

Information and Documentation Needed to Self-Report

The electronic Self-Reporting Form for Captive Insurers can be found on the Office of the Insurance Commissioner's website. This is an outline of what is needed in order to successfully complete the electronic Self-Reporting Form. If you need additional assistance, please email Captives@oic.wa.gov.

Parent Company

Name:
FEIN:
Address of Principal Place of Business:
Mailing Address:
Contact Person:
Phone:
Email:

Captive Insurer

Name:
NAIC No.:
FEIN:
Address of Principal Place of Business:
Mailing Address:
Contact Person:
Phone:
Email:
Jurisdiction(s) of Incorporation:
Incorporation Date:
Type of Captive Insurer:
Jurisdiction(s) of Captive Insurer Licensure:
Date of Captive Licensure:

The OIC retains the discretion to impose an appropriate penalty based on the specific facts and circumstances of each case. This Settlement Plan assumes full cooperation of the Captive Insurer with the Washington State Office of the Insurance Commissioner during the self-reporting process.

Captive Manager and/or Administrator

Name:

Mailing Address:

Contact Person:

Phone:

Email:

Activity of the Captive Insurer

Does the Captive Insurer write any unaffiliated business? If yes, please explain.

Has the Captive Insurer issued policies with direct written premium? If yes, please provide the date that the first policy was issued.

If the Captive Insurer had no policies with direct written premium active during the Look-Back Period, please provide the expiration date of the last active policy.

Documents to Provide

1. Copies of all policies with direct written premiums issued by the Captive Insurer that provided coverage during the Look-Back Period.
2. A spreadsheet of all policies with direct written premium issued by the Captive Insurer that provided coverage during the Look-Back Period. The spreadsheet shall include the following data for each policy issued:
 - a. The policy number
 - b. The policyholder's name
 - c. The effective date
 - d. The expiration date
 - e. A description of the risk insured
 - f. The full term premium for all jurisdictions
 - i. Identify the calendar year(s) that the premium was paid. If paid in more than one calendar year, provide the amount paid in each calendar year.
 - ii. If the policy term is longer than 12 months, provide the amount of premium earned by calendar year.
 - g. The portion of the term premium allocated for risks or property resident, situated, or to be performed in Washington State
 - i. Identify the calendar year(s) that the premium was paid. If paid in more than one calendar year, provide the amount paid in each calendar year.
 - ii. If the policy term is longer than 12 months, provide the amount of premium earned by calendar year.

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- h. If applicable, the gross underwriting profit for ocean marine and foreign trade insurance contracts written within the State of Washington. See RCW 48.11.105 for the definition of ocean marine and foreign trade insurance and RCW 48.14.020 (4) for instructions on how to calculate gross underwriting profit.
3. Copies of all annual statements filed by, or on behalf of, the Captive Insurer with an insurance regulator during the Look-Back Period.
4. A detailed explanation and documentation of how the Captive Insurer calculated and determined the portion of the term premium allocated for Washington risk (Item 2.g).

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