

STATE OF MAINE
BUREAU OF INSURANCE

Initial Application for
Captive Insurance Companies
24-A M.R.S.A. Chapter 83

I. General Instructions

- Every captive insurance company that intends to engage in the business of insurance while domiciled in the state of Maine must apply for a license to the superintendent by completing this form.
- Captive insurance companies must remit the appropriate application fee of \$1,000 payable to the Treasurer, State of Maine.
- The application must contain complete responses to all questions and must be signed by an authorized officer.
- The superintendent must approve or deny the application within 30 days after the application is deemed complete.
- An application will not be considered complete until all of the requested data has been filed. The superintendent must determine whether or not an initial filing is complete within 30 days of its receipt and notify the captive insurance company applicant of the information needed to make the application complete.
- Captive insurance companies must provide the needed information within 30 days from the notification, or the application will be considered withdrawn, unless the captive insurance company notifies the superintendent, in writing, of the need for additional time to provide the information.
- Upon approval, the superintendent shall issue a written perpetual certificate of authorization. In order to maintain the state of Maine license the captive insurance company must file, annually, documents requested by the superintendent. Annual filing instructions will be enclosed with the certificate of authorization.
- Upon denial the superintendent will issue a written explanation for the denial.
- Application materials should be submitted to the attention of:
 - Alex Bourne, Examiner-in-Charge
 - Bureau of Insurance
 - 34 State House Station
 - Augusta, ME 04333-0034
- For captive insurance inquiries, contact:
 - Alex Bourne at (207) 624-8447 or william.a.bourne@maine.gov

II. Requirements

1. Captive Insurance Company
Name & Mailing Address:

Telephone Number: _____
Facsimile Number: _____
FEIN Number: _____

Authorized Contact Person
Name & Mailing Address:

Telephone Number: _____
Facsimile Number: _____
Email Address: _____

2. Indicate the form of the proposed captive insurance company.

Pure Captive: _____ Association Captive: _____ Industrial Captive: _____ Sponsored Captive: _____
Branch Captive: _____

3. Do you authorize Bureau staff to contact other individuals in accordance with 24-A M.R.S.A. Chapter 83? Yes: _____ No: _____

4. Will the location of all captive insurance company records be the same as the mailing address above in accordance with 24-A M.R.S.A. Chapter 83?

Yes: _____ No: _____ ; A no answer should initiate the inclusion of the records address with the initial application.

5. Enclose a check for \$1,000 in payment of the nonrefundable initial application fee made payable to the Treasurer, State of Maine. If authorization is granted, the Bureau will invoice the captive insurance company \$100 for payment of the initial authorization fee [24-A M.R.S.A. §601 sub§ 1].

6. Supply a certified copy of its charter and its bylaws [24-A M.R.S.A. §6702 sub. §2].

7. Supply a statement, under oath, of the captive insurance company's president and secretary, reporting the financial condition of the captive insurance company. [24-A M.R.S.A. §6702 sub. §2 & §6707 sub. §1].

8. Supply biographical affidavits for officers and directors [24-A M.R.S.A. §6702 sub. §3(F)].

9. Supply a statement describing the adequacy and expertise of the person(s) who will manage the captive insurance company [24-A M.R.S.A. §6702 sub. §3(B)].

10. Supply an annual report or 10K detailing the financial condition and purposes of the incorporators [24-A M.R.S.A. §6702 sub. §3(E)].

11. Provide a “Captive Insurance Company Feasibility Study.” See the attached instructions [24-A M.R.S.A. §6702 sub. §3(A) & sub. §3(G)].

12. If the applicant is an association captive insurance company, please furnish the history, purpose, size and other details of the parent association [24-A M.R.S.A. §6702 sub. §3 (E)].

13. If the applicant is a sponsored captive, please furnish the following additional information:

- a. Materials demonstrating how the applicant will account for the loss and expense experience of each protected cell at a level of detail found to be sufficient by the superintendent and how it will report the experience to the superintendent [24-A M.R.S.A. §6724 sub. §3 (A)].
- b. A Statement acknowledging that all financial records of the sponsored captive insurance company, including records pertaining to any protected cells, will be made available for inspection or examination by the superintendent or the superintendent’s designated agent [24-A M.R.S.A. §6724 sub. §3 (B)].
- c. All contracts or sample contracts between the sponsored captive insurance company and any participants [24-A M.R.S.A. §6724 sub. §3 (C)].
- d. Evidence that expenses will be allocated to each protected cell in a fair and equitable manner [24-A M.R.S.A. §6724 sub. §3 (D)].

III. Declarations

The undersigned captive insurance company, a legal entity, subject to the Maine Captive Insurance Companies Act, hereby makes application to obtain authorization to engage in the business of insurance and understands that, once the captive insurance company is authorized, it must agree to the following:

- a. report financial condition pursuant to the provisions of 24-A M.R.S.A. §6707
- b. submit to examinations and investigations pursuant to the provisions of 24-A M.R.S.A. §6708
- c. not to carry on the business of insurance while operating in a condition that provides grounds for suspension or revocation of license pursuant to the provisions of 24-A M.R.S.A. §6709

The captive insurance company understands that it must notify the Superintendent 30 days in advance of any of the following:

- a. any change in servicing agents
- b. any proposed change in the approved reinsurance program, including, but not limited to, retention or attachment point, limits of coverage, carrier, policy forms, or endorsements

Captive Insurance Company

By: _____
Authorized Corporate Officer

Printed Name

Title

Date

Please attach evidence that the person signing this application has the authority to do so.