



Application to Certify Loss and Expense Reserves for Captive Insurance

I, the undersigned, hereby apply for authorization to certify the adequacy of loss reserves and loss expense reserves for captive insurance companies formed under Iowa Code Chapter 521J.

- 1. Applicant Name: _____
 - a. Residence Address: _____
 - b. Email: _____
 - c. Telephone: _____
 - d. Date of Birth: _____
 - e. Position / Title: _____
 - f. How long in this role: _____
 - g. Employer’s Name: _____
 - h. Employer’s Address: _____
 - i. Length of time with employer: _____

- 2. Firm Name: _____
 - a. Firm Address: _____
 - b. Primary Telephone Number: _____

- 3. Education:
 - a. College Name: _____
 - 1.) City and State: _____
 - 2.) Dates Attended: _____
 - 3.) Degree Obtained: _____
 - b. Graduate or Professional Name: _____
 - 1.) City and State: _____
 - 2.) Dates Attended: _____
 - 3.) Degree Obtained: _____

4. List jobs, positions, directorates, or offices concurrently held at present:

5. List of memberships in professional societies and associations:

6. Specify your loss reserve and loss expense reserve experience. Please identify your experience in property and casualty loss expense reserve experience and/or life and health loss expense reserve experience. You may attach additional sheets as necessary:

7. Please list the captive companies you will be certifying:

8. Have you ever been subject to any disciplinary actions or orders issued against you by any professional organization to which you belong? Yes No

To qualify to sign statements of opinion relating to property and casualty-based loss and loss adjustment expense reserves for a captive insurance company, an applicant must be able to answer yes to question 9, 10, or 11 below.

- 9.** Are you a member of the Casualty Actuarial Society with three or more years of casualty loss and loss expense reserve experience? Yes No
- 10.** Are you a member in good standing of the American Academy of Actuaries with five or more years of property and casualty loss and loss expense reserve experience? Yes No
- 11.** Are you a property and casualty loss reserve specialist with at least ten years of experience, three of which that 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.
- Yes No

To qualify to sign statements of opinion relating to life and health-based loss and loss adjustment expense reserves for a captive insurance company, an applicant must be able to answer yes to question 12, 13, or 14 below.

- 12.** Are you a member of the Society of Actuaries with three or more years of life and health loss and loss expense reserve experience? Yes No
- 13.** Are you a member in good standing of the American Academy of Actuaries with five or more years of life and health loss and loss expense reserve experience? Yes No
- 14.** Are you a life and health loss reserve specialist with at least ten years of experience, three of which that 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.
- Yes No

In addition to completing this application, please provide employment information for the past 20 years including dates of employment, job titles, and employer(s) name and address. Indicate also your major concentration and actuarial exams completed if not a fellow. Please provide copies of your professional licenses as well as a resume or curriculum vitae for you and for all persons assigned actuarial work by you.

AFFIANT:

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

Dated and signed this _____ day of _____, 20____, at _____
_____. I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements are true and correct to the best of my knowledge and belief.

Signature of Affiant

Printed Name of Affiant

NOTARY:

State of _____ County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____.

By _____, and who is personally known to me, or who produced the following identification _____.

[Seal]

Signature of Notary Public

Printed Notary Name

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