

Financial Institutions Commission

Ministry of Finance

Application for Registration as Captive Insurance Company

INSTRUCTIONS

- 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.
- 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.
- 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:					
YYYY / MM / DD					
Date of Corporation 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			
CAP	ITALIZATION AT COMMENCEMEN	T OF BUSINESS:			
(a)	Issued Capital at commencement of	business: \$			
(b)	Authorized Capital:				
	Number:	Type:	Pa	ır Value:	
(c)	Subscribed Capital: Number:		De	ar Value:	
	Number.	Type:	Гс	ar value.	
(d)	Location of Share Certificates and R	egistry:			
HAS	PARENT COMPANY(IES) OR ASS	OCIATION PASSED PROPER RESOLUTION	NS TO AUTH	IORIZE TH	E:
(a)	Establishment of a captive insurance	ce company?:		YES	NO
(b)	Designation of an individual or individual	viduals to:			
		relating to the compliance with regulatory au mpany and thereafter vote the shares of the			
	(2) Negotiate letters of credit, guar captive as may be the case?	antees or indemnities for, or on behalf, of the	parent or		
SHA	RE OWNERSHIP:				
(a)	Total Shares Outstanding:				
	No. of Shares:	Type and Class of Shares:	Cash Consid Insurar	deration to ace Compa	

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APPLICANT DETAILS (b) Details of any non-cash consideration transferred to the Captive for issued shares, either presently or contemplated within the first year of incorporation: (c) Details of any option agreements to issue stock in the captive insurance company: (d) Beneficial Ownership: Type: Name: Address (include postal code): Percentage of Ownership: EXPLAIN RELATIONSHIP AMONG BENEFICIAL OWNERS: ENCLOSE ANNUAL REPORT(S) OF BENEFICIAL OWNER(S) IF LETTERS(S) OF CREDIT IS (ARE) TO BE USED: Bank Name and Address (include postal code) Issued in Favour of: \$Amount:

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	ETAILS
Solicitor Name and Address (include postal code):	
	Telephone No.: ()
Auditor Name and Address (include postal code):	
	Telephone: No.: ()
ctuary Name and Address (include postal code):	
	Telephone No.: ()
lanagement Firm Name and Address (include postal code):*	
	Telephone No.: ()
ames, Resident Addresses and Citizenships of Directors of the ach person must complete and attach a Personal Information F	

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

APPLICANT DETAILS	
Names, Resident Addresses (<i>include postal codes</i>) and Citizenships of Officers and Managers of Each person must complete and attach a Personal Information Return.)	of Proposed Captive.
F APPLICANT IS A SOPHISTICATED INSURED CAPTIVE, ANSWER THE FOLLOWING:	
a) Aggregate annual premiums for each sophisticated insured:	
Name:	\$ Amount:
b) Name, address (include postal code) and description of insurance expertise for (each) sophi	sticated insured:

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.					rial
Dated	YYYY/MM/DD				
at the city of		, Provir	nce of British Columbia		
	(Director's Full Name —PRINT)		(Signature of Director)	_

INSTRUCTION: IF NECESSARY, ENTER ADDITIONAL TYPED/PRINTED INFORMATION BELOW AND CLEARLY

CROSS REFERENCE THE APPLICABLE QUESTION.
ADDITIONAL APPLICANT DETAILS
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