

CAPTIVE INSURER RENEWAL APPLICATION

Application is hereby made for renewal of a registration as a captive insurer in the state of Washington.

BUSINESS NAME			
1. Legal Name of Captive Insurer:			
2. DBA Name(s): (If applicable)			
3. Federal Tax Identification Number (FEIN):		4. WAOIC #:	
BUSINESS MAILING INFORMATION			
5. State of Domicile:			
6. Domicile Street Address:			
7. Home Office or Principal Location Physical Address:			
8. Home Office or Principal Location Telephone Number:			
9. Mailing Address: (if different)			
CONTACT INFORMATION			
10. Company Contact Person <i>*All fields required.</i>			
Name:		Telephone Number:	
Mailing Address:		Email Address:	
11. Company Tax Contact Person <i>*All fields required.</i>			
Name:		Telephone Number:	
Mailing Address:		Email Address:	
REQUIRED INFORMATION			
<p>FOR MEETING THE ELIGIBLE CAPTIVE INSURER REQUIREMENTS</p> <p>12. Does the captive insurer continue to be a licensed captive insurer by the jurisdiction in which it is domiciled? (RCW 48.201.020(5)(e)) If "No", please upload an addendum page with an explanation. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

- 13.** Is the captive insurer in good standing in its jurisdiction of domicile?
(RCW 48.201.030(2)(a)(ii)) If "No", please upload an addendum page with an explanation. Yes No
- 14.** Have there been any changes in the captive insurer's ownership?
(RCW 48.201.020(2)(a)(b)(5)(a)) If "Yes", please upload an addendum page with an explanation. Yes No
- 15.** Does the captive insurer have one or more of its insureds with a principal place of business in Washington? (RCW 48.201.020(5)(c)) If "No", please upload an addendum page with an explanation. Yes No
- 16.** Does the captive insurer insure Washington risks for the captive's owner, the captive owner's other affiliates or both? (RCW 48.201.020(5)(b)) If "No", please upload an addendum page with an explanation. Yes No
- 17.** Does the captive insurer provide only property and casualty insurance in Washington to its captive owner, the captive owner's other affiliates, or both?
(RCW 48.201.030(6)) If "No", please upload an addendum page with an explanation. Yes No

REQUIRED DOCUMENTATION

- 18.** Provide a copy of the captive insurer's most recent audited financial statement prepared by an independent certified accountant showing the insurer has assets that exceed its liabilities by at least \$1,000,000 and has the ability to pay its debts as they come due. (RCW 48.201.020(5)(d)); (RCW 48.201.030(2)(a)(i))
- 19.** Provide an explanation of the captive insurer's methodology and relevant analysis in determining its premium allocation of Washington risk for the previous calendar year. (RCW 48.201.040(3))

STATEMENTS OF ACKNOWLEDGMENT BY A CORPORATE OFFICER OF THE CAPTIVE INSURER

- 20.** The eligible captive insurer acknowledges that it will provide insurance coverage for risks of the captive owner, the captive owner's other affiliates, or both and that one or more of its insureds have their principal place of business in Washington (RCW 48.201.020(5)(b)(c)). Initials: _____
- 21.** The eligible captive insurer acknowledges that it will only provide property and casualty insurance coverage in Washington State as defined under RCW 48.201.020(3) and .020 (6) for risks of the captive owner, the captive owner's affiliates, or both. The eligible captive insurer may insure risks or provide reinsurance for ceded and assumed risk insured in this state or elsewhere. (RCW 48.201.030(6)(7)). Initials: _____

22. The eligible captive insurer acknowledges that on or before the first day of March of each year, a registered eligible captive insurer must remit to the state treasurer through the Insurance Commissioner, a tax in the amount of two percent of the premiums, exclusive of returned premiums and sums collected to cover federal and state taxes and examination fees, for insurance directly procured by and provided to its parent or another affiliate for Washington risks during the preceding calendar year. (RCW 48.201.040(1)). This section does not apply to public institutions of higher education. (RCW 48.201.040(7) and RCW 48.201.020(7)).

Initials: _____

(N/A for Higher Education Institutions)

23. The eligible captive insurer acknowledges that "Washington risks" means the share of risk covered by the premiums that is allocable to this state, based on where the underlying risks are located or where the losses or injuries giving rise to covered claims arise. A registered eligible captive insurer may use any reasonable method of determining such an allocation and that the registered eligible captive insurer must share its methodology and relevant analysis in determining its allocation with the Insurance Commissioner. (RCW 48.201.040(2)(3)).

Initials: _____

(N/A for Higher Education Institutions)

24. The eligible captive insurer acknowledges that if a registered eligible captive insurer fails to remit the required tax provided by this section by the last day of the month in which the tax becomes due, the registered eligible captive insurer must pay the tax and the penalties and interest provided in RCW 48.14.060. (RCW 48.201.040(5)).

Initials: _____

(N/A for Higher Education Institutions)

25. The eligible captive insurer acknowledges that taxes on premiums are due from an eligible captive insurer for any period after January 1, 2011, if not previously remitted to the Insurance Commissioner, and further provided that all such taxes must be limited to an eligible captive insurer's Washington risks. (RCW 48.201.040(6)).

Initials: _____

(N/A for Higher Education Institutions)

26. The eligible captive insurer acknowledges that they must renew their certificate of registration annually by June 30th and should file their renewal application no later than April 1st. If an eligible captive insurer fails to properly renew their certificate of registration, then the registration will expire at the end of its registration period. If the registration expires, the eligible captive insurer will need to complete and file a new application and pay the fee for a new registration. (WAC 284-201.130(5) and WAC 284-201.220(1)(5)).

Initials: _____

DECLARATION BY A CORPORATE OFFICER OF THE CAPTIVE INSURER

DECLARATION

I declare under penalty of perjury under the laws of the state of Washington that I am duly authorized to make this renewal application on behalf of the applicant and that the foregoing information, acknowledgments, and contents of all attachments regarding the applicant are true and correct to the best of my knowledge.

Signature of Corporate Officer

Printed Full Legal Name

Company Officer Position/Title

Date