

**APPLICATION OR RENEWAL FOR CERTIFIED REINSURERS
CURRENTLY CERTIFIED BY ANOTHER NAIC-ACCREDITED
JURISDICTION (PASSPORTING)**

JANUARY 1, 20__ TO DECEMBER 31, 20__

Instructions: This application is provided to identify and describe the information that is required to organize application and renewal materials (including attachments).

If a question can be answered in the space provided, please do so. If additional sheets are required as attachments, identify each with a letter and reflect the attachment by indicating the assigned letter.

A. Applicant Information:

1. Name (Must be **exact name** under which business is being conducted) and FEIN:

_____ FEIN: _____

2. Doing business as (if different from 1. above):

3. Primary Contact (Name and Title): _____

4. Telephone Number: _____ Email Address: _____

5. Mailing Address:

6. Physical Location:

7. Applicable Lines of Business: _____

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B. Certified Reinsurer Currently Certified by Another NAIC-Accredited Jurisdiction:

If an applicant for certification has been certified as a reinsurer in an NAIC accredited jurisdiction, the Commissioner has the discretion to defer to that jurisdiction's certification and has the discretion to defer to the rating assigned by that jurisdiction, i.e., "passporting."

Has the applicant been certified by an accredited jurisdiction? (Yes or No) _____

If "Yes", please provide the information below:

1. Domiciliary Jurisdiction: _____

2. Provide a copy of the approval letter or other documentation provided by the NAIC accredited jurisdiction. The letter must contain the following information:

- a. Name of state(s) in which applicant is currently certified.
- b. The rating and collateral percentage assigned to the applicant.
- c. The effective and expiration dates of the certification.
- d. The lines of business to which the certification is applicable.
- e. The applicant's commitment to comply with all requirements necessary to maintain certification.

3. Specify the mechanisms that will be used to secure obligations incurred as a Certified

Reinsurer: _____

4. If the applicant intends to utilize a multi-beneficiary trust for item 3. above submit the following:

a. The form of the trust that will be used to secure obligations incurred as a certified reinsurer: _____

b. The form of the trust that will be used to secure obligations incurred outside of the applicant's certified reinsurer status: _____

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5. Submit Vermont Form CR-1, properly executed by an officer authorized to bind applicant to the commitments set forth in this form.

6. By signing this application the applicant agrees to a) comply with reasonable requirements deemed necessary for certification. Failure to comply with such other requirements could disqualify the reinsurer from certification. b) post 100% security upon the entry of an order of rehabilitation or conservation against the ceding insurer or its estate.

PART C: SIGNATURES

1. Provide the name, address and telephone number of the individual to be contacted regarding this application:

| <u>Name</u> | <u>Address</u> | <u>Telephone Number</u> |
|-------------|----------------|-------------------------|
| | | |

2. The undersigned deposes and says that he/she has duly executed the attached application dated _____, for and on behalf of _____ the applicant; that he/she is the of such company; and he/she is familiar with the applicable laws (8 V.S.A., Chapter 101, Subchapter 10) related to Reinsurance of risks, is familiar with such application, including all attachments thereto, and the contents thereof, and that the facts therein set forth are true to the best of his/her knowledge, information and belief. Pursuant to the requirements of 8 V.S.A., Chapter 101, Subchapter 10, the applicant has caused this application to be duly signed on its behalf in the City of _____ and State of _____, on the _____ day of _____, in this year of _____.

Signature

Printed or Typed Name

Title