

**COMMONWEALTH OF KENTUCKY  
CAPTIVE APPLICATION FOR ADMISSION**

(Attach separate sheets, if needed)

1. Name of proposed captive \_\_\_\_\_
2. Parent or sponsor \_\_\_\_\_
3. Name, address, and phone number of individual to be contacted regarding this application  
\_\_\_\_\_
4. Indicate type of proposed captive  
 Pure      Association      Industrial Insured      Risk Retention      Sponsored
5. Organization Form      Stock      Mutual
6. Principal place of business of proposed captive \_\_\_\_\_  
\_\_\_\_\_
7. Resident registered agent and address \_\_\_\_\_  
\_\_\_\_\_
8. Location of books and records \_\_\_\_\_  
\_\_\_\_\_
9. Capital and/or surplus of company
  - (a) Initial capital    \$ \_\_\_\_\_  
      Initial surplus    \$ \_\_\_\_\_  
      Total            \$ \_\_\_\_\_
  - (b) Location of shares of stock \_\_\_\_\_
10. 

Name(s) and address(es) of beneficial owners	Percentage of ownership
(1) _____	_____
_____	_____
(2) _____	_____
_____	_____
(3) _____	_____
_____	_____

(Use separate sheet if needed)
11. Explain relationship among beneficial owners  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. Enclose annual report or 10Ks of beneficial owners.

13. If letter(s) of credit is (are) to be used

Name and address of bank	Issued in favor of	Amount
_____	_____	\$ _____

14. Name and address of management firm \_\_\_\_\_  
\_\_\_\_\_

15. Name and address of lawyer \_\_\_\_\_  
\_\_\_\_\_

16. Claims handler \_\_\_\_\_

17. Name and address of certified public accountant \_\_\_\_\_  
\_\_\_\_\_

18. Name and address of actuary \_\_\_\_\_  
\_\_\_\_\_

19. Name and address of (re)insurance broker \_\_\_\_\_  
\_\_\_\_\_

20. Biographical information for directors and officers  
(List below and include biographical affidavit)

Name	Position(s) with captive	Employer and position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. If applicant is an industrial insured captive, please answer the following:

(a) Name and address of each full-time employee acting as an insurance manager or buyer  
\_\_\_\_\_

(b) Aggregate annual premium \$ \_\_\_\_\_

(c) Number of full-time employees \_\_\_\_\_

22. Include the following with this application:

(a) Coverage/limits/reinsurance form attached

(b) Certified copy of captive's certificate of incorporation, articles of association and bylaws.

(c) An application fee of \$600.00 for domestic; \$700.00 for foreign

(d) A feasibility study by an actuary

- (e) Statement of benefit to Kentucky
- (f) Biographical affidavits on officers and directors (Form CI501)
- (g) If applicant is association captive, give history, purpose, size and other details of parent association
- (h) List all other providers and their responsibilities together with how fees for services rendered are to be charged.
- (i) Detailed plan of operation with supporting data including:
  - (1) Risks to be insured - direct, assumed and ceded - by line of business
  - (2) Fronting company if operating as a reinsurer
  - (3) Expected net annual premium income
  - (4) Maximum retained risk (per loss and annual aggregate)
  - (5) Rating program
  - (6) Reinsurance program
  - (7) Organization and responsibility for loss prevention and safety including the main procedures followed and steps taken to deal with events prior to possible claims
  - (8) Loss experience for past five years together with projections for the ensuing five years
  - (9) Organization chart
  - (10) Financial projections on an expected and worst case scenario

Items 1,3,4 and 10 above should be projected for a five-year period.

**NOTE: Prepare one extra copy of all documents required by this application.**

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.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_  
(Officer)