



**South Carolina Department of Insurance  
Captive Insurance Division**

1201 Main Street, Suite 1000  
Columbia, SC 29201  
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**Henry McMaster**  
Governor

**Michael Wise**  
Director

**APPLICATION TO CERTIFY LOSS AND EXPENSE  
RESERVES FOR CAPTIVE INSURANCE COMPANIES**

**ONLY INDIVIDUALS MAY APPLY**

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**SECTION ONE: GENERAL APPLICATION**

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I, the undersigned, hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves for captive insurance companies formed under 2000 S.C. Act No. 33 1.

1. Full Legal Name: \_\_\_\_\_

2. Residence Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

4. Education and Degree

College: \_\_\_\_\_

Graduate or Professional: \_\_\_\_\_

(List all educational institutions attended and addresses on additional sheet(s), 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 the employer? \_\_\_\_\_ Where? \_\_\_\_\_

7. Other jobs, positions, directorates, or offices concurrently held at present: \_\_\_\_\_  
\_\_\_\_\_

8. Complete Employment Record for past 20 years (Attach Resume or Curriculum Vitae)  
(Add additional sheets as necessary to account for all 20 years)

<u>Date</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 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 and 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 a 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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**SECTION TWO: ATTACHMENTS**

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Please attach the following documents in this application as exhibits:

1. Your resume or curriculum vitae;
2. Certified copies of any disciplinary orders issued against you by any professional organization to which you belong;
3. Copies of all professional licenses that you hold;
4. Copies of the resumes and/or curriculum vitae of all persons who would be employed or assigned actuarial work by you; and
5. Any other additional information deemed necessary to evaluate your qualifications to serve as an independent certified public accountant by the director or his designee.
6. Please be aware the Department will conduct a criminal background check on the applicant and any persons employed or assigned actuarial work by you.

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**SECTION THREE: CERTIFICATION**

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I have never pled guilty or nolo contendere, or been convicted of a criminal offense(s) other than a civil traffic offense. (Full disclosure must be provided if you have.)

I have never been subject to any disciplinary action, or currently under investigation, by any professional organization of which I am a member. (Full disclosure must be provided if you have.)

I hereby certify that my responses to the above are true, correct and complete to the best of my information, knowledge and belief. I have read and understand all of the requirements and provision of 2000 S.C. Act No.331

(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 \_\_\_\_\_