

**NEW JERSEY APPLICATION FOR AUTHORIZATION
TO CERTIFY LOSS RESERVES and LOSS
EXPENSE RESERVES for CAPTIVES**

To the New Jersey Commissioner of the Department of Banking and Insurance, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves as required by the Captive Insurance Financial Rules N.J.A.C. 11:28-1.8.

INDIVIDUALS ONLY MAY APPLY

1.Full Legal Name _____

2.Residence Address _____

3.Education and Degree

High School _____

College _____

Graduate or Professional _____

(List all educational institutions attended and addresses on additional sheet, if necessary.)

Indicate major concentration and actuarial exams completed if not a Fellow.) **Add attachment as needed.**

4.Member of Professional Societies or Associations (List)

5.Present Chief Occupation

Position or Title _____ How Long? _____

Employer Name _____

Address _____

How long with this employer? _____ Where? _____

6.Other jobs, positions, directorates, or officerships concurrently held at present

7. Complete Employment Record for Past 20 Years: **Please attach**

8. Indicate property and casualty loss reserve and loss expense reserve experience

9. List the New Jersey captive account(s) you will be certifying

10. In order to qualify to sign statements of opinion relating to loss and loss adjustment expense reserves for a captive insurance company, an applicant must qualify in one or more of the following areas. Indicate by an X which area(s) you qualify in:

A fellow of the Casualty Actuarial Society and three years of property and casualty and loss expense reserve experience.

A fellow of the Society of Actuaries and three years of life reserve experience.

A fellow of the Society of Actuaries and three years of health reserve experience.

A member in good standing of the American Academy of Actuaries and five years of property and casualty loss and loss expense reserve evaluation experience.

A reserve specialist who has demonstrated to the Commissioner his/her competency is loss reserve evaluation.

11. The Department may publish my contact information on its website.

Yes No

I hereby certify that my responses to the above are true and complete, and I have read and understand all of the requirements and provisions of the Captive Insurance P.L. 2011, c.25, (N.J.S.A. 17:47B-1 et seq.) and will fully comply therewith.

(NO FEE REQUIRED)

Signed _____ Dated _____

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of Notary Public _____

NOTARY SEAL

Notary Public authorized by law of the State of _____

To administer oaths. My commission expires on _____

*Note: Unless otherwise indicated, once approved, your contact information will be published on the Department's Captive Insurance Website.

DHT11-03 Appendix A Exhibit 4/inoregs