



STATE OF WEST VIRGINIA
Offices of the Insurance Commissioner
Company Analysis and Examinations Division

**Application for Authorization to Certify Loss Reserves
and Loss Expense Reserves for a Captive Insurance Company**

To the West Virginia Offices of the Insurance Commissioner, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves for Captive Insurance Companies.

INDIVIDUALS ONLY MAY APPLY

- 1) Full Legal Name _____
- 2) Residence Address _____
- 3) Date of Birth _____
- 4) Education and Degree
High School: _____
College: _____
Graduate or Professional: _____

(List all educational institutions attended and addresses on additional sheet, if necessary. Indicate major concentration and actuarial exams completed if not a Fellow.)

- 5) Member of Professional Societies or Associations (List) _____

- 6) Present Chief Occupation:
Position or Title: _____ How long? _____
Employer's Name: _____
Address: _____
How long with this employer? _____ Where? _____
- 7) Other jobs, positions, directorates, or officer positions concurrently held at present:

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8) Complete Employment Record for Past 20 Years:

<u>Dates</u>	<u>Employer and Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9) Indicate property and casualty loss reserve and loss expense reserve experience:

10) List the 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. Indicate by an X which area(s) you qualify in:

- 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 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 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.

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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 Statutes and Regulations 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 Public authorized by law of the State of _____

NOTARY SEAL _____ to administer oaths.

My commission expires on _____

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