



MISSOURI DEPARTMENT OF COMMERCE AND INSURANCE  
**CAPTIVE INSURANCE COMPANY MANAGEMENT FIRM APPLICATION**

To the Director of Commerce and Insurance, Jefferson City, Missouri, I do hereby apply on behalf of the management firm listed below for approval to provide captive management service for captive insurance companies licensed in the State of Missouri.

1. NAME OF MANAGEMENT FIRM

2. ADDRESS

3. PRIMARY CONTACT TELEPHONE

4. PRIMARY CONTACT E-MAIL

5. LIST PRINCIPALS, KEY EMPLOYEES AND THEIR RESPECTIVE RESPONSIBILITIES.

6. LIST INSURANCE LICENSES, MEMBERSHIPS IN PROFESSIONAL SOCIETIES/ASSOCIATIONS AND DESIGNATIONS HELD BY PRINCIPAL, KEY EMPLOYEES.

7. HAVE ANY OF THE PRINCIPALS OR KEY EMPLOYEES BEEN DENIED AN INDIVIDUAL OR POSITION SCHEDULE FIDELITY BOND OR HAD A BOND CANCELLED OR REVOKED? IF YES, DESCRIBE DETAILS.

8. DESCRIBE CAPTIVE INSURANCE EXPERIENCE OF PRINCIPALS AND KEY EMPLOYEES

9. DURING THE PAST 10 YEARS, HAS ANY EMPLOYEE EVER BEEN REFUSED A PROFESSIONAL LICENSE BY ANY PUBLIC OR GOVERNMENTAL AGENCY OR REGULATORY AUTHORITY, OR HAS ANY SUCH LICENSE HELD BY YOU OR ANY EMPLOYEE BEEN SUSPENDED OR REVOKED? IF YES, PLEASE DESCRIBE DETAILS.

10. HAS ANY EMPLOYEE BEEN SUBJECT TO ANY DISCIPLINARY PROCEEDINGS OF ANY PROFESSIONAL ASSOCIATION OR FEDERAL OR STATE REGULATORY AGENCIES? IF YES, DESCRIBE DETAILS.

11. LIST THREE REFERENCES WITHIN THE INSURANCE INDUSTRY, INCLUDING ADDRESS AND TELEPHONE NUMBERS.

REFERENCE #1

REFERENCE #2

REFERENCE #3

12. LIST NAMES AND LOCATION OF CAPTIVES MANAGED.

13. NORMAL BUSINESS DAYS/HOURS

14. DOES THE COMPANY HAVE A MISSOURI OFFICE AT THIS TIME?

15. IF NO, IS THE COMPANY PLANNING TO OPEN A MISSOURI OFFICE IN THE FUTURE?

16. WHAT FACTORS WILL AFFECT THE DECISION OR TIMING OF OPENING A MISSOURI OFFICE?

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ .  
DAY MONTH YEAR

PRINTED NAME OF OFFICER/PRINCIPAL

SIGNATURE OF OFFICER/PRINCIPAL