

**DEPARTMENT OF FINANCIAL REGULATION
APPLICATION FOR AUTHORIZATION to CERTIFY
LOSS RESERVES and LOSS EXPENSE RESERVES
FOR CAPTIVE INSURANCE COMPANIES**

To the Commissioner of the Department of Financial Regulation, Montpelier, Vermont, 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 Regulation 81-2.

INDIVIDUALS ONLY MAY APPLY

1. Full Legal Name _____
2. Residence Address _____
3. (a) Date of Birth _____ (b) Social Security Number _____

4. Education and Degree

High School

College

Graduate or Professional

(List all educational institutions attended and addresses. Indicate major concentration and actuarial exams completed if not a Fellow. (Attach additional pages as necessary.)

5. Member of Professional Societies or Associations

6. Present Chief Occupation

Position or Title _____ How Long? _____

Employer Name _____

Address _____

E-Mail Address _____

How long with this employer? _____

7. Other jobs, positions, directorates, or officer ships concurrently held at present

8. Complete Employment Record for Past 20 Years (Attach additional pages if necessary.)

Dates	Employer and Address	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

10. List the Vermont captive account(s) you will be certifying

11. 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. Please check the applicable box(es) for your qualification(s).

A member of the Casualty Actuarial Society and three years of property and casualty loss and loss expense 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 property and casualty loss reserve specialist with at least ten years of experience, three of which shall have included responsibility for:

- the overall reserve level or a significant portion of the overall reserve level; or
- qualifying overall reserves or a significant portion of overall reserves; or
- the prospective evaluation of the reasonableness of the overall reserves or a significant portion of the overall reserves.

(Continued on next page)

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 Financial Regulation 81-2 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 _____