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## **APPLICATION FOR AUTHORIZATION to CERTIFY LOSS RESERVES and LOSS EXPENSE RESERVES for CAPTIVES**

To the Montana State Auditor and Commissioner of Insurance, I hereby apply for authorization to certify as to the adequacy of loss reserves and loss expense reserves as required by the Administrative Rules of Montana.

### **INDIVIDUALS ONLY MAY APPLY**

1. Full Legal Name \_\_\_\_\_
2. Residence Address \_\_\_\_\_
3. (a) Date of Birth \_\_\_\_\_  
(b) Social Security Number \_\_\_\_\_
4. Education and Degree \_\_\_\_\_  
High School \_\_\_\_\_  
College \_\_\_\_\_  
Graduate or Professional \_\_\_\_\_  
(List all educational institutions attended and addresses on an additional sheet, if necessary. Indicate major concentration and actuarial exams completed if not a Fellow.)
5. Member of Professional Societies or Associations (List) \_\_\_\_\_  
\_\_\_\_\_
6. Present Chief Occupation \_\_\_\_\_  
Position or Title \_\_\_\_\_ How Long? \_\_\_\_\_  
Employer's Name \_\_\_\_\_  
Address \_\_\_\_\_

How long with this employer? \_\_\_\_\_

7. Other jobs, positions, directorates, or officerships concurrently held at present

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8. Complete Employment Record for Past 20 Years

<u>Dates</u>	<u>Employer and Address</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Indicate property and casualty loss reserve and loss expense reserve experience

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10. List the captive account(s) you will be certifying

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11. In order to qualify to sign statements of opinion relating to loss and loss adjustment expense reserves for a captive insurance company, an applicant must qualify in one or more of the following areas. Indicate which area(s) you qualify in:

- A member of the Casualty Actuarial Society and three years of property and casualty loss and loss expense reserve experience.
- 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.
- A property and casualty loss reserve specialist with at least ten years of experience, three of which shall have included responsibility for:
  - The overall reserve level or a significant portion of the reserve level; or
  - Qualifying overall reserves or a significant portion of overall reserves; or
  - The prospective evaluation of the reasonableness of the overall reserves or a significant portion of the overall reserves.

I hereby certify that my responses to the above are true and correct, and that I have read and understand all of the requirements and provisions of the Administrative Rules of Montana relating to Captive Insurance Companies, and I will fully comply with them.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signature of Notary Public\_\_\_\_\_

Notary Public for the state of\_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires\_\_\_\_\_