



Captive Insurance Company Management Firm Application

I, the undersigned, hereby apply on behalf of the management firm listed below for approval to provide captive management service for captive insurance companies licensed in the State of Iowa.

- 1. Name of Management Company Firm: _____
 - a. Firm Address: _____
 - b. Primary Contact Telephone Number: _____
 - c. Primary Contact Email: _____

- 2. Applicant Full Name: _____
 - a. Residence Address: _____
 - b. Email: _____
 - c. Telephone: _____
 - d. Position / Title: _____
 - e. Employer's Name: _____
 - f. Employer's Address: _____
 - g. Length of time with employer: _____

- 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 insurance licenses, memberships or associations in professional societies and designations held:

6. Describe your captive insurance experience:

7. Please list the names and location of captives managed:

8. Have you ever been refused a professional license or had any license held by you suspended or revoked or been subject to any disciplinary actions or orders issued against you by any professional organization, public or governmental agency or regulatory authority to which you belong? Yes No
If yes, please describe: _____

9. Have you ever been indicted and/or convicted of any crime or offense (excluding ordinary traffic violations)? Yes No
If yes, please describe: _____

- 10.** Have you ever had a license refused or revoked by an Insurance Department?
 Yes No
If yes, please describe: _____
- 11.** Have you ever been an officer, director, trustee, key employee, or controlling stockholder of an insurer which, while you occupied such position, became insolvent or was placed in conservatorship, or was ordered to cease and desist from violating any securities or insurance law? Yes No
If yes, please describe: _____
- 12.** Have you ever had a Certificate of Authority or license to do business of any insurance company of which you were an officer, director, or key management person ever suspended or revoked while you occupied such position?
 Yes No
If yes, please describe: _____

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 _____.