

Application for Placement on Approved Captive Insurer Management Firm List

Per Sections 500.4609 and 500.4734 all information contained in this application and any supplemental documentation provided is confidential and not subject to FOIA.

Name of Management Firm:

Principal Contact First Name: Middle Name: Last Name: Suffix:

Address Line 1 (no PO Box): Telephone No.: Fax No.:

Address Line 2 (no PO Box): E-mail Address:

City: State/Province: Postal Code:

Country (other than USA/Canada):



Michigan Department of Insurance and Financial Services

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PRINCIPALS, KEY EMPLOYEES AND RESPONSIBILITIES

1. Provide the following information for each principal or key employee:

For each principal or key employee provide the following personal information:

A. For each principal or key employee provide the following personal information:

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Social Security No.: _____ Drivers License No.: _____ Issuing State: _____
(If not a U.S. Citizen provide Government Identification No.)

Address Line 1 (no PO Box): _____

Address Line 2 (no PO Box): _____

City: _____ State/Province: _____ Postal Code: _____

Country (other than USA/Canada): _____

B. Does the principal or key employee have an insurance license or designation?

Yes No If yes, provide the following:

State: _____ Issue Date: _____ Expiration Date: _____ Agency: _____ Type: _____

License No./Designation: _____

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

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

FIRM INFORMATION

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

Yes No **Please provide details, if yes:**

3. During the past ten (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 **Please provide details, if yes:**

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 **Please provide details, if yes:**

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

Yes No **Please provide details, if yes:**

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 **Please provide details, if yes:**

Employee First Name: Middle Name: Last Name: Suffix:

Company Name:

Date of Determination:

State, Federal or Foreign jurisdiction determining insolvency:

CAPTIVE MANAGEMENT EXPERIENCE

7. Enter the number of captive insurers you are currently providing management services _____ (Number).

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 for which you are currently providing management services: _____

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 may 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 Michigan Department of Insurance and Financial Services (DIFS) any private or confidential information concerning the management firm that is applying for approval; and
5. That I release DIFS, 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.

Signature of Officer	Date	Signer's Name and Title (<i>type or print</i>)

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Michigan Department of Insurance and Financial Services
P.O. Box 30220
Lansing, MI 48909-7720

Overnight Deliveries:
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