Application to Form a Captive Company

1. Name of Proposed Captive: _____
2. Name of Parent or Sponsor: _____
3. Individual to be contacted regarding this application:
   (a) Name: _____
   (b) Address: _____
   (c) Phone Number: _____
   (d) Email: _____
4. Type of Proposed Captive: Select
5. Organizational Form: Select
6. Principal Place of Business of Proposed Captive: _____
7. Registered Agent:
   (a) Name: _____
   (b) Address: _____
   (c) Phone Number: _____
   (d) Email: _____
8. Capital and/or Surplus of Proposed Captive:
   (a) Initial Capital: $ _____
   Initial Surplus: $ _____
   Total: $ _____
   (b) Financial Institution:
   1.) Name: _____
   2.) Address: _____

9. Location of Books and Records of Proposed Captive: _____

10. Basis of Accounting: Select

11. Fiscal Year-End Date: _____

12. Letter of Credit:

If a letter of credit is used, you must adhere to the exact wording in paragraphs 1-7 of the sample LOC available on our website. All letters of credit should be issued on bank letterhead. The bank should be chartered in Iowa or a member of the federal reserve system.

(a) Name of Qualified Bank: _____

(b) Address: _____

(c) Amount: _____

13. Beneficial Owner(s): (Use separate sheet if needed)

(a) Name: _____

(b) Address: _____

(c) Percentage of Ownership: _____

(d) Describe Relationship among Beneficial Owner(s): _____

(e) Enclose Annual Report(s) or Link to SEC 10K of Beneficial Owner(s)

14. Please respond to the following:

a)	Parental guaranty in place?	Select	
b)	Loan to parent requested?	Select	If yes, provide draft demand note.
c)	Losses discounted?	Select	If yes, proposed rate: _____%
d)	Unaffiliated business?	Select	If yes, describe the risk in the business plan.

15. If applicant is an Industrial Insured Captive, provide the following information for each full-time employee acting as Insurance Manager or Buyer for each industrial insured member. (Use separate sheet if needed):

(a) Name: _____

(b) Address: _____

(c) Aggregate annual premium $: _____

(d) Number of full-time employees: _____

16. If the applicant is a risk retention group, provide a list of states in which the risk retention group will be registered: _____

17. If the risk retention group is subject to the Holding Company Act, provide a Form B filing within 15 days of licensure or a Disclaimer of Affiliation.

Iowa requires the captive management firm, certified public accountant, and captive actuary to be approved. If any of these service providers are not already approved, please attach their completed application.

18. Name of Captive Management Firm:_____
    (a) Address:_____
    (b) Phone Number: _____
    (c) Email: _____
    (d) Already approved in Iowa? Choose an item.

19. Name of Certified Public Accountant:_____
    (a) Address:_____
    (b) Phone Number: _____
    (c) Email: _____
    (d) Already approved in Iowa? Choose an item.

20. Name of Captive Actuary:_____
    (a) Address:_____
    (b) Phone Number: _____
    (c) Email: _____
    (d) Already approved in Iowa? Choose an item.

21. Name of Lawyer:_____
    (a) Address:_____
    (b) Phone Number: _____
    (c) Email: _____

22. Name of Claims Handler:_____
    (a) Address:_____
    (b) Phone Number: _____
    (c) Email: _____

23. Name of Reinsurance Broker:_____
    (a) Address:_____
    (b) Phone Number: _____
    (c) Email: _____

Please include the following items with this application:

1.) A non-refundable $200 licensing fee. You will be invoiced separately for any external actuarial application review.

2.) Biographical affidavits of captive officers and directors. You may use the form available on our website or the NAIC's biographical affidavit form (UCCA Form 11).

3.) Organization document (e.g., Articles of Incorporation, Certificate of Organization, etc.) as pre-approved by Iowa Insurance Division (wet ink signature only so that the Division can file with Secretary of State).

4.) Bylaws or operating agreement, as applicable.

5.) Actuarial feasibility study, including loss experience for the past five years and a five-year forecast.

6.) Copies of policy forms to be used and any reinsurance agreements.

7.) Parent company financials, if a pure captive.

8.) Detailed plan of operation with supporting data including:

a. Business purpose of captive.
b. Organizational chart
c. Risks to be insured by line of business identifying direct, assumed, and ceded.
d. Coverages, limits, deductibles, rates and if claims-made, modified claims-made, or occurrence deductibles.
e. Maximum risk retained by line of business and overall, including per loss and by annual aggregate.
f. Five-year pro forma financial statements
g. Expected and adverse projections including maximum probable loss and maximum possible loss.
h. Investment plan.
i. Amount of capital and form of capital used.
j. Amount and liquidity of the captive company's assets relative to the risk assumed.
k. Use of a fronting company and if applicable information about the fronting company.
l. Reinsurance program by line of business including type and amount of coverage. Please include the name of the reinsurer, their location, and their AM Best / NAIC Code(s).
m. Loss prevention and safety program including responsibilities and the main procedures followed to deal with events prior to possible claims.

If this application is for a Protected Cell Captive or a Risk Retention Group, please reach out to discuss additional required information.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE TRUE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

Name: _____ Date: _____

Signature: _____

Authorized Representative