State of Alaska Department of Commerce, Community and Economic Development Division of Insurance 550 West 7<sup>th</sup> Avenue, Suite 1560, Anchorage, Alaska 99501-3567

## Application for Listing On the List of Eligible Surplus Lines Insurers (Alien Insurers not on the Quarterly Listing of Alien Insurers)

 $\Box$  Original  $\Box$  Amendment

The answers to the following will need to be amended as soon as practicable in the event of any changes.

1.	Name of Insurer:	
2.	Legal Address:	
3.	Mailing Address:	
4.	Country of Domicile:	
5.	Date of Formation:	
6.	United States Counsel (or representative)	
	Name:	
	Address:	
	Phone: E-mail:	
7.	Lines of Authority the company is authorized to conduct in its domiciliary country:	
8.	U.S. Trust Fund:	
	Trustee:	
	(Include the Name of the Trust Officer Responsible for the Account)	
	Address:	_
	Phone:E-mail:	
	Valuation:	

- 9. Will any agent, broker, underwriting manager or managing general agent in the United States have binding authority on behalf of the insurer?
  - $\Box$  Yes  $\Box$  No **If yes,** attach a list of such firms with their addresses.
- 10. Control of the Insurer:
  Does any one person own or control directly and/or indirectly through the ultimate controlling company, 10 percent or more of the shares of the company?
  □ Yes □ No If yes, provide a biographical affidavit of that individual or individuals along with their percentage of ultimate ownership in the company.
- 11. Does a foreign government own directly or indirectly any voting rights in the insurer?  $\Box$  Yes  $\Box$  No If yes,
  - (a) Identify the number of voting shares and percentage of voting shares outstanding for each direct and indirect ownership;
  - (b) If voting is controlled other than through shareholding, describe the authority to vote including powers to place nominees on the board of directors;
  - (c) Describe any other involvement in operating affairs of the insurer other than through regulation or taxation;
  - (d) Does a foreign government control the operating affairs of the insurer?

 $\Box$  Yes  $\Box$  No **If no,** and there were any positive responses to (a)-(c), explain why the answers do not indicate control.

12. Has the insurer incurred any significant civil, criminal, administrative or other legal actions within the past ten years?

 $\Box$  Yes  $\Box$  No **If yes,** provide a description of the action.

13. What type of coverage and limits of coverage does the insurer plan to offer in the state?

14. What is the net aggregate amount insured on any one risk?

## CERTIFICATION

The undersigned deposes that they have duly executed the application for listing
Dated \_\_\_\_\_\_ for and behalf of \_\_\_\_\_\_ and that they are
\_\_\_\_\_\_ of such insurer, and has authority to execute and file said
(Title of officer)

application and is familiar with its contents. The facts set forth therein are true to the best of their knowledge and belief.

Signature

Date

## Eligible Surplus Lines Insurers Required Forms and attachments (Alien Insurers not on the Quarterly Listing of Alien Insurers)

In order for an insurer to be an eligible surplus lines insurer on the white list in Alaska it must have capital and surplus of at least \$15,000,000 and maintain in a solvent United States bank an irrevocable trust in an amount of not less than \$2,500,000 for the protection of all of its policyholders and creditors.

The following forms and attachments need to be included with the submission:

- 1. Form 08-1241b, Application for Listing
- 2. Application fee of \$1,000. (make checks payable to the Alaska Division of Insurance)
- 3. Copy of the Trust Agreement Certified Copy of Articles of Incorporation
- 4. Certification of Trust in the amount of at least \$2,500,000
- 5. Copy of the Bylaws
- 6. List of Officers and Directors
- 7. Biographical Affidavits of Officers and Directors including employment history and insurance affiliations
- 8. Form 08-253, Appointment of the Director of Insurance as Attorney for Service of Process
- 9. Form 08-254, Designation of Person to Receive Service of Process
- 10. Plan of Operation
- 11. Document of Lines of Authority insurer is authorized to write in domiciliary country
- 12. Copy of the latest annual statement by a certified auditor. The statement must be in English with the monetary amount in U.S. dollars. If possible, include statements for the past three years.

If you have any questions, please contact Jeffery Bethel at <u>jeffery.bethel@alaska.gov</u> or (907) 269-7919.

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