



INSTRUCTIONS

- 1. This form is required to apply for registration as a captive insurance company under the INSURANCE (CAPTIVE COMPANY) ACT (S.B.C. 1996, C. 227, Sec. 6).
2. All applicable information must be provided.
3. This information must be typewritten or printed.
4. Upon completion, please forward this form and all attachments to the Financial Institutions Commission, Suite 1200, 13450 - 102nd Avenue, Surrey British Columbia, V3T 5X3. All material requested must be submitted at the same time.
5. Please attach the non-refundable APPLICATION fee, made payable to the Minister of Finance.

Freedom of Information and Protection of Privacy Act
The information requested on this form is collected under the authority of and used for the purpose of administering the Insurance (Captive Company) Act. If you have any questions about the collection or use of this information, contact the Freedom of Information Coordinator, 604 953-5300, Suite 1200 - 13450 102nd Avenue, Surrey, BC V3T 5X3.

NAME OF PROPOSED CAPTIVE: \_\_\_\_\_

Hereby applies for registration as a British Columbia captive insurance company.

INSTRUCTION: ATTACH TYPED/PRINTED SHEETS AS NECESSARY

APPLICANT DETAILS

TYPE OF CAPTIVE PROPOSED: Please check the applicable box:

- Pure Captive
Association Captive
Sophisticated Insured Captive

Full Name of: Parent, Association or Sophisticated Insureds: \_\_\_\_\_

Registered and Records Office of Proposed Captive:

Date of Corporation [YYYY / MM / DD] Incorporation No.: \_\_\_\_\_

Principal Office of Proposed Captive: \_\_\_\_\_

Proposed Location of Required Books and Records After Registration: \_\_\_\_\_

**INSTRUCTION: ATTACH TYPED/PRINTED SHEETS AS NECESSARY AND CROSS REFERENCE THE APPLICABLE QUESTION.**

**APPLICANT DETAILS**

**CAPITALIZATION AT COMMENCEMENT OF BUSINESS:**

(a) Issued Capital at commencement of business: \$ \_\_\_\_\_

(b) Authorized Capital:

Number:	Type:	Par Value:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(c) Subscribed Capital:

Number:	Type:	Par Value:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) Location of Share Certificates and Registry: \_\_\_\_\_

**HAS PARENT COMPANY(IES) OR ASSOCIATION PASSED PROPER RESOLUTIONS TO AUTHORIZE THE:**

	<b>YES</b>	<b>NO</b>
(a) Establishment of a captive insurance company?:	<input type="checkbox"/>	<input type="checkbox"/>
(b) Designation of an individual or individuals to:		
(1) Act for the parent in all matters relating to the compliance with regulatory authorities and establishing the captive company and thereafter vote the shares of the company?	<input type="checkbox"/>	<input type="checkbox"/>
(2) Negotiate letters of credit, guarantees or indemnities for, or on behalf, of the parent or captive as may be the case?	<input type="checkbox"/>	<input type="checkbox"/>

**SHARE OWNERSHIP:**

(a) Total Shares Outstanding:

No. of Shares:	Type and Class of Shares:	Cash Consideration to Captive Insurance Company:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____







**INSTRUCTION: PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION**

**APPLICANT DETAILS**

- (a) Name, address (*include postal code*) and telephone number of individual to be contacted regarding application.
- (b) Certified copy of Captive's Certificate of Incorporation, Memorandum and Articles.
- (c) If applicant is Association Captive, give history, purposes, size and other details of parent association.
- (d) Detailed plan of operation with supporting data, including:
  - (1) Risks to be insured (direct, assumed and ceded) by line of business. Projected for the next three years.
  - (2) Fronting company if operating as a reinsurer.
  - (3) Projected net annual premium income for the next three years.
  - (4) Maximum retained risk (per loss and annual aggregate). Projected for the next three years.
  - (5) Rating Program.
  - (6) Reinsurance Program.
  - (7) Organization and responsibility for Loss Prevention and Safety including the main procedures followed and steps taken to deal with events prior to possible claims.
  - (8) Loss experience of proposed insureds for the past five years, together with projections for the ensuing three years.
  - (9) Organization chart of proposed captive insurance company.
  - (10) Financial projections, including balance sheets and income statements for the next three years.

**INSTRUCTION: A DIRECTOR OF THE PROPOSED CAPTIVE MUST MAKE THE FOLLOWING CERTIFICATION.**

I hereby **CERTIFY** that, to the best of my knowledge and belief, all of the information given in this application is true, correct and complete in all material respects, and that all estimates given are based on facts which have been carefully considered and assessed.

**Dated**

YYYY / MM / DD

at the city of \_\_\_\_\_, Province of British Columbia

\_\_\_\_\_  
(Director's Full Name —PRINT)

\_\_\_\_\_  
(Signature of Director)

