

Captive Insurance Company License Application

Submit completed form to captive.insurance@tn.gov

A. GENERAL INFORMATION:

1. Name of Proposed Captive:
2. Parent or Sponsor:
3. Name, address, phone number, and e-mail address of individual to be contacted regarding this application:
 - a. Name:
 - b. Address:
 - c. City, State and Zip:
 - d. Phone Number:
 - e. E-Mail Address:
4. Type of Business Proposed:

<input type="checkbox"/> Pure	<input type="checkbox"/> Association
<input type="checkbox"/> Protected Cell	<input type="checkbox"/> Branch
<input type="checkbox"/> Industrial Insured	<input type="checkbox"/> SPFC
<input type="checkbox"/> Risk Retention Group	
5. Organization Form:

<input type="checkbox"/> Stock	<input type="checkbox"/> LLC
<input type="checkbox"/> Mutual	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Reciprocal	<input type="checkbox"/> Series LLC
6. Principal Place of Business of Proposed Captive:
7. Resident Registered Agent of Captive:

8. Location of Books and Records of Captive:

9. Name(s) and Address(es) of Beneficial Owners: Percent of Ownership:

Use separate sheet if necessary. If Beneficial Owner is publicly traded, current Annual Statement (10-K) must be included in application.

10. Explain Relationship of Beneficial Owners:

11. Capital and/or Surplus of Company:

Initial Capital:

Initial Surplus:

Total:

12. If applicant is an Industrial Insured Captive, please answer the following:

Aggregate Annual Premiums:

Number of Full-time Employees:

13. If applicant is an Association Captive, give history, purpose, size, and other details of parent association:

14. If Letters of Credit are to be used:

Name and Address of Bank:

Amount:

B. SERVICE PROVIDER INFORMATION

MANAGEMENT COMPANY*

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

ATTORNEY

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

CPA*

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

THIRD PARTY ADMINISTRATOR

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

ACTUARY*

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

INSURANCE OR REINSURANCE BROKER

Company Name:

Contact Name:

Street Address:

City, State, Zip:

Phone Number:

E-Mail Address:

*Captive Manager, CPA, and Actuary must be approved by the Department. See how to form a Captive on our website for additional information.



Captive Insurance Section

500 James Robertson Parkway
Nashville, Tennessee 37243
615-741-3805

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL OF THE INFORMATION GIVEN IN THIS APPLICATION IS TRUE AND CORRECT AND THAT ALL ESTIMATES GIVEN ARE TRUE ESTIMATES BASED UPON FACTS WHICH HAVE BEEN CAREFULLY CONSIDERED AND ASSESSED.

I ACKNOWLEDGE AND AGREE THAT ANY COST ASSOCIATED WITH ACTUARIAL REVIEWS PREPARED AT THE REQUEST OF THE CAPTIVE INSURANCE SECTION OF THE TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE ASSOCIATED WITH THE REVIEW OF THIS APPLICATION IS THE SOLE RESPONSIBILITY OF THE APPLICANT.

**Officer, Director, or
Attorney-in-Fact for a Reciprocal***

Captive Manager*

Date:

Date:

Name:

Name:

Signature:

Signature:

*These signatures must be two separate individuals.