

**Government of the District of Columbia
Department of Insurance, Securities and Banking**



Thomas E. Hampton
Commissioner

**APPLICATION FOR AUTHORIZATION TO CERTIFY LOSS
RESERVES FOR CAPTIVE INSURANCE COMPANIES**

Applicants will submit this completed form with a completed biographical affidavit to:
The DC Department of Insurance Securities and Banking, 1400 L Street, NW, Suite 400
Washington, DC 20005, Attn: Risk Finance Bureau.

If necessary, applicants may attach additional pages to answer questions.

1. Full legal name: _____
2. Residence Address: _____
3. Date of Birth: _____ Social Security Number: _____
4. List employment record for the last 20 years, including (include additional sheets if necessary):

Employer: _____

Employer's Address: _____

Dates of Employment: _____

Your Position or Title: _____
5. Education: College and higher level schools attended, addresses and degrees earned:

6. Has applicant been awarded designation of ACAS or FCAS? _____
If so, year first awarded: _____
7. Has applicant been awarded designation of MAAA? _____
If so, year first awarded: _____
8. List Actuarial Societies or Associations applicant is currently a member of and date membership was awarded:
9. List insurance companies for which the applicant has certified property and casualty loss and loss expense reserves in the past five years. For each company listed, indicate if traditional, captive or reinsurer.
10. Does applicant currently hold any professional licenses? _____
If so, please state type(s) of license(s) and issuing jurisdiction(s).
11. Has applicant ever had any professional license suspended or revoked? _____
If so, by what jurisdiction and for what reason(s): _____
12. Has applicant ever been arrested or indicted or convicted of any crime or offense other than a traffic violation? _____ If so, provide details including the charge, the disposition and the jurisdiction.
13. Do you control, directly or indirectly any insurance company or do you own stock in any insurance company? _____ If so, provide details.
14. If approved, what District of Columbia Captive Insurance Companies will the applicant certify reserves for?

I hereby certify that my responses to the above are true and complete, and I have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations, and will fully comply therewith.

(NO FEE REQUIRED)

Signed _____

Dated _____

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

NOTARY SEAL

Notary Public authorized by law of the State of
to administer oaths.

My commission expires on: