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: ________________________________________

6. Provide the address where captive management services will be performed, if different from #2 above.

   Address: __________________________________________________
   City: ___________________________ State: ______________________ ZIP: ______________________
7. Please provide the following information about the Applicant:

   a. Location where captive records will be maintained, if different from #2 above:

      Address: 
      City: [ ] State: [ ] ZIP: [ ]

   b. Names and titles of all staff (include resumes for each, except clerical staff and attach additional pages if necessary):

      | Principles/ Partners |
      |----------------------|
      | Name                |
      | Title               |
      | Name                |
      | Title               |
      | Name                |
      | Title               |
      | Name                |
      | Title               |

      | Officers/ Professional Staff |
      |-----------------------------|
      | Name                        |
      | Title                       |
      | Name                        |
      | Title                       |
      | Name                        |
      | Title                       |
      | Name                        |
      | Title                       |

      Clerical and all others:
      Name                        
      Title                       
      Name                        
      Title                       

Name
Title

Name
Title

c. Number of captives under management: 

d. Names of all domiciles where licensed or approved as a captive manager:


8. State captive services provided directly by the Applicant:


9. State captive services Applicant intends to subcontract to third parties (include copies of such agreements):


10. Does the Applicant currently carry any of the following types of insurance (If yes, please attach a copy of the policy):

Directors and Officers Liability
Errors and Omissions
Fidelity/ Crime


Yes
No


11. As of the date of this application, have any of the professional employees of the Applicant ever been the subject to any of the following as a result of professional activities?

Regulatory Reprimand
Regulatory Disciplinary Action
Admission Refusal
Admission Approval
License Revocation (Any form)


Yes
No


12. Has the applicant ever been denied approval as a captive manager in any jurisdiction? (If yes, attach a detailed explanation.)

☐ Yes ☐ No

13. As of the date of this application, have any claims or suits ever been made against any of the directors, officers, principles, partners or professional employees of the Applicant arising out of professional services? (If yes, attach a detailed explanation.)

☐ Yes ☐ No

14. Provide a listing of any directors, officers, principals, partners or professional employees holding an ownership interest in any captive insurance company under management. (List should state the ownership interest held.)

15. 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.

16. State whether any director, officer, principal, partner or professional employee 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.

17. Using Form AL-C-BIO, provide a biographical affidavit for each director, officer, principal, partner and professional employee of the Applicant.

I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF LAW THAT THE INFORMATION PROVIDED HEREIN IS, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUTHFUL IN ALL RESPECTS. I FURTHER UNDERSTAND THAT THE SUBMISSION OF FALSE OR INACCURATE INFORMATION SHALL BE GROUNDS FOR DENIAL OF APPROVAL TO ACT AS A MANAGER OF CAPTIVE INSURANCE COMPANIES IN THE STATE OF ALABAMA.

________________________________________
Name

________________________________________
Title

________________________________________  _________________________
Signature                                Date