

State of Delaware



Department of Insurance

Bureau of Captive and Financial Insurance Products

**APPLICATION FOR AUTHORIZATION
TO CERTIFY LOSS RESERVES AND LOSS
EXPENSE RESERVES FOR CAPTIVES**

1. Full legal name _____

2. Residence address _____

(a) Contact Phone Number _____ (b) Email Address _____

3. Education and degrees

High School _____

College, Major _____

Graduate or Professional _____

(List all educational institutions completed and list major concentration and actuarial exams completed if not a Fellow) provide on additional sheet, if necessary.

4. Member of Professional Societies or Associations (include professional designations) _____

5. Present Chief Occupation

Position or Title _____

How long in this position? _____

Employer's Name/Address _____

How long with this employer? _____

6. Other jobs, positions, directorates, or officerships concurrently held at present

7. Indicate all loss reserve and loss expense reserve experience

8. List the captive account(s) you will be certifying

9. In order to qualify to sign statements of opinion relating to loss and loss adjustment expense reserves for a captive insurance company, an applicant must qualify in one or more of the following areas. Indicate below which area(s) you qualify in:

A member in good standing of the Casualty Actuarial Society

A member in good standing of the American Academy of Actuaries

A reserve specialist who has demonstrated to the Commissioner his/her competency in loss reserve evaluation

An individual who meets the qualification standards adopted by the American Academy of Actuaries and the Casualty Actuarial Society to provide a statement of actuarial opinion relating to loss and loss adjustment expense reserves for captive insurance companies

*******Please include the completed BIOGRAPHICAL AFFIDAVIT Form *******

I hereby certify that I have read and understand all of the requirements and provisions of the Captive Insurance Company Regulations, will fully comply therewith, and I have no conflicts of interest with the companies I will be reviewing.

Signed _____ Dated _____

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

Signature of Notary Public _____

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

My commission expires on: _____

NOTARY SEAL