


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
503 Carr Road, Suite 303
Wilmington, DE 19809

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: _____

Bank Contact Phone Number: _____