

**STATE OF MAINE**  
**BUREAU OF INSURANCE**  
Initial Application for  
Captive Insurance Companies  
24-A M.R.S.A. Chapter 83

**I. General Information and Instructions**

- Every captive insurance company that intends to engage in the business of insurance while domiciled in the state of Maine must apply for a license to the superintendent by completing this form.
- Captive insurance companies must remit the appropriate application fee of \$1,000 payable to the Treasurer, State of Maine.
- The application must contain complete responses to all questions and must be signed by an authorized officer.
- The superintendent must approve or deny the application within 30 days after the application is deemed complete.
- An application will not be considered complete until all of the requested data has been filed. The superintendent must determine whether or not an initial filing is complete within 30 days of its receipt and notify the captive insurance company applicant of the information needed to make the application complete.
- Captive insurance companies must provide the needed information within 30 days from the notification, or the application will be considered withdrawn, unless the captive insurance company notifies the superintendent, in writing, of the need for additional time to provide the information.
- Upon approval, the superintendent shall issue a written perpetual certificate of authorization. In order to maintain the state of Maine license the captive insurance company must file, annually, documents requested by the superintendent. Annual filing instructions will be enclosed with the certificate of authorization.
- Upon denial the superintendent will issue a written explanation for the denial.
- Application materials should be submitted to the attention of:  
Alex Bourne, Examiner-in-Charge  
Bureau of Insurance  
34 State House Station  
Augusta, ME 04333-0034
- For captive insurance inquiries, contact:  
Alex Bourne at (207) 624-8447 or [william.a.bourne@maine.gov](mailto:william.a.bourne@maine.gov)

**II. Requirements**

1. Captive Insurance Company, Name & Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

FEIN Number: \_\_\_\_\_

Authorized Contact Person, Name & Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Indicate the form of the proposed captive insurance company (please check one):

|                      |                          |                               |                          |
|----------------------|--------------------------|-------------------------------|--------------------------|
| Pure Captive:        | <input type="checkbox"/> | Branch Captive:               | <input type="checkbox"/> |
| Sponsored Captive:   | <input type="checkbox"/> | Industrial Insured Captive:   | <input type="checkbox"/> |
| Association Captive: | <input type="checkbox"/> | Risk Retention Group Captive: | <input type="checkbox"/> |

3. Organization form for proposed Captive (please check one):

Stock \_\_\_\_\_ Non Profit \_\_\_\_\_  
LLC \_\_\_\_\_ Reciprocal \_\_\_\_\_  
Mutual \_\_\_\_\_ Other (explain on attachment) \_\_\_\_\_

4. Will the location of all captive insurance company records be the same as the mailing address above in accordance with 24-A M.R.S.A. Chapter 83?  
Yes: \_\_\_\_\_  
No: \_\_\_\_\_  
(A no answer should initiate the inclusion of the records address with the initial application.)
5. Do you authorize Bureau staff to contact the service providers in accordance with 24-A M.R.S.A. Chapter 83?  
Yes: \_\_\_\_\_  
No: \_\_\_\_\_
6. On an attachment, please describe the purpose of the Captive.
7. Enclose a check for US\$1,000.00 in payment of the nonrefundable initial application fee. Checks should be made payable to the Treasurer, State of Maine. Upon authorization, Maine Bureau of Insurance will invoice the captive insurance company US\$100.00 for payment of the initial authorization fee [24-A M.R.S.A. §601 sub§ 1].
8. Supply a certified copy of the captive's corporate documents including its charter and its bylaws [24-A M.R.S.A. §6702 sub. §2].
9. Provide an NAIC biographical affidavit for the person(s) who will manage the captive insurance company [24-A M.R.S.A. §6702 sub. §3(B)].
10. Supply audited financial statement(s) for the most recently completed fiscal year and for each of the two immediately preceding fiscal years for each of the incorporator(s) [24-A M.R.S.A. §6702 sub. §3(E)].
11. Provide a "Captive Insurance Company Feasibility Study." See Feasibility Study instructions [24-A M.R.S.A. §6702 sub. §3(A) & sub. §3(G)].
12. Provide a list of the service providers and their contact information. The list should include: the captive manager, lawyer, CPA, actuary, claims administrator, reinsurer, and any other major service provider. The contact information should have a contact name, address, telephone number and email. Please also provide copies of the service provider contracts.
13. Provide a list of the lines of intended business. This list should include coverage, limits and reinsurance, maximum net retention by line of business, and aggregate reinsurance.
14. Please provide the names of officers and directors of the proposed captive and their contact information. Please attach an NAIC biographical affidavit for each officer and director [24-A M.R.S.A. §6702 sub. §3(F)].
15. If the applicant is an association captive insurance company, please furnish the history, purpose, size and other details of the parent association [24-A M.R.S.A. §6702 sub. §3 (E)].

16. If the applicant is a sponsored captive, please furnish the following additional information:

- a. Materials demonstrating how the applicant will account for the loss and expense experience of each protected cell at a level of detail found to be sufficient by the superintendent and how it will report the experience to the superintendent [24-A M.R.S.A. §6724 sub. §3 (A)].
- b. A Statement acknowledging that all financial records of the sponsored captive insurance company, including records pertaining to any protected cells, will be made available for inspection or examination by the superintendent or the superintendent's designated agent [24-A M.R.S.A. §6724 sub. §3 (B)].
- c. All contracts or sample contracts between the sponsored captive insurance company and any participants [24-A M.R.S.A. §6724 sub. §3 (C)].
- d. Evidence that expenses will be allocated to each protected cell in a fair and equitable manner [24-A M.R.S.A. §6724 sub. §3 (D)].

**III. Declarations**

The undersigned captive insurance company, a legal entity, subject to the Maine Captive Insurance Companies Act, hereby makes application to obtain authorization to engage in the business of insurance and understands that, once the captive insurance company is authorized, it must agree to the following:

- a. report financial condition pursuant to the provisions of 24-A M.R.S.A. §6707;
- b. submit to examinations and investigations pursuant to the provisions of 24-A M.R.S.A. §6708;
- c. not to carry on the business of insurance while operating in a condition that provides grounds for suspension or revocation of license pursuant to the provisions of 24-A M.R.S.A. §6709;
- d. report any changes in the captive’s corporate documents including its bylaws.

The captive insurance company understands that it must notify the Superintendent 30 days in advance of any of the following:

- a. any change in servicing agents;
- b. any proposed change in the approved reinsurance program, including; but not limited to, retention or attachment point, limits of coverage, carrier, policy forms, or endorsements.

Each sponsored captive insurance company must annually file with the superintendent such financial reports as the superintendent requires, which must include, without limitation, accounting statements detailing the financial experience of each protected cell pursuant to the provisions of 24-A M.R.S.A. §6724.

Each sponsored captive insurance company must notify the superintendent in writing within 10 business days of any protected cell that is insolvent or otherwise unable to meet its claim or expense obligations pursuant to 24-A M.R.S.A. §6724 sub. §4 (H).

By: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
(print name of signatory)

Being an authorized corporate officer, being duly sworn, personally appeared and acknowledged that to the best of his/her knowledge and belief the foregoing application is a true and exact statement of facts contained herein.

Please attach evidence that the person signing this application has the authority to do so.

Subscribed and sworn to me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary Public