



Application for Registration as Captive Insurance Company

INSTRUCTIONS

- 1. This form is required to apply for registration as a captive insurance company under the INSURANCE (CAPTIVE COMPANY) ACT (S.B.C. 1996, C. 227, Sec. 6).
2. All applicable information must be provided.
3. This information must be typewritten or printed.
4. Upon completion, please forward this form and all attachments to the Financial Institutions Commission, Suite 2800, 555 West Hastings Street, Vancouver, British Columbia, V6B 4N6. All material requested must be submitted at the same time.
5. Please attach the non-refundable APPLICATION fee, made payable to the Minister of Finance.

Freedom of Information and Protection of Privacy Act
The information requested on this form is collected under the authority of and used for the purpose of administering the Insurance (Captive Company) Act. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, 604 660-3555, Suite 2800, Box 12116, 555 West Hastings Street, Vancouver, BC V6B 4N6.

NAME OF PROPOSED CAPTIVE: _____
Hereby applies for registration as a British Columbia captive insurance company.

INSTRUCTION: ATTACH TYPED/PRINTED SHEETS AS NECESSARY

APPLICANT DETAILS

TYPE OF CAPTIVE PROPOSED: Please check the applicable box:
[] Pure Captive [] Association Captive [] Sophisticated Insured Captive

Full Name of: Parent, Association or Sophisticated Insureds: _____

Registered and Records Office of Proposed Captive: _____

Date of Corporation [YYYY / MM / DD] Incorporation No.: _____

Principal Office of Proposed Captive: _____

Proposed Location of Required Books and Records After Registration: _____

INSTRUCTION: ATTACH TYPED/PRINTED SHEETS AS NECESSARY AND CROSS REFERENCE THE APPLICABLE QUESTION.

APPLICANT DETAILS

CAPITALIZATION AT COMMENCEMENT OF BUSINESS:

(a) Issued Capital at commencement of business: \$ _____

(b) Authorized Capital:

Number:	Type:	Par Value:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) Subscribed Capital:

Number:	Type:	Par Value:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) Location of Share Certificates and Registry: _____

HAS PARENT COMPANY(IES) OR ASSOCIATION PASSED PROPER RESOLUTIONS TO AUTHORIZE THE:

	YES	NO
(a) Establishment of a captive insurance company?:	<input type="checkbox"/>	<input type="checkbox"/>
(b) Designation of an individual or individuals to:		
(1) Act for the parent in all matters relating to the compliance with regulatory authorities and establishing the captive company and thereafter vote the shares of the company?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Negotiate letters of credit, guarantees or indemnities for, or on behalf, of the parent or captive as may be the case?	<input type="checkbox"/>	<input type="checkbox"/>

SHARE OWNERSHIP:

(a) Total Shares Outstanding:

No. of Shares:	Type and Class of Shares:	Cash Consideration to Captive Insurance Company:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSTRUCTION: ATTACH TYPED/PRINTED SHEETS AS NECESSARY AND CROSS REFERENCE THE APPLICABLE QUESTION.

APPLICANT DETAILS

(b) Details of any non-cash consideration transferred to the Captive for issued shares, either presently or contemplated within the first year of incorporation:

(c) Details of any option agreements to issue stock in the captive insurance company:

(d) Beneficial Ownership:

Type:	Name:	Address (include postal code):	Percentage of Ownership:
<hr/>	<hr/>	<hr/>	<hr/>
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EXPLAIN RELATIONSHIP AMONG BENEFICIAL OWNERS:

ENCLOSE ANNUAL REPORT(S) OF BENEFICIAL OWNER(S) IF LETTERS(S) OF CREDIT IS (ARE) TO BE USED:

Bank Name and Address (include postal code)	Issued in Favour of:	\$Amount:
<hr/>	<hr/>	<hr/>
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INSTRUCTION: PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION

APPLICANT DETAILS

- (a) Name, address (*include postal code*) and telephone number of individual to be contacted regarding application.
- (b) Certified copy of Captive's Certificate of Incorporation, Memorandum and Articles.
- (c) If applicant is Association Captive, give history, purposes, size and other details of parent association.
- (d) Detailed plan of operation with supporting data, including:
 - (1) Risks to be insured (direct, assumed and ceded) by line of business. Projected for the next three years.
 - (2) Fronting company if operating as a reinsurer.
 - (3) Projected net annual premium income for the next three years.
 - (4) Maximum retained risk (per loss and annual aggregate). Projected for the next three years.
 - (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 of proposed insureds for the past five years, together with projections for the ensuing three years.
 - (9) Organization chart of proposed captive insurance company.
 - (10) Financial projections, including balance sheets and income statements for the next three years.

INSTRUCTION: A DIRECTOR OF THE PROPOSED CAPTIVE MUST MAKE THE FOLLOWING CERTIFICATION.

I hereby **CERTIFY** that, to the best of my knowledge and belief, all of the information given in this application is true, correct and complete in all material respects, and that all estimates given are based on facts which have been carefully considered and assessed.

Dated

YYYY / MM / DD

at the city of _____, Province of British Columbia

(Director's Full Name —PRINT)

(Signature of Director)

