



Submit electronically to: DFR.CaptiveMail@vermont.gov
Or mail to: DFR – Captive Division, 89 Main Street, Montpelier, VT 05620 - 3101

**DEPARTMENT OF FINANCIAL REGULATION
APPLICATION FOR AUTHORIZATION to CERTIFY
LOSS RESERVES and LOSS EXPENSE RESERVES
FOR CAPTIVE INSURANCE COMPANIES**

To the Commissioner of the Department of Financial Regulation, Montpelier, Vermont, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves as required by the Captive Insurance Financial Regulation 81-2.

INDIVIDUALS ONLY MAY APPLY

1. Full Legal Name: _____

2. Residence Address: _____

3. Date of Birth: _____

4. Education and Degree:

High School _____

College _____

Graduate or Professional _____

(List all educational institutions attended and addresses. Indicate major concentration and actuarial exams completed if not a Fellow. (Attach additional pages as necessary)

5. Present Chief Occupation:

Position or Title _____ How Long? _____

Employer Name _____

Address _____

E-Mail Address _____

How long with this employer? _____

6. Other jobs, positions, directorates, or officer ships concurrently held at present:

7. Complete Employment Record for Past 20 Years (attach additional pages if necessary):

Dates	Employer and Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Indicate loss reserve and loss expense reserve experience (provide specific dates):

9. List the Vermont captive account(s) you will be certifying:

10. Has applicant ever had any professional license suspended or revoked? Yes No

If so, by what authority and for what reason(s): _____

11. Do you control, directly or indirectly any insurance company or own stock in any insurance company? Yes No

If yes, provide details: _____

12. 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. Please check the applicable box(es) for your qualification(s).

A member of the Casualty Actuarial Society and three years of property and casualty loss and loss expense reserve experience.

A Fellow of the Society of Actuaries and three years of life and/or accident and health loss expense reserve experience.

A member in good standing of the American Academy of Actuaries and five years of loss and loss expense reserve evaluation experience.

A loss reserve specialist with at least ten years of experience, three of which shall have included responsibility for:

- the overall reserve level or a significant portion of the overall reserve level; or
- qualifying overall reserves or a significant portion of overall reserves; or
- the prospective evaluation of the reasonableness of the overall reserves or a significant portion of the overall reserves.

13. List of other Professional Society or Association memberships:

CERTIFICATION

I have never pled guilty or nolo contendere, or been convicted of a criminal offense(s) other than a civil traffic offense. (Provide details if you have.)

I have never been subject to any disciplinary action, or currently under investigation, by a professional organization of which I am a member. (Provide details if you have.)

I hereby certify that my responses to the above are true, correct and complete to the best of my knowledge and belief, and I have read and understand the requirements and provisions of the Captive Insurance Financial Regulation C-81-2 and will fully comply therewith.

(NO FEE REQUIRED)

Signed _____

Dated _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

NOTARY SEAL Notary Public authorized by law of the State of _____
to administer oaths. My commission expires on _____