STATE OF ALABAMA DEPARTMENT OF INSURANCE APPLICATION FOR APPROVAL TO ACT AS A CAPTIVE MANAGER

The Department only approves business entities to act as captive managers in the State of Alabama. The Applicant firm shall appoint a responsible person to serve as a liaison between the Department and the entities managed by the Applicant firm.

1.	Name of captive management firm:					
2.	Alabama business address:					
3.	Captive manager's authorized representative:					
	Name Telephone Number Fax Number E-Mail Address					
4.	Organization form of applicant manager:					
	Corporation Partnership Limited Liability Company Other Business Entity					
	Date of incorporation or formation: Place of incorporation or formation:					
5.	During the past five years, has Applicant operated under any different name, or has the Applicant purchased, consolidated or merged with any other business, or has the Applicant been purchased?					
	☐ Yes ☐ No					
	If yes, please explain:					
5.	Provide the address where captive management services will be performed, if different from #2 above.					
	Address:					
	City: State: 7ID:					

Please pro	ovide the following	; information about	the Applicant:			
a.	Location where captive records will be maintained, if different from #2 above:					
Address	:					
City:		State:	ZIP:			
b.		of all staff (includ dditional pages if n	le resumes for each, enecessary):	except clerica		
	Principles/ Partne	ers				
	Name Title					
	Name Title					
	Name Title					
	Name					
	Title					
	Officers/ Professi	ional Staff				
	Name	onar Starr				
	Title					
	Name					
	Title					
	Name					
	Title					
	Name					
	Title					
	Clerical and all others:					
	Title					
	Name					

Title

	NameTitle			
	Name			
c.	Number of captives under management:			
d.	Names of all domicile manager:	es where licensed	d or approved a	as a captiv
State cap	otive services provided dire	ctly by the Applic	cant:	
<u> </u>				
Does the	ptive services Applicant in f such agreements): e Applicant currently carry stach a copy of the policy):			
Does the please at	e Applicant currently carry stach a copy of the policy): s and Officers Liability and Omissions			
Does the please at Director Errors at Fidelity/	e Applicant currently carry tach a copy of the policy): s and Officers Liability and Omissions Crime e date of this application, at ever been the subject to	any of the follows Yes □ □ □ □ have any of the p	No \Box\Box\Box\Box\Box\Box\Box\Box\Box\Box	ance (If yes

12. Has the applicant ever been denied approval as a captive mar jurisdiction? (If yes, attach a detailed explanation.)					
	Yes		No		
any of the di Applicant a	rectors, officer rising out of	rs, principles, pa	artners or professional	employees of the	
	Yes		No		
employees h	olding an own	ership interest in	n any captive insuranc		
Provide a listing of all directors, officers, principals, partners or professional employees that currently serve, or will serve, as a board member of any captive insurance company the Applicant manages or will manage.					
State whether any director, officer, principal, partner or professional employed performs or intends to perform any services other than captive management services to a captive insurance company under management or to a shareholder of a captive insurer.					
_		0 1		director, officer,	
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cure			Date		
	As of the data any of the dia Applicant a explanation. Provide a li employees h management Provide a li employees the insurance constate whether performs or services to a a captive insurance are constated by the constant of the constant	Yes As of the date of this applicany of the directors, officer Applicant arising out of explanation.) Yes Provide a listing of any demployees holding an own management. (List should should be employees that currently should should be employees that currently should should be employees that currently should be employees that cu	Yes As of the date of this application, have any any of the directors, officers, principles, pa Applicant arising out of professional explanation.) Yes Provide a listing of any directors, office employees holding an ownership interest is management. (List should state the owners Provide a listing of all directors, officer employees that currently serve, or will see insurance company the Applicant manages. State whether any director, officer, principarity performs or intends to perform any ser services to a captive insurance company una captive insurer. Using Form AL-C-BIO, provide a biograp principal, partner and professional employed. REBY SWEAR OR AFFIRM UNDER RMATION PROVIDED HEREIN WLEDGE, COMPLETE AND TRUTCHER UNDERSTAND THAT THE CURATE INFORMATION SHALL BROVAL TO ACT AS A MANAGIPANIES IN THE STATE OF ALABAMA	yes No As of the date of this application, have any claims or suits ever b any of the directors, officers, principles, partners or professional Applicant arising out of professional services? (If yes, a explanation.) Yes No Provide a listing of any directors, officers, principals, partner employees holding an ownership interest in any captive insuranc management. (List should state the ownership interest held.) Provide a listing of all directors, officers, principals, partner employees that currently serve, or will serve, as a board memb insurance company the Applicant manages or will manage. State whether any director, officer, principal, partner or profes performs or intends to perform any services other than capt services to a captive insurance company under management or to a captive insurer. Using Form AL-C-BIO, provide a biographical affidavit for each principal, partner and professional employee of the Applicant. REBY SWEAR OR AFFIRM UNDER PENALTY OF LA RMATION PROVIDED HEREIN IS, TO THE BI WLEDGE, COMPLETE AND TRUTHFUL IN ALL REBY COMPLETE AND TRUTHFUL IN ALL REBY COMPLETE AND TRUTHFUL IN ALL REBY COMPLETE AND THAT THE SUBMISSION OF COURATE INFORMATION SHALL BE GROUNDS FOR GOVAL TO ACT AS A MANAGER OF CAPTIVE PANIES IN THE STATE OF ALABAMA.	