Captive Insurance Division
Arizona Department of Insurance
100 North 15th Avenue, Suite 102, Phoenix, Arizona 85007
Web: https://insurance.az.gov | Phone: (602) 364-4490

Captive Management Firm Profile

Firm Name	Address	City	State
Contact Phone #	Contact E-Mail Address	Website	

1. List principals & key employees with their respective responsibilities, number of years at the firm and number of years in their occupation:

_____
_____
_____

2. List all educational credentials for each principal and/or key employee, including degrees, designations, institutions and year of completion/graduation. Also, list all insurance licenses and professional memberships:

_____
_____

3. Identify whether any employees or principals were ever denied an individual or position schedule fidelity bond, or had a bond canceled or revoked and, if yes, provide all relevant details and circumstances:

_____
_____

4. List at least 10 of your insurance clients with their addresses and state of domicile and describe the type of work performed, year(s) employed and whether the client was a captive or traditional insurer:

_____
_____
_____

5. If you have performed relevant work for less than 10 insurers in total, or for less than 5 captive insurers, explain and detail your qualifications to serve as a captive manager:

_____
_____
_____

6. Detail the experience and expertise of all relevant management personnel and demonstrate evidence of their knowledge and familiarity with AZ statutes, rules and regulations pertaining to captive insurers?

_____
_____

7. During the past 10 years, has any public or governmental agency or regulatory authority ever either, refused to issue, suspended, or revoked, a professional license of any of your employees or principals? If yes, please describe details:

_____
_____
_____

8. Has any principal or employee ever been subject to any disciplinary proceedings of any professional association or a federal/state regulatory agency? _____. If yes, please describe details:

_____

_____

9. List three references within the insurance industry with addresses and phone numbers:

_____
_____
_____

10. Explain and detail your activities and commitment to the Arizona captive insurance market and the promotion of captive insurers in Arizona:

_____

_____

Dated this _____day of _____, 20____

Print Name of Officer/Principal _____

Signature_____