

Request for Inclusion on Tennessee's Captive Insurance Management Firm List

Please complete this form in its entirety. Once completed, you may print, sign with notarization, then scan and email to captive.insurance@tn.gov as an attachment.

FIRM INFORMATION:

1. Firm Name *

2. Firm Address

Address Line 1 (no PO BOX): *

Address Line 2:

City: *

State: *

Postal Code: *

Country

Phone No.: *

Secondary Phone:

Firm Website: *

3. Locations of additional firm offices, if any?

4. If your firm has an office in Tennessee, please provide the address & contact information. *

Firm Address, City/State, Postal Code *

Contact Name and Phone No. *

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5. In what location(s) will the management services for Tennessee captive insurance companies be performed, if different from firm's primary address?
6. Do any officers, principals, or key employees have an ACI designation? If yes, please provide name(s) and title(s).
7. Is the Firm a member of the TCIA? *
- Yes No
8. Has the Firm adopted the Captive Manager Code of Conduct published by the Self-Insurance Institute of America, Inc. (SIIA)?*
- Yes No
9. During the past five (5) years, has the firm operated under any different name, or has the firm purchased, consolidated or merged with any other firm, or has the firm been purchased? *
- Yes No
- If yes, please explain and add attachments as needed:
10. Have any employees, principals, officers or key employees ever been denied an individual or position schedule fidelity bond, or had a bond canceled or revoked? *
- Yes No
- If yes, please explain and add attachments as needed:
11. During the past ten (10) years, has any employee, officer, principal or key employee of the firm ever been refused a professional license by any public or governmental agency or regulatory authority, or has any such license held by you or any employee been suspended or revoked? *
- Yes No
- If yes, please explain and add attachments as needed :

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12. Has any employee, officer, principal or key employee of the firm ever been subject to any disciplinary proceedings by any professional association or federal, state or foreign regulatory agency? *

Yes No

If yes, please explain and add attachments as needed:

13. Has any employee, officer, principal or key employee of the firm ever been convicted of a felony? *

Yes No

If yes, please explain and add attachments as needed:

14. Has any employee, officer, principal or key employee of the firm been an employee, officer, principal or key employee of an insurance company or captive insurer in the United States or in a jurisdiction outside the United States that was determined to be insolvent by a federal, state or foreign regulator or supervising authority? *

Yes No

If yes, please explain and add attachments as needed:

CAPTIVE MANAGEMENT EXPERIENCE *

15. Type	# by Type	# Domiciled in TN	Years Experience with Type
Association			
Branch			
Industrial Insured			
Protected Cell			
Pure			
RRG			
SPFC			
Sponsored			
Other			

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16. Provide two (2) references within the insurance industry, including telephone number and email address *

Reference 1:

First Name: *

Last Name: *

Phone: *

Email Address: *

Reference 2:

First Name: *

Last Name: *

Phone: *

Email Address: *

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INDIVIDUAL INFORMATION

The principal of the firm and any individual responsible for captive management operations in Tennessee must fill out pages 5 through 7.

Attach the following documents and information to this request when submitted:

1. A completed biographical affidavit,
2. A copy of your resume or curriculum vitae,
3. A certified copy of any disciplinary orders issued involving you from any professional organization to which you belong,
4. Copies of all professional licenses you hold, and
5. Copies of the resumes or curriculum vitae of all persons who would be employed or assigned captive management work by you.

1. Name

First Name: *

Last Name: *

Position/Title: *

Employment Period: *

Email Address: *

Phone: *

2. Does the officer, principal, or key employee have an insurance license or designation? *

Yes No

State * Issue Date * Expiration Date * Type * License No./Designation *

3. Does this officer, principal, or key employee have an ACI designation? *

Yes No

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4. List all professional societies and associations this officer, principal, or key employee is a member of.

5. Describe the captive insurance experience of this officer, principal, or key employee.

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CERTIFICATION

I hereby certify and declare, under penalty of perjury:

1. That I have been authorized by the requesting management firm herein to complete this "Request for Inclusion on Tennessee's Captive Insurance Management Firm List" (Request) and to make this certification and declaration;
2. That the information provided in this Request and the documents attached hereto and included as part of the Request have been examined by me and are, to the best of my knowledge, information and belief, true, correct, and complete;
3. That I am aware that should an investigation, at any time, disclose any such misrepresentation or false statement or information, my firm may be disqualified from further consideration for placement on the captive insurer management firm list;
4. That I authorize each of the references, associations or licensing or supervising agencies of state, federal or foreign governments to give the Tennessee Department of Commerce and Insurance any private or confidential information concerning the named management firm; and
5. That I release the Tennessee Department of Commerce and Insurance, its employees and authorized agents, or any other state, federal or foreign government agency that receives information requested as part of this Request, from any civil or criminal liability arising under the Federal Rights and Privacy Act, other applicable state laws, or laws of a foreign jurisdiction.

Notary:		
Notary Public Embosser or Black Ink Rubber Stamp Seal	State:	County or City:
	Subscribed and sworn Before me. This day of	My commission Expires on:
	Notary Public Signature	Use rubber stamp in clear area below:
	Notary Public Name (Typed or Printed)	

Dated this ____ Day of _____, 20 ____

Printed Name of Officer/Principal * _____

Signature of Officer/Principal * _____

