete employment history for the past 20 years (up to and including present jobs, positions, directorates, or offices).

Company name: _____
Street address: _____
City: _____ State: _____ ZIP: _____
Country (other than USA/Canada): _____ Province (if Canada): _____
Present position: _____ Date assumed: _____
Length of time with employer: Years: Months:

8. Describe your experience with establishing property and casualty loss reserves and loss expense reserves:

9. Identify the captive accounts you will be certifying:

10. In order to qualify to sign statements of opinion relating to loss and loss adjustment expense reserves for a captive insurance company, you must qualify in one or more of the following areas. Indicate which areas you qualify for by checking the appropriate boxes.

- A member of the Casualty Actuarial Society with three years of property and casualty loss and loss expense reserve experience.
- A member in good standing of the American Academy of Actuaries with five years or property and casualty loss and loss expense reserve experience
- A property and casualty loss reserve specialist with at least 10 years experience, three of which shall have included responsibility for:
 - a. the overall reserve level or a significant portion of the overall reserve level, or
 - b. qualifying overall reserves or a significant portion of overall reserves, or
 - c. the prospective evaluation of the reasonableness of the overall reserves or a significant portion of the overall reserves.

ATTACHMENTS AND EXHIBITS SECTION

Please attach the following documents to this exhibit as attachments:

- 1. Your resume or curriculum vitae
- 2. Certified copies of any disciplinary orders issued against you by any professional organization to which you belong
- 3. Copies of all professional licenses that you hold
- 4. Copies of the resumes, curriculum vitae, or both, of everyone who would be employed or assigned actuarial work by you

CERTIFICATION

I hereby certify and declare, under penalties of perjury:

- 1. That the information and materials provided in this “Application To Certify Loss And Expense Reserves For Captive Insurance Companies” are true and correct to the best of my information, knowledge and belief; and
- 2. That I have read and understand all of the requirements and provisions of the statute for captive insurers (Oregon Laws 2012, Chapter 84).

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) 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)