Application for Recognition:
Captive Insurance Company Actuarial Services & Opinions and/or Loss Reserve/Expense Certification

INDIVIDUAL BIOGRAPHICAL AFFIDAVIT
(Attach additional pages, as necessary.)

1. Full Legal Name: _____

2. Residence Address: _____

3. Education: (Please list all educational institutions attended and addresses for each, including major concentrations and major subjects.)

   Academic Institution, Degrees & Dates Conferred:

   College or University_____

   Graduate or Professional _____

QUALIFICATIONS: In order to be considered for recognition as an independent actuary and to sign statements of opinions for a captive insurance company that is acceptable to the Insurance Commissioner with respect loss and loss adjustment expenses reserves, current and prospective, the candidate must demonstrate and articulate their qualifications.   The following section is designed to document and describe the qualifications and experiences that uniquely position the applicant to be determined to be acceptable.

1. Present Chief Occupation:
   Position or Title: _____ Length of time: _____
   Firm or Employer Name: _____
   Address: _____
   Email Address: _____ Phone: _____
   Time with this firm / employer: _____
   Contact information to be listed on Connecticut Insurance Department website? __

2. In order to be recognized as an independent actuary or to certify property & casualty losses and loss expenses, sign statements of opinions with respect the accuracy and appropriateness thereof for a captive insurance company, that is acceptable to the Insurance Commissioner the candidate must be credentialed in one or more of the following areas. Please check the applicable box(es) relating to your qualification(s).

☐ A member in good standing of the Casualty Actuarial Society and five years of property and casualty loss and loss expense reserve experience. Include a copy of certificate or diploma.

☐ A member in good standing of the American Academy of Actuaries and five years of property and casualty loss and loss expense reserve evaluation experience. Include a copy of certificate of diploma.

☐ A property & casualty loss reserve specialist with at least ten years of experience, five (5) of which shall have included responsibility for:
- Overall loss/claim reserve levels or a significant portion of overall loss reserve levels; or
- Certification of overall loss/claim reserves or a significant portion of overall reserves; or
- Prospective evaluation of the reasonableness of the overall reserves or a significant portion of the overall reserves.

3. Indicate which actuarial exams completed, if not a Fellow:

4. Membership in Professional Societies or Associations (please provide verification of the membership):

5. Describe relevant Property & Casualty and/or Life & Health loss reserve experience:

6. Additional Significant and Relevant Experience, positions, or titles held:

7. Describe your firm in terms of its history, business size, portfolio of clients, lines of business:

8. List the current captive insurance programs that you have experience with and indicate which Connecticut captive program(s) you intend to be certifying:

9. Have you ever been subject to a regulatory reprimand or disciplinary action, refused admission or approval or lost any license as a result of professional activities?

☐ Yes   ☐ No   If "Yes", please explain.

10. Attach a complete resume or CV.

11. Please provide two (2) professional references, with appropriate contact information:

I hereby certify that my responses to the above are true and complete, and I have read and understand the requirements and provisions of the General Statutes of Connecticut, Chapter 698, §38a - 91 et seq., pertaining to captive insurers, and will fully comply with the laws and regulations of the State of Connecticut.

(NO FEE REQUIRED)   Signed_____

Dated _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public _____

Notary Seal   Notary Public authorized by the law of the State of _____

to administer oaths. My commission expires on _____

09/2014