

**APPLICATION FOR AUTHORIZATION TO  
ACT AS A CAPTIVE MANAGER**

1. Name of captive insurance management firm: \_\_\_\_\_
2. Business address: \_\_\_\_\_
3. Name, telephone and fax numbers, and e-mail address for the captive insurance manager's authorized representative: \_\_\_\_\_  
\_\_\_\_\_
4. Is the Applicant a corporation, partnership, limited liability company or other form of business entity?
  - a. Date of incorporation or formation: \_\_\_\_\_
  - b. Place of incorporation or formation: \_\_\_\_\_
5. During the past five years, has the applicant operated under any different name or has the Applicant purchased, consolidated or merged with any other business, or has the Applicant been purchased?  
 Yes    No   If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
6. Provide the address where captive insurance management services will be performed, if different from #2 above. \_\_\_\_\_
7. Please provide the following information about the Applicant:
  - a. Location where insurance captive records will be maintained, if different from #2 above: \_\_\_\_\_
  - b. Names and titles of all staff (complete [BIOGRAPHY AFFIDAVIT](#) for each, except clerical staff):
    - i. Principal/Partners: \_\_\_\_\_
    - ii. Officers/Professional Staff: \_\_\_\_\_
    - iii. Clerical and all others: \_\_\_\_\_
  - c. Number of captive insurance companies under management: \_\_\_\_\_
  - d. Names of all domiciles where licensed or approved as a captive insurance manager: \_\_\_\_\_  
\_\_\_\_\_
8. State captive insurance management services provided directly by the Applicant:  
\_\_\_\_\_

9. State captive insurance management services Applicant intends to subcontract to third parties (include copies of such agreements).
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10. Does the Applicant currently carry any of the following types of insurance: Directors and Officers Liability, errors and Omissions, or Fidelity/Crime?  
 Yes  No If yes, please attach policy(ies)
11. After inquiry of all professional employees at the date of this application, have any of them even been the subject of a regulatory reprimand or disciplinary action, refused admission or approval, or lost any license as a result of professional activities?  
 Yes  No If yes, please explain
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12. Has the Applicant ever been denied approval as a captive insurance manager in any jurisdiction?  
 Yes  No If yes, please explain
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13. After inquiry of all directors, officers, principals, partners, and professional employees at the date of the application, have any claims or suits ever been made against the Applicant or any of the directors, officers, principals, partners or employees arising out of professional services?  
 Yes  No If yes, please explain
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14. State whether any director, officer, principal, partner, and professional employee has any ownership interest in any captive insurance company under management. \_\_\_\_\_
15. State whether any director, officer, principal, partner, and professional employee serves or will serve as a board member on any captive insurance company it currently manages or will manage.
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16. State whether any director, officer, principal, partner, and professional employee performs or intends to perform any services other than captive insurance management services to a captive insurance company under management or to a shareholder of a captive insurer.
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- \*17. The Department may publish my contact information on its website.  
 Yes  No

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 P.L. 2011, c.25, (N.J.S.A. 17:47B-1 et seq.) 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 \_\_\_\_\_

The Department only approves business entities to act as captive insurance managers in the State of New Jersey. The firm shall appoint a responsible person to serve as a liaison between the Department and the entities managed by the form.

Note: Unless otherwise indicated, once approved, your contact information will be public on the Department's Captive Website.