



South Carolina Department of Insurance
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Captive Insurance Company Application

1. Name of proposed captive _____

2. Name of parent company _____

3. Name and address of person to contact for application

Phone _____ E-Mail _____

4. Captive type

Pure Risk Retention Group Association Sponsored Branch

Special Purpose Industrial Insured Other _____

5. Organizational form

Stock Mutual Reciprocal LLC Non-Profit Other _____

6. Location of books and records _____

7. Lines of insurance coverage, written or assumed

8. Jurisdictions where the majority of risks will be located

9. Capital and surplus

Initial Capital \$ _____ Initial Surplus \$ _____

Additional Surplus \$ _____ Total C&S \$ _____

Form of minimum required capital and surplus and the name, city, and state of the holding financial institution

Form of additional surplus and the name, city, and state of the holding financial institution

Class of Stock	Par Value	Number of shares Authorized/issued
_____	_____	_____
_____	_____	_____

Location of stock register

10. Letter of credit, if applicable

Amount \$ _____

Name and Address of bank

11. Name and address of parents, sponsors, or beneficial owners

Use additional sheets if necessary

Name and address _____

Phone _____ Email _____

% Ownership _____

Name and address _____

Phone _____ Email _____

% Ownership _____

12. Explain the relationship among the parents and beneficial owners

13. Registered agent for service of process. Do not use postal mail boxes

Name and address _____

14. Officers and Directors

Name and address _____

Position with captive _____

Current employer and position _____

Name and address _____

Position with captive _____

Current employer and position _____

Name and address _____

Position with captive _____

Current employer and position _____

Name and address _____

Position with captive _____

Current employer and position _____

Name and address _____

Position with captive _____

Current employer and position _____

15. Service Providers

Captive management firm _____

Contact Name and address _____

Phone _____ E-mail _____

Legal Firm _____

Contact Name and address _____

Phone _____ E-mail _____

Actuarial firm _____

Contact Name and address _____

Phone _____ E-mail _____

Accounting firm _____

Contact Name and address _____

Phone _____ E-mail _____

Other firm _____

Contact Name and address _____

Phone _____ E-mail _____

CERTIFICATION

We certify that to the best of our knowledge and belief all of the information given in this application is true and correct. All estimates given are true estimates based upon facts which have been carefully considered and assessed. We further certify we will notify the director within thirty (30) days of any material change in the information filed with this application.

Owner's Signature _____ Date _____

Owner's Name _____

Manager's Signature _____ Date _____

Manager's Name _____