

State of Delaware



Department of Insurance

Bureau of Captive and Financial Insurance Products

Date _____

Bank Name _____

Attention: _____

Address _____

City, State Zip _____

Re: Bank Account Balance Confirmation

The Delaware Department of Insurance is currently conducting an organizational examination on or about this date _____, of your customer described below:

Name of Captive Insurance Company:

Solely for the purposes of verification, please confirm below the balance in account #_____.

Attached is a letter from your client giving you permission to release the account information to the Delaware Department of Insurance.

Please mail your reply to the address below and/or fax to (302) 577-3057.

Delaware Department of Insurance
Examiner for the Bureau of Captive and Financial Insurance Products
1007 Orange Street, Suite 1010
Wilmington, DE 19801

For security purposes this form cannot be sent to our department via email.

If you have any questions, please contact captive@delaware.gov or by telephone at (302) 577-5280. Thank you in advance for your assistance in this matter.

Bank Account # _____ Balance as of this date: \$ _____

Bank Officer Signature: _____ Date: _____

Print Name: _____