## STATE OF NEW JERSEY DEPARTMENT OF BANKING AND INSURANCE

## CAPTIVE INSURANCE COMPANY APPLICATION

Answer each question on this application. If a question is not applicable, respond by indicating "not applicable." Do not leave a question blank. Incomplete applications will be returned. Submit one signed original as directed below and email a pdf filing to <u>dobi.captives@dobi.nj.gov</u>.

The Department reserves the right to send the application to an independent actuary for review. The cost of this review shall be paid by the applicant within 30 days of receiving an invoice from the review firm.

Subm	it completed applications to:	Office of Captive Insurance New Jersey Department of Banking and Insurance 20 West State Street P.O. Box 325 Trenton, New Jersey 08625-0325					
	<b>Captive Formation</b>	□ Captive Redomestication	1				
1.	Name of proposed captive _						
2.	Indicate type of proposed captive						
	Pure Association	Industrial Insured Branch Sponsored					
3.	Form of organization						
	Stock Mutual Reciprocal LLC Non-profit Other						
	Date of formation	FEIN					
4.	Parent or beneficial owner _						
5.	Names(s) of beneficial own	er(s) Percentage of Ownership					
6.	Explain relationship among	beneficial owners					
7.	Enclose most recent audited	financial statements of Beneficial Owners.					

Name of Officers and Directors of the proposed captive insurance company.								
Chairman President Vice President and Secretary Vice President(s)								
						Assistant Secretary		
						Assistant Secretary Directors		
Location of principal office of propo	_							
Locations of books and records								
Indicate jurisdiction(s) where majorit	y of risks will be locate							
Resident Registered Agent and Addr	ess							
Capital and/or Surplus of Company								
(a) Initial Capital \$								
Initial Surplus \$								
Initial Surplus \$ Total \$								
Τσται ψ								
(b) Amount of Initial Capital and Surplus Contributed by Policyholders: \$								
		•						
(c) Amount of Initial Capital and Su	rplus Contributed by Pe	ersons other						
Than policyholders:		\$						
(d) For answer (c) above, identify such persons and their relationship to the Captive:								
(e) Type of stock to be authorized ar (1)	•	Number of shares						
(2)								
(f) Location of shares of stock:								
(2)								
If I attain of Credit and to he was d								
If Letters of Credit are to be used: Name and Address of Bank	Issued in Favor of	Amount						
INALITY AND AUDIESS OF DALK	Issued III Favor OI	Amount \$						
		*						

17.	Will an Audit Committee be formed?   Yes   No				
18.	Will an Executive Committee be formed?   Yes   No				
19.	Names of members of Investment Committee:				
20.	Name, address, telephone number and email of Authorized Captive Manager:				
21.	Name, address, telephone number and email of Law Firm and Attorney:				
22.	Name and address of Claims Handler and Underwriter:				
23.	Name and address of Authorized Certified Public Accountant:				
24.	Name and address of Authorized Actuary:				
25.	Name and address of Reinsurance Broker/Intermediary:				
26.	If applicant for licensure as a captive is a branch captive, it shall attach a statement from the alien captive insurance company memorializing its consent to the Department's examination of the alien captive insurer in its home jurisdiction.				
GIVE	TIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE INFORMATION N IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND SSED.				

I FURTHER CERTIFY THAT I WILL NOTIFY THE COMMISSIONER WITHIN TEN DAYS OF ANY MATERIAL CHANGE IN THE INFORMATION FILE WITH THIS APPLICATION.

Name	Date
Signature	
Title	

DHT11-03 Appendix A Exhibit 1/inoregs