



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER

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**INSURANCE FINANCIAL
OVERSIGHT**

GID-279-RS OCT2015

www.oci.ga.gov

**APPLICATION TO SERVE AS MANAGER
OF CAPTIVE INSURANCE COMPANY**

(Attach additional pages if space provided is insufficient to fully answer any questions.)

1. Name and Contact Information for Applicant:

Name _____

FEIN# _____

Address _____ Phone Number _____

Name of Contact Person _____

Email Address _____

2. Contact Information for Applicant's Georgia Location (if different from #1 above):

Name of Contact Person _____

Address _____ Phone Number _____

Email Address _____

3. Provide the address where captive management services will be performed, if different from #1 above _____

4. Provide the address where captive records will be maintained, if different from #1 above _____

5. Has Applicant registered with the Georgia Secretary of State's Office to conduct business in the State of Georgia?

Yes

No

(If no, this must be done prior to Applicant receiving approval from the Department to act as a Captive Manager in the State of Georgia.)

6. Name and Contact Information for Applicant's Registered Agent for Service of Process in Georgia:

Name _____

Address _____ Phone Number _____

County _____

7. During the past five years, has Applicant operated under any different names, or has Applicant purchased, consolidated, or merged with any other business, or has Applicant been purchased?

Yes

No

If yes, explain: _____

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8. How many captive insurance companies does Applicant currently have under management? _____

9. How long has Applicant been providing captive management services? _____

10. Is Applicant affiliated with or a subsidiary of a company licensed by the Georgia Department of Insurance?

Yes No If yes, list the name and address of the company and describe the affiliation: _____

11. Does Applicant hold any insurance or professional licenses, registrations, or certifications in the State of Georgia?

Yes No If yes, list including any identifying numbers: _____

12. List all domiciles where Applicant is licensed or approved as a captive manager _____

13. Has Applicant ever been denied approval as a captive manager in any jurisdiction?

Yes No If yes, explain: _____

14. Owner(s), Principal(s), and Partners (attach additional sheets, if necessary):

Name _____

Phone Number _____

Address _____

E-mail Address _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

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Name _____

Phone Number _____

Address _____

E-mail Address _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

15. Directors, Officers and Managers (attach additional sheets, if necessary):

Name _____

Phone Number _____

Address _____

E-mail Address _____

Title _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

Title _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

Title _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

Title _____

Name _____

Phone Number _____

Address _____

E-mail Address _____

Title _____

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Name _____ Phone Number _____
Address _____ E-mail Address _____

Title _____

16. Is any officer or director of any managed captive insurance company (current and/or proposed) an owner, partner, officer, director, stockholder, or employee of Applicant, its parent, or an affiliated company?

Yes No If yes, explain: _____

17. Does any director, officer, principal, partner or manager of Applicant have any ownership interest in any managed captive insurance company (current and/or proposed)?

Yes No If yes, list the name and address of the company (ies) and explain: _____

18. Does, or will, any director, officer, principal, partner or manager of Applicant serve as a member of the board of any managed captive insurance company (current and/or proposed)?

Yes No If yes, list the name and address of the company (ies) and explain: _____

19. Does any director, officer, principal, partner or manager of Applicant perform, or intend to perform, any services other than captive management services for any managed captive insurance company (current and/or proposed)?

Yes No If yes, list the name and address of the company (ies) and explain: _____

20. List all captive management services Applicant directly provides, or intends to provide, to any managed captive insurance company (current and/or proposed):

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21. List all captive management services that Applicant subcontracts to third parties, or intends to subcontract to third parties, that Applicant provides to any managed captive insurance company (current and/or proposed):

22. Does Applicant currently carry Directors and Officers Liability Insurance, Errors and Omissions Insurance, or Fidelity/Crime Insurance?

Yes No If yes, list the policy(ies): _____

23. Briefly describe the experience that Applicant's Owners, Principals, Partners, Directors, Officers and Managers have in the field of captive management:

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CERTIFICATION

I do hereby certify that, to the best of my knowledge and belief, all of the information given in this application is true and correct. I further certify that I will notify the Commissioner of Insurance of the State of Georgia within thirty (30) days of any material change in the information contained within and filed with this application.

By: _____

Date: _____

Name: _____

Title: _____
(Captive Manager or Officer of Captive Management Firm)

Sworn to and subscribed before me this

____ day of _____, 20____.

Notary Public

My Commission Expires: _____

(SEAL)